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ORIGINAL LECTURES.

CLINICAL LECTURE

ON

DISEASE OF THE STOMACH AND VOMITING OF SARCINÆ.

DELIVERED AT

King's College Hospital (a).

By ROBERT B. TODD, M.D., F.R.S.

Physician to the Hospital.

THE case to which I propose to direct your attention to-day is that of a man, named John Pateman, aged 40, (Vol. XXXIV., p. 121,) who died in the Hospital about a fortnight ago, and we have had an opportunity of examining into the morbid conditions, to which his principal sufferings must be referred.

The prominent symptom of the case was vomiting, of a kind, which is especially interesting, as well from its general characters as from the nature of the matters rejected, as discovered by microscopical examination. The man applied for admission into the Hospital in consequence of this vomiting, which usually occurred at intervals of two or three days, but sometimes longer. When the interval was prolonged, the quantity of the rejected matters would be very great, always more than when there was only a short interval. This feature in the case evidently showed that food would accumulate in the stomach, until at length the organ would be stimulated to violent contraction, and its whole contents would be speedily rejected. On these occasions the patient said he would generally vomit very much more than he had recently taken, yielding a further proof, that the matters vomited were the result of the accumulation of some days.

The main points in our patient's history are as follows:—He was an excavator, and in the early part of his life was accustomed to live freely, but latterly had been temperate in his habits. Generally he had had plenty to eat, but, when out of employment, used to go a day or two on very short allowance. Since the age of 21 he had been subject to water-brash, and his father and one of his sisters suffer in the same way. His appetite had always been good. Generally he was accustomed to drink beer, raw spirits seldom. About three years ago, while at work at Kentish Town, having been living more freely than usual, he first began to suffer from sickness, which would come on every three or four days, but occasionally at longer intervals. Up to this time he had never experienced pain after eating, although the rising of the liquid in his throat was usually preceded by pain in the stomach. Twelve months after this he first vomited blood, which was perfectly black, and came up in quantities of two or three ounces at a time after each fit of retching. From this time he continued pretty well for a twelvemonth, but last summer was compelled to apply at a Dispensary for relief, in consequence of the soreness produced by the constant retching. He now began to fail in strength, and gradually got weaker up to the time of his admission into the Hospital on the 31st of December, 1851.

The train of symptoms, then, under which this patient suffered, consisted in, first, the flow of a quantity of clear fluid from the mouth, constituting common water-brash or pyrosis; then dyspepsia, referable to the stomach; and a peculiar burning pain, referred to the lower part of the sternum, and also a pain in the region of the pylorus, which generally came on from ten to twenty minutes after eating; and the frequent occurrence of vomiting, which was occasionally accompanied

with blood. With such distressing symptoms, it was no wonder that he experienced a progressive emaciation.

On the 1st of January, the day after his admission, we were enabled to observe the nature of the vomited matters. He brought up this morning about three pints of a brownish-looking fluid, which soon began to ferment, and assumed quite the appearance of yeast. It was very strongly acid, and, when examined under the microscope, it was found to contain sarcinæ in great number and a few torulæ. He stated that for some time past the vomited matters put on just this appearance.

It was curious that, while the matter rejected from the stomach had an acid re-action, the fluid, which flowed from the mouth was highly alkaline; when much of the latter fluid was mixed with the vomited matters, this became alkaline as to its liquid part, but the brown flocculent masses suspended in it, upon which its colour and tendency to ferment depended, retained their acidity with considerable intensity.

It is a special characteristic of this peculiar form of vomit, and one which should particularly arrest your attention, that it begins to ferment immediately after its rejection; and to such an extent does this fermentation frequently proceed, that, if the contents have been received into a basin, they will be found, within half an hour after their rejection, to exhibit more than twice their original bulk, and will form a soft, spongy head or scum, such as occurs on the surface of saccharine fluid to which yeast has been added. In consequence of this peculiarity, this vomit has been termed, aptly enough, "yeasty vomit."

It is in the brownish matter which exists so abundantly in this vomit, that you will find, in great multitudes, the vegetable bodies to which the name of "sarcinæ" has been applied. I shall not now enter into a description of these bodies, as I have already done so in a lecture upon this subject, published in 1851, in the *London Medical Gazette*, upon the case of a man named Rogers.

It is, indeed, the less necessary to dwell upon this point, as these vegetable productions are now well known, and representations of them will be found in all the elementary works on microscopical subjects. I wish now to refer to them as a characteristic of a peculiar kind of vomit, which, I think you will find, has an important clinical significance, and is very valuable as a diagnostic sign.

Besides sarcinæ, we frequently find a great number of torulæ of the same kind as those vegetable organisms which exist so abundantly in yeast. They certainly seem to occur in the majority of the cases in which sarcinæ are found.

Sarcinæ may occur in small numbers in the stomach, as is probably often the case in diabetes mellitus; but then the vomited matters will not exhibit the process of fermentation to the extent, which existed in this case. They have likewise been found in other places besides the stomach, such as in the bowels, the bladder, and in the ventricles of the brain; whence we may infer, that the conditions favourable to their development may be obtained in other organs, and that these bodies are not peculiar to the stomach.

Such having been the nature of the matters ejected from the stomach by this patient, what was the condition of the stomach itself? When vomiting exists as an urgent symptom, it indicates, in most cases, an obstruction to the onward passage of the contents of the stomach. This obstruction may exist either in the stomach itself, at or towards its pyloric opening, or in the intestinal canal. An obstruction very high up in the bowel, as in the duodenum or upper part of the jejunum, would induce symptoms very similar to those of an obstruction in the stomach itself, and with difficulty to be distinguished from them; but the ordinary intestinal obstructions from hernia, the compression of bands, intussusception, stricture of the colon, etc., are suffi-

(a) Lecture XLI. Delivered Feb. 10, 1852. Reported by Dr. Lionel Beale.



ciently easily recognised by the history of the case, the less urgency of the vomiting, the faecal nature of the discharge from the stomach.

Sometimes vomiting quite as urgent as any that you will meet with, may occur from peritonitis, either of the acute, or the chronic strumous kind. With this state of disease you will have more or less of abdominal pain and tenderness on pressure, with tympanitis, and there will be no insuperable barrier to the transit of the faecal matters through the intestinal canal.

Another cause of vomiting, which you had better not lose sight of, is the irritation caused by the passage of a gall-stone along the bile-duct, or of a renal calculus down the ureter; or renal or hepatic irritation of other kinds. In such cases the vomiting is often very urgent, and simulates closely that from some diseased state of the stomach itself; but it is frequently accompanied by hiccough. You may generally obtain some clue to its true cause in symptoms referable to the liver or gall-ducts, or to the kidneys or ureters, especially from the severe pain which accompanies the attack.

As there was no difficulty in excluding all these causes of vomiting, our attention was fixed upon the stomach; and in the condition of that organ, we found sufficient to explain all the symptoms. By the aid of percussion we were enabled to mark out the space occupied by the stomach, and to determine that that was much larger than is natural. The peculiar tympanic sound elicited by percussing over the stomach was well marked, especially in the left hypochondrium, where it was evident that the stomach pressed up into the chest; nor was there any indication of an inflated colon, which, by occupying the same region, might present a similar phenomenon. The examination of that bowel, in its whole course, showed that it was not inflated, but rather seemed to be empty, as, indeed, the small intestine appeared to be also. There was likewise in the region of the epigastrium a certain degree of fulness, taking the shape and occupying the position of the stomach, which is very characteristic of enlargement of that organ.

Now, these signs of an enlarged stomach, accompanied as they were by chronic vomiting, led to the suspicion of the existence of obstruction at the pylorus, and to a careful examination of that region. This, however, failed to discover any tumour there, or other indication of an obstructing cause, and we were left to infer, from the constant reference to the pyloric region as the seat of pain, aggravated by taking food, that the cause of the pain, and that of the obstruction, were one and the same, and situated at the pylorus. Strong presumptive evidence was furnished in favour of the diagnosis of a dilated stomach, by the large quantity vomited from time to time, which must have been the accumulation of several days. The man was always surprised at the quantity thus ejected, and stated that it exceeded by four or five times that of the food recently taken.

In the lecture which I gave some time ago on this subject, I stated, that this kind of vomiting, namely, of abundant yeast-like matter, with numberless *sarcinae*, was very frequently associated, —I would almost say always—with a more or less dilated state of stomach. I founded this assertion on the analysis of several cases, of which the characters common to all were the peculiar vomiting and the enlargement of stomach. This dilatation generally depends upon an obstruction to the onward passage of the contents through the pylorus, in consequence of which they accumulate in the stomach. No doubt a considerable absorption takes place by the walls of the stomach, as in health, otherwise, the patients would soon die of exhaustion; but a large quantity of dissolved and undissolved food remains for three, four, or five days, or even for a longer time, and never passes into the bowel at all; it accumulates, until the stomach, impatient of its contents, is stimulated to contraction, and at once discharges the whole of its contents. The ejected matters immediately ferment, and in the yeast-like mass we invariably find the *sarcinae*. Now, I do not affirm that *sarcinae* are never found but in this fermenting matter; on the contrary, it is well known that they occur in fluids of the stomach, and elsewhere, without signs of fermentation, but *only in small number*. What I think we are justified in affirming, from my own cases, and many others since published, is, that *this peculiar yeast-like vomiting, with its myriads of sarcinae*, is characteristic, and I would almost add pathognomic, of a dilated state of stomach, with

*more or less of obstruction at the pylorus*. The most common cause of the obstruction and the consequent dilatation in the cases which have fallen under my own observation, has been the contraction of the cicatrix of a former ulcer, or the presence of recent ulcers, with hard thickened bases, and thickening of the submucous areolar tissue. Other causes might produce a similar effect, such as a cancerous tumour surrounding the pylorus, or a tumour simply pressing on it.

Our patient went on for some time without exhibiting any change in the character of the symptoms, excepting that, by careful feeding, the urgency and frequency of the vomiting were diminished. He was fed exclusively on that kind of food which is readily digested by the stomach itself, such as milk, beef-tea, or other animal broths; and he was not allowed to take more than a very small quantity at a time. After he had been sufficiently long in the Hospital to afford us full opportunity of observing his exact condition, I determined to try the effect of the sulphite of soda, which has lately been ingeniously suggested by Dr. Jenner as applicable to these cases. The peculiar virtue of this remedy consists in its power of destroying vegetable life; and, if the symptoms depended on the development of these organisms in the stomach, owing to some peculiar process of fermentation, this drug would be an invaluable agent in the hands of the Practitioner.

But I have yet to be convinced that the peculiar *sarcina-vomit* can be regarded in any other light than as the effect of an organic disease of the stomach. This is the conclusion at which I arrived when I discussed this subject before, in the lecture to which I have already referred. It seemed to me, therefore, that, in the treatment of the cases, the Practitioner need not concern himself much about the presence of these bodies.

The result of our trial of the sulphite, while it confirmed the efficacy of that drug as an agent destructive to vegetable life, also gave support to the view I expressed, that the stomach symptoms were not dependent on the development of the *sarcinae*. On the 3rd of January, the patient had vomited a large quantity of brownish-looking matter, which fermented freely, and contained *sarcinae* in great numbers. On the 5th, he began to take the sulphite of soda, the report on that day being that he had not felt sick since the vomiting on the 3rd.

We gave him half a drachm of the salt dissolved in an ounce and a-half of water every four hours, and, after he had taken the remedy for two days, we obtained these results. In the evening of the 6th he vomited freely of a brownish liquid, and, about four o'clock in the afternoon of the 8th, he was again very sick, and vomited a large quantity of a similar fluid. On the 8th, the quantity of the sulphite was increased to a drachm. On the 10th, the man vomited about three pints of a brownish liquid, which fermented slightly. In this we were unable to detect *sarcinae*; still some few might have been present and have escaped observation, as, in the microscopical examination of such fluids, we are only able to subject a very minute quantity to observation. The vomiting then continued as before, but, upon subsequent examinations, we were unable to detect the presence of *sarcinae*. On the 10th, 12th, 13th, and 14th, the man vomited, although he was taking large doses of the sulphite of soda. During all this time he suffered very much from a burning pain referred to the lower part of the oesophagus and the cardiac orifice of the stomach.

After the sulphite of soda had been taken for nine days without any manifest alleviation of the symptoms, its use was given up; and he was put upon alkalies and opium. On the 16th, the report says that he had not vomited for forty-eight hours, and the pain was less. He was then taking half a drachm of the bicarbonate of potash, with five grains of nitre dissolved in an ounce and a-half of water twice a-day, and he was allowed four ounces of brandy.

On the 17th, the vomiting returned, and forty-two ounces of fluid were rejected, in which *sarcinae* were present in considerable numbers.

On the 19th, vomiting occurred again, and he appeared much weakened and exhausted.

On the 22nd, he vomited a large quantity of black blood, and he died on the 24th.

The disease in this case was limited to the stomach, which has been kept for your inspection. This organ was a good deal dilated, although rather less than, when distended with gas during life, it appeared to be. In the pyloric region you may observe two ulcers, each as large as a half-crown piece, with considerable thickening of the submucous tissue. These ulcers were placed opposite each other, one on the anterior, the other on the posterior wall, and, like two fungoid growths, came in contact, obstructing the channel of the pylorus, which with dif-



faultily admitted the passage of the little finger. Here, then, was obviously the cause of the obstacle to the passage of the food, and of the dilatation of the stomach; and here, too, was the cause of the generation of the peculiar yeast-like matter.

I have thought it right to bring this case under your especial notice, as affording additional evidence in favour of the view which I expressed in 1851, that the sarcina-vomiting, when taking place in large quantity, may be regarded as diagnostic of dilatation of the stomach, and, with great probability, of pyloric obstruction too. Whether this peculiar form of vomiting in large quantities occurs simply from functional derangement of the stomach, I have yet to learn. Sarcinae are undoubtedly formed in the stomachs of diabetic patients (which are always large), and perhaps also in the bowels. But in none of these cases do we meet with the extraordinary yeast-like vomiting. (a)

A second reason for my calling your attention to this case is, that it has served to furnish a very clear indication of the value of the sulphite of soda in cases of this description. This drug certainly was destructive to the sarcinae, but it did not in any degree alleviate the suffering of the patient. As a remedy, it may prove of great value if, in any case, the generation of sarcinae can be shown distinctly to be the sole or the principal cause of the symptoms, or to aggravate those symptoms. Our patient, however, experienced relief chiefly from a regulated diet, from opium, and alkalies.

Nevertheless, the sulphite of soda is an addition to our resources, and must not be rejected; nor must we expect too much from it. When fermentation is too active, it may prove useful in checking or completely destroying it.

ADDENDUM.—Since this lecture was delivered, William Rogers (whose case was referred to in the early part of the lecture, and published some time ago in the *Medical Gazette* (b)) died in consequence of taking a large quantity of the oil of bitter almonds. The *post-mortem* appearances met with in the stomach are therefore subjoined, and it is interesting to observe how these appearances tend to confirm the view taken by the author of these lectures with reference to the origin of this singular affection (*P. M. Book*, p. 17.) Very near the pylorus, and on the lesser curvature of the stomach, was situated a cicatrix of an ulcer almost as large as the palm of the hand. The walls of the organ in this situation were nearly an inch in thickness, and were strongly adherent to the liver over a space about the size of the cicatrized ulcer. The whole organ was much dilated, and in the immediate neighbourhood of the cicatrix the mucous membrane appeared "puckered up." The walls of the cardiac portion of the stomach were very thin and soft, depending apparently upon *post-mortem* changes. The mucous membrane was examined microscopically, but no sarcinae could be found.

(a) On the 5th of April, 1853, a case of enormously dilated stomach was detailed to the London Pathological Society by Dr. Miller for Mr. Humby. The stomach was capable of containing ten pints and a-half of fluid. Dr. Miller found abundant specimens of the sarcina ventriculi in the rejected fluids. Two very able Physicians arrived at different conclusions as to the diagnosis of this case. Had the nature of the vomiting been taken into account by both, it is probable that they would have formed the same diagnosis.

Several cases of sarcina-vomiting have been put on record by Dr. Ransom, of Norwich, in a valuable paper, published in the *Medical Times* for Nov. 12 and 19, 1853. In most of these pyloric obstruction and dilated stomach existed, and, from an analysis of a large number of cases, Dr. Ransom infers that sarcinae very commonly co-exist with the following group of symptoms, viz., obstinate chronic vomiting of large quantities of an acid, watery fluid, which forms a scum on the surface; epigastric pain, constipation, and wasting. And he adds, "that the cases which have occurred presenting this group of symptoms have been pathologically most varied; but pyloric obstruction, either proved by *post-mortem* observation, or inferred from the symptoms during life, was common to all."

In the months of March and April, 1853, a woman named Laws, aged 30 (*Vol. XXXIX.*, p. 171), was in the Hospital, in whom the symptom of chronic vomiting of yeast-like matter with sarcinae was very prominent. The case was diagnosed as one of pyloric obstruction and dilated stomach. She died early in May. The stomach was found much dilated, and readily held eighty-one ounces of water. An indurated condition of the pylorus by cancerous deposit was found to be the obstructing cause. The pylorus was so constricted that the little finger up to the first joint only could be introduced through the orifice of the stomach into the duodenum, and that with difficulty.

In December, 1852, and January, 1853, we had in the Hospital another case of chronic vomiting, with extreme emaciation,—a woman named Taylor, aged 33 (*Vol. XXXIX.*, p. 16.) In this case there were no sarcinae, nor were the vomited matters yeast-like, nor could we by palpation or percussion discover any evidence of a dilated state of stomach. A tumour was detected near the pylorus, and after death this proved to be cancerous, compressing the pylorus and the pancreas; but there was no dilatation. Here, then, was an instance of obstructed pylorus without sarcinae, and these were absent probably because there was no dilatation.

For excellent notes of both these cases I am indebted to my Clinical Clerk, Mr. Plowman.

(b) *Vide* clinical lecture in the *London Medical Gazette* for May 2, 1851, in which will be found an account of the case and the diagnosis.—L.S.B.

## THE BAKERIAN LECTURE,

ON

## OSMOTIC FORCE.

DELIVERED AT

The Royal Society.

BY PROFESSOR GRAHAM, F.R.S.

Corresponding Member of the Institute of France.

THIS name was applied to the power by which liquids are impelled through moist membrane and other porous septa in experiments of endosmose and exosmose. It was shown, that, with a solution of salt on one side of the porous septum and pure water on the other side, (the condition of the osmometer of Dutrochet when filled with a saline solution and immersed in water,) the passage of the salt outward is entirely by diffusion, and that a thin membrane does not sensibly impede that molecular process. The movement is confined to the liquid salt particles, and does not influence the water holding them in solution, which is entirely passive. It requires no further explanation.

The flow of water inwards, on the other hand, affects sensible masses of fluid, and is the only one of the movements which can be correctly described as a current. It is osmose and the work of the osmotic force to be discussed.

As diffusion is always a double movement, while salt diffuses out, a certain quantity of water necessarily diffusing in at the same time in exchange, diffusibility might be imagined to be the osmotic force; but the water introduced into the osmometer in this way has always a definite relation to the quantity of salt which escapes, and can scarcely rise, in any case, above four or six times the weight of salt; while the water entering the osmometer often exceeds the salt, leaving it, at least, 100 times. Diffusion is therefore quite insufficient to account for the water current.

The theory which refers osmose to capillarity appears to have no better foundation. The great inequality of ascension assumed among aqueous fluids is found not to exist when their capillarity is correctly observed; and many of the saline solutions which give rise to the highest osmose are indistinguishable in ascension from pure water itself.

Two series of experiments on osmose were described,—the first series made with the use of porous mineral septa; and the second series with animal membrane. The earthenware osmometer consisted of the porous cylinder employed in voltaic batteries, about five inches in depth, surmounted by an open glass tube, 0.6 in. in diameter, attached to the mouth of the cylinder by means of a cap of gutta percha.

In conducting an experiment, the cylinder was filled with any saline solution to the base of the glass tube, and immediately placed in a large jar of distilled water; and, as the fluid within the instrument rose in the tube during the experiment, water was added to the jar, so as to prevent inequality of hydrostatic pressure. The rise (or fall) of liquid in the tube was highly uniform, as observed from hour to hour, and the experiment was generally terminated in five hours.

From experiments made on solutions of every variety of soluble substances, it appeared that the rise or osmose is quite insignificant with neutral organic substances in general, such as sugar, alcohol, urea, tannin, etc.; so also with neutral salts of the earths and ordinary metals, and with chloride of sodium and potassium, nitrates of potash and soda, and chloride of mercury.

A more sensible, but still very moderate, osmose is exhibited by hydrochloric, nitric, acetic, sulphurous, citric, and tartaric acids. These are surpassed by the stronger mineral acids, such as sulphuric and phosphoric acids, and sulphate of potash; which are again exceeded by salts of potash and soda, possessing either a decided or alkaline re-action, such as binxalate of potash, phosphate of soda, and carbonates of potash and soda. The highly osmotic substances were also found to act with most advantage in small proportions, producing in general the largest osmose in the proportion of one-quarter per cent. of salt dissolved. Osmose is, indeed, eminently the phenomenon of weak solutions. The same substances are likewise always chemically active bodies, and possess affinities which enable them to act upon the material of the earthenware septum. Lime and alumina were accordingly always found in solution after osmose, and the cor-



rosion of the septum appeared to be a necessary condition of the flow. Septa of other materials, such as pure carbonate of lime, gypsum, compressed charcoal, and tanned sole-leather, although not deficient in porosity, gave no osmose, apparently because they are not acted upon chemically by the saline solutions. Capillarity alone was manifestly insufficient to produce the liquid movement, while the vis motrix appeared to be chemical action.

The electrical endosmose of Porrett, which has lately been defined with great clearness by Wiedemann, was believed to indicate the possession of a peculiar chemical constitution by water while liquid, or, at least, the capacity to assume that constitution when polarised, and acting chemically upon other substances. A large but variable number of atoms of water are associated together to form a liquid molecule of water, of which an individual atom of oxygen stands apart, forming a negative or chlorous radical, while the whole remaining atoms together are constituted into a positive or basylous radical; which last will contain an unbalanced equivalent of hydrogen, giving the molecule basicity, as in the great proportion of organic radicals. Now, it is this voluminous basylous radical which travels in the electrical decomposition of pure water, and resolves itself into hydrogen gas and water at the negative pole, causing the accumulation of water observed there, while the oxygen alone proceeds in the opposite direction to the positive pole. Attention was also called to the fact, that acids and alkalis, when in solution, are chemically combined with much water of hydration; sulphuric acid, for instance, evolving heat when the fiftieth equivalent of water is added to it. In the combination of such bodies, the disposal of the water is generally overlooked. Osmose was considered as depending upon such secondary results of combination; that is, upon the large number or voluminous proportions of the water molecules involved in such combinations. The porous septum is the means of bringing out and rendering visible, both in electrical and ordinary osmose, this liquid movement attending chemical combinations and decompositions.

Although the nature and *modus operandi* of the chemical action producing osmose remains still very obscure, considerable light is thrown upon it in the application of septa of animal membrane. Ox-bladder was found to acquire greatly increased activity, and also to act with much greater regularity, when first divested of its outer muscular coat. Cotton calico also, impregnated with liquid albumen, and afterwards exposed to heat, so as to coagulate that substance, was sufficiently impervious, and formed an excellent septum, resembling membrane in every respect. The osmometer was of the usual bulb-form, but the membrane was supported by a plate of perforated zinc, and the instrument provided with a tube of considerable diameter. The diameter of the tube being one-tenth of that of the mouth of the bulb or disc of membrane exposed to the fluids, a rise of liquid in the tube, amounting to 100 millimetres, indicated that as much water had permeated the membrane, and entered the osmometer, as would cover the whole surface of the membrane to a depth of one millimetre, or 1-25th part of an inch. Such millimetre divisions of the tube become degrees of osmose, which are of the same value in all instruments.

Osmose in membrane presented many points of similarity to that in earthenware. The membrane is constantly undergoing decomposition, and its osmotic action is inexhaustible. Further, salts and other substances capable of determining a large osmose are all chemically active substances, while the great mass of neutral organic substances, and perfectly neutral monobasic salts of the metals, such as chloride of sodium, possess only a low degree of action, or are wholly inert. The active substances are also relatively most efficient in small proportions. When a solution of the proper kind is used, the osmose or passage of fluid proceeds with a velocity wholly unprecedented in such experiments. The rise of liquid in the tube with a solution containing one-tenth per-cent. of carbonate of potash in the osmometer was 167 degrees; and, with one per-cent. of the same salt, 206 degrees in five hours. With another membrane and stronger solution, the rise was 863 millimetres, or upwards of thirty inches, in the same time; and as much water, therefore, was impelled through the membrane as would cover its whole surface to a depth of 8.6 millimetres, or one-third of an inch. The chemical action must be different on the substance of the membrane at its inner and outer surfaces, to induce osmose; and, according to the hypothetic view, which accords best with the phenomenon, the action on the two sides is not unequal in degree only, but also different in kind. It appears as an alkaline action on the albuminous substance of the membrane at the inner surface, and as an acid action on the albumen at the outer surface.

The most general empirical conclusion that can be drawn is, that the water always accumulates on the alkaline or basic side of the membrane. Hence, with an alkaline salt, such as carbonate or phosphate of soda, in the osmometer, and water outside, the flow is inwards; but, with an acid in the osmometer, on the contrary, the flow is outwards, or there is negative osmose, the liquid then falling in the tube. In the last case the water outside is basic when compared with the acid within, and the flow is therefore still towards the base. The chloride of sodium, chloride of barium, chloride of magnesium, and similar neutral salts, are wholly indifferent, or appear only to act in a subordinate manner to some other active acid or basic substance, which last may be present in the solution or membrane in the most minute quantity. Salts, which admit of dividing into a basic subsalt and free acid, exhibit an osmotic activity of the highest order. Such are the acetate, and various other salts of alumina, iron, and chromium, the protochloride of iron, chloride of copper and tin, chloride of copper, nitrate of lead, etc. The acid travels outwards by diffusion, superinducing a basic condition of the inner surface of the membrane, and an acid condition of the outer surface, the favourable condition for a high positive osmose. The bibasic salts of potash and soda, again, such as the sulphate and tartrate of potash, although strictly neutral in properties, begin to exhibit a positive osmose, in consequence, it may be presumed, of their possible resolution into an acid supersalt and free alkaline base.

The following Table exhibits the osmose of substances of all classes:—

## OSMOSE

OF 1 PER CENT. SOLUTIONS IN MEMBRANE.

	Deg.		Deg.
Oxalic acid ...	—148	Chloride of nickel ...	88
Hydrochloric acid ...	—92	Nitrate of lead... 125 to 211	
Terchloride of gold ...	—54	„ cadmium ...	137
Bichloride of tin ...	—46	„ uranium 234 to 458	
Bichloride of platinum... —30		„ copper ...	204
Chloride of magnesium... —3		Chloride of copper ...	351
Chloride of sodium ...	+2	Protochloride of tin ...	289
Chloride of potassium... 18		„ iron ...	435
Nitrate of soda ...	2	Chloride of mercury ...	121
„ silver ...	34	Protonitrate of mercury 356	
Sulphate of potash 21 to 60		Pernitrate of mercury... 476	
„ magnesia ...	14	Acetate of sesquioxide of	
Chloride of calcium ...	20	iron ...	194
„ barium ...	21	Acetate of alumina 280 to 393	
„ strontium... 26		Chloride of aluminium... 540	
„ cobalt ...	26	Phosphate of soda ...	311
„ manganese ..	34	Carbonate of potass ...	439
„ zinc ...	54		

It may appear to some, that the chemical character which has been assigned to osmose takes away from the physiological interest of the subject, in so far as the decomposition of the membrane may appear to be incompatible with vital conditions, and that osmotic movements must therefore be confined to dead matter. But such apprehensions are, it is believed, groundless, or at all events premature. All parts of living structures are allowed to be in a state of incessant change of decomposition and renewal.

The decomposition occurring in a living membrane, while effecting osmotic propulsion, may possibly, therefore, be of a repairable kind.

In other respects, chemical osmose appears to be an agency particularly adapted to take part in the animal economy. It is seen that osmose is peculiarly excited by dilute saline solutions, such as the animal juices really are, and that the alkaline or acid property which these juices always possess is another most favourable condition for their action on membrane. The natural excitation of osmose in the substance of the membranes or cell-walls dividing such solutions, seems, therefore, almost inevitable. In osmose there is, further, a remarkably direct substitution of one of the great forces of nature by its equivalent in another force,—the conversion, as it may be said, of chemical affinity into mechanical power. Now, what is more wanted in the theory of animal functions than a mechanism for obtaining motive power from chemical decomposition as it occurs in the tissues? In minute microscopic cells, the osmotic movements, being entirely dependent upon extent of surface, may attain the highest conceivable velocity.

May it not be hoped, therefore, to find in the osmotic injection of fluids the deficient link which certainly intervenes between muscular movement and chemical decomposition?



ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XX.

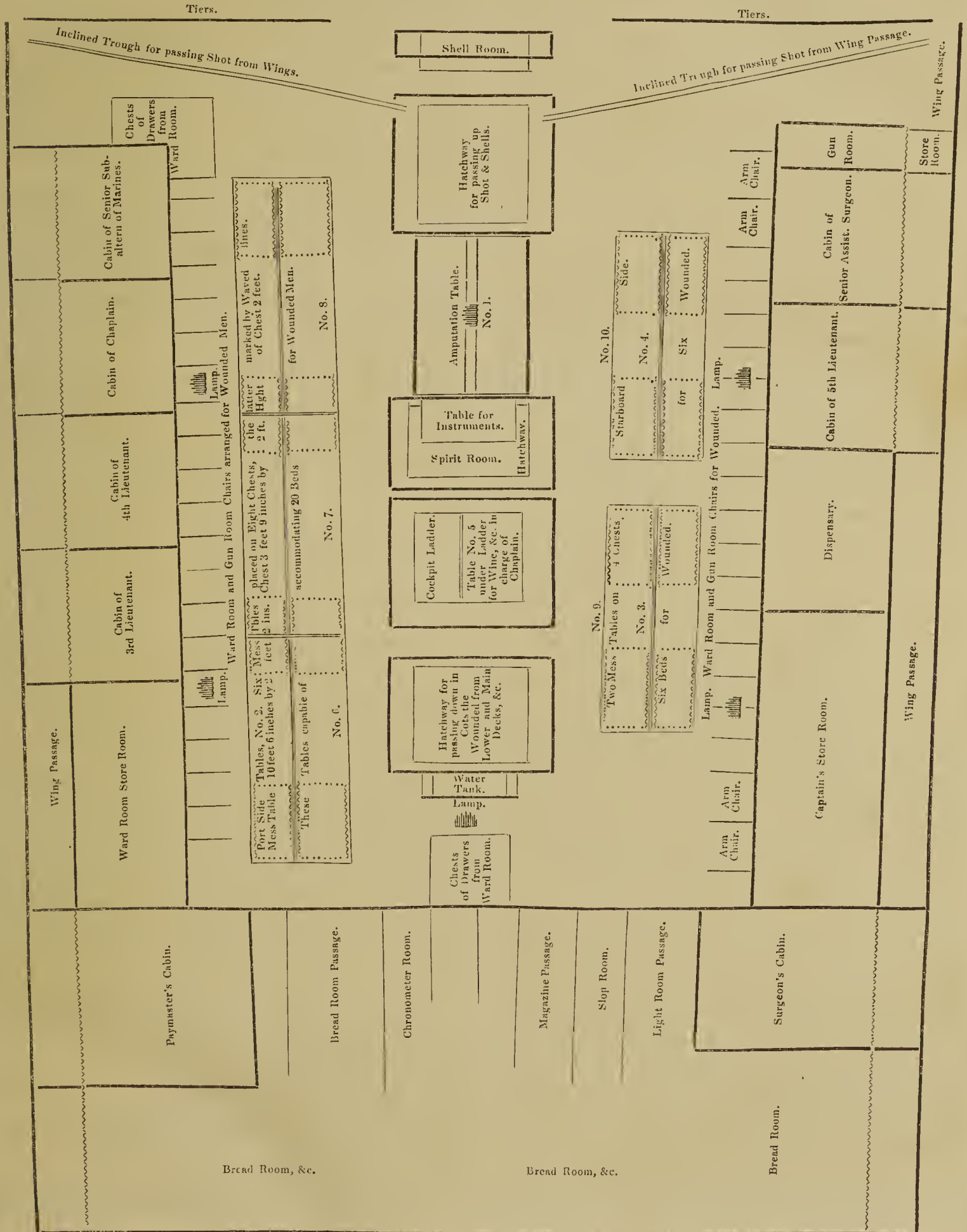
MEDICAL ARRANGEMENTS IN NAVAL ACTIONS.

By GEORGE MACKAY, M.D.

Surgeon of the Ship.

THE accompanying plan shows the arrangement of the Cockpit of H.M.S. Bellerophon, when cleared for action. The plan is drawn to a scale of  $\frac{1}{50}$ th of an inch to a foot.

PLAN AND ARRANGEMENT OF THE COCKPIT OF H.M.S. BELLEROPHON, WHEN CLEARED FOR ACTION.—BLACK SEA, 1854.





Under ordinary circumstances, the cockpit is clear of everything excepting the midshipmen's chests,<sup>(a)</sup> which are ranged on each side against the cabin-bulkheads, and amidships, under the amputation-table and cockpit ladder; but, when the drum beats to quarters, the cockpit is for a few minutes a scene of great bustle, noise, and apparent confusion. Everything in the shape of mess-furniture, tables, stools, and chairs, bread-barges, cooking utensils, and cabin-furniture, is bundled down the after hatchway, where they are received and stowed away by men appointed to that duty. The carpenters then arrange the cockpit under the direction of the Medical officers, moving the chests from the sides, and placing on them the mess-tables, as seen in the plan. Each mess-table measures ten feet six inches by two feet two inches, and, being without legs, can be placed flat upon the chests; these measure three feet nine inches by two feet, and are two feet in height. The height of the tables may be increased by placing additional tables; but this is not advisable, as the upper half of the cockpit (it measures five feet nine inches in height) being above the water-line, is liable to be penetrated by the enemy's shot. In the event of a gale of wind coming on, or the ship rolling much from a heavy sea, it will be necessary to place the tables with the wounded on the deck; but this will materially interfere with the space at command, as, by the present arrangement, a free passage is obtained round all the tables, and also an available space for the ward-room and gun-room chairs, placed to receive those of the wounded who do not require the horizontal position. The cabins are also available, if necessary, for the reception of the wounded.

When an officer or man falls down wounded, it is the duty of the two rear-men of the guns' crew nearest him to raise and carry him quickly to the after-hatchway, where a cot is kept slung in readiness on each deck. He is put into the cot, and at once lowered into the cockpit; there he is received by the persons appointed by the Surgeon, and removed either to the amputating table or one of the side tables, etc. By these arrangements, a man wounded on any of the decks may be placed under the hands of the Surgeon in from five to eight minutes after receiving his wound.

To guard against loss of blood from the extremities, a temporary tourniquet is provided and placed within reach of the rear-men of the guns, all of whom have been instructed in the mode of applying it. The application of this useful substitute has also been taught generally to all, but more especially to the officers, to the captains of the tops, who are supplied with a certain number for each top; to the rigging men, whose duty is to repair damages to the rigging; and to the coxswains of boats, all of whom may be called upon to assist a wounded shipmate.

It is made on board by the convalescents, being a strip of ship's-duck, doubled to the breadth of tourniquet web, and stitched. It is knotted at one extremity, and then drawn through a square hole in a small rounded piece of hardwood, turned into

the following shape,  by one of the carpenter's

crew. When applied, the loose end of the tourniquet having been passed round the limb, is then passed through the second hole in the piece of wood, drawn tight, and then secured on the handle by a figure of 8, as is here represented. In this way it is prevented from slipping when the handle is twisted round to tighten the tourniquet. To keep the handle fast, and prevent its untwisting, a narrow piece of tape is stitched across the web of duck, the loose ends of which are to be tied over the handle; or a sliding loop may be made of tape, as represented above, which can be slipped over the end of the handle.



The following is a copy of the official order issued, in order that every one might be prepared for the specific duty he should perform.

The Surgeon and assistants will attend to the wounded as they arrive in the cockpit, until it may be necessary to commence the capital operations, when they will then be engaged at No. 1 table; but Dr. Fisher, the junior assistant, having charge of the instrument-table, will also direct his attention to the fresh cases as they arrive, and give the necessary information to the Surgeon. Mr. Foster, Naval Instructor, will assist at No. 1 table, under the direction of the Medical officers; the sick-bay man to be in attendance at this table, with basins, water, sponges, towels, etc.

The general arrangements of the cockpit will be under the superintendence of Dr. Brown, the senior assistant.

(a) Under the name of "Midshipmen's chests" are classed all chests belonging to officers not entitled to cabins. They vary in number; we have at present nineteen in the cockpit.

The wine, brandy, etc., placed at No. 5 table, under the cockpit ladder, will be in charge of the Rev. Mr. Cawsten, the chaplain, who will issue or administer either, as directed by the Medical officers. The water will be supplied from the tanks by the sentry stationed near them at the after-hatchway; more water can easily be obtained from the tanks in the hold.

The port tables marked No. 2 are calculated to accommodate from eighteen to twenty beds for wounded. They will be under the charge of Mr. Soady, paymaster, assisted by Mr. Edwards, clerk, and William Mercer, ship's barber, whose duty will be to receive the wounded as they are passed down in the cots, and remove them (alternately with the party on the starboard side) to their tables, administer drinks, and any other assistance that may be deemed requisite and advisable by the Medical officers. Mr. Edwards will keep a list of the names, age, and rating of the wounded, as they arrive and are placed on the port-side.

The tables on the starboard-side marked Nos. 3 and 4, are calculated to accommodate six wounded on each, and will be under the charge of Mr. Daniell, clerk, assisted by Mr. Couchaltz, linguist and interpreter, and G. Gassner, band-master, whose duties will be similar to those of the officers on the port-side; Mr. Daniell keeping the list of the names, age, and rating of the wounded on the starboard side.

William Collins, sick-bay man, and William Mercer, ship's barber, will provide two swabs for the port-tables, two ditto for the starboard-tables, and two more for the amputation-table. They will also provide two wash-hand basins with water and sponges, and two foot-pans, or large bathing-pans, taken from the officers' cabins, for the use of the amputation table, and to see that basins or foot-pans, with water and sponges, are placed under the tables at Nos. 6, 7, and 8 of the port-side, and No. 9 and 10 starboard-side.

The lights in the cockpit are in the charge of G. Huntley, paymaster, and purser's steward (ship's steward), who will also have in readiness a supply of wax candles, as well as beds and blankets.

James Hawten, the ward-room steward, is stationed at the "light room," but will be able to assist when wanted.

James Murray, the master-at-arms, stationed at the shell-room, will also be able to render occasional assistance.

G. MACKAY, M.D., Surgeon.

## CLINICAL REPORTS ON PRACTICAL MIDWIFERY.

No. IV.

### A CASE OF CONGESTION OF THE LUNGS DURING LABOUR, DEPENDENT ON DISEASE OF THE HEART.

BY FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.

Obstetric Physician to the London Hospital, etc. etc.

ON Monday, March 27, 1854, at 3:45 a.m., I was sent for by Mr. Craddock, to Mrs. F., a tall, stout woman, aged 40, of strumous and leucophlegmatic habit, who had gone into labour of her ninth child at 1:30 on the same morning. Mr. Craddock arrived at a few minutes past two. She had previously complained to her servant of faintness and difficulty of breathing, which rapidly increased; and he found her in a violent paroxysm of dyspnoea, with the face perfectly turgid, the whole surface cold and clammy, and the pulse feeble and irregular. After administering a stimulant, he despatched her husband for Mr. Stocker, of Baker Street, who, together with his son, Dr. Stocker, promptly attended.

She was then lying on her back, gasping for air; the face congested, and covered with perspiration; the respiration was short, laborious, and impeded by frothy mucus, which seemed to extend far down into the air-passages; the pulse was small and frequent, though full, distinct, and regular. The state of the heart could not at that time be ascertained, owing to the rhonchi in the chest. On examination, Dr. Stocker detected the head low down in the pelvic cavity, and the os uteri almost entirely dilated. He ruptured the membranes, and the head was almost immediately expelled. The body speedily followed, as did also the placenta. There was no hæmorrhage.

The child was at full time and well nourished, but respiration in its person was established with difficulty; and although, when



subsequently put to the breast, it sucked heartily, it died in convulsions on the following day, within forty-eight hours of its birth.

For some time after the expulsion of the child the difficulty of breathing was rather diminished; but the lady still continued in a most alarming state. Sinapisms were applied to the chest and the calves of the legs, and ammonia to the nostrils; the windows were thrown open, and mustard emetics, as well as scruple doses of the sulphate of zinc, were exhibited, without producing vomiting. Mental consciousness was not in the least impaired throughout the whole continuance of the attack.

When I arrived, she was considerably better than she had been; the breathing was more prolonged and deeper. She was still, however, calling out for fresh air; there was some degree of jactitation, and her face was livid. On inquiring as to the state of her heart, I learned that she had suffered under an attack of rheumatic fever many years ago. She had never enjoyed good health since that time, having always been the subject of dyspnoea in a greater or less degree, though not to such an extent as to prevent her attending to her domestic duties. Such symptoms, as might be expected, were aggravated by any unusual exertion, or by ascending the stairs or a hill. About a fortnight before, she had experienced a severe paroxysm, which, after lasting two hours, went off, leaving her in her ordinary condition, until labour set in.

The distressed state of her respiration induced her, ten years ago, to consult an eminent Physician, who pronounced her heart to be diseased; though in what way, or to what extent, her husband could not inform us.

I learned that she had dined at her mother's the evening before (Sunday); but had taken nothing to which she was unaccustomed, except a little malt liquor. Her appetite had been invariably good, and she had lived well. Her countenance, I was told, is naturally sallow and congested.

As she appeared now steadily improving, I contented myself with suggesting a small dose of laudanum and sulphuric ether in a little camphor mixture at intervals. Of this, however, she only took one dose; for the symptoms soon became aggravated, and, at five o'clock, Mr. Craddock said she was relapsing into exactly the same state in which he found her.

It was then determined to bleed her, and twenty ounces were drawn in a full stream. The loss produced some degree of faintness, but instantaneous relief followed; and the improvement was so decided, that, at six o'clock, Mr. Stocker, his son, and myself, left her. All her attendants met again at noon, when she expressed herself as feeling very comfortable; she had had some sleep; the lividity had entirely disappeared from the face; and the breathing was regular and natural. I made a careful examination of the chest, without inducing any fatigue, and heard a distinct systolic bruit over both the aortic and mitral valves. There was no return of the paroxysm. At the end of April she was in her ordinary health; and she has continued so ever since.

I certainly never saw a patient in such imminent danger from difficulty of breathing occasioned by valvular disease of the heart recover. There is no doubt that the increased activity in the circulation consequent on the contractions of the uterus was the exciting cause of this frightful paroxysm. All the symptoms evinced a highly congested condition of the lungs, arising from the impediment existing to the transmission of the blood through the mitral and aortic apertures; and the case would teach us to watch with vigilance, towards the close of pregnancy, and throughout the whole of labour, any woman whom we may know to be labouring under disease of the heart or any of the large vessels of the body.

The case is a rare one; but two fatal from a similar cause have come under my own observation. One, in which a woman in labour of her first child dropped down dead soon after the rupture of the membranes, while standing, supported by an attendant. On dissection, nearly three pints of serum were found in the three thoracic cavities; and there existed extensive valvular disease of the heart.

The other patient expired suddenly, immediately after having given birth to her fourth child. The labour had been unusually easy. She did not appear to have suffered much from fatigue, and had inquired concerning the sex of her child. The lungs in this instance were healthy in structure, but gorged with blood; there were about five ounces of serum in the pericardium; the heart was small; the mitral valve much thickened; and the communication between the left auricle and ventricle would only admit the passage of the tip of my little finger.

I need scarcely remark, that both these patients had shown unequivocal symptoms of thoracic disease for many months.

7, Portman Square, June 15, 1854.

## THE OPHTHALMOSCOPE.

[To the Editor of the Medical Times and Gazette.]

SIR,—On leaving England, the author of the following paper desired me to forward it to you, with a request for its publication. In complying with his wish, I think it only right to mention that, although Dr. Williams omits to notice the ophthalmoscope of Coccius, Dr. Anagnostakis himself has described not only that instrument (which certainly embodies the principle of his own), but likewise all others which have preceded it.

Retaining, as I do, a very strong opinion as to the mischief likely to result from the abuse of reflecting ophthalmoscopes, if indiscriminately resorted to by inexperienced persons, for investigating cases hastily classed as "incipient amaurosis," I have no doubt that a series of ophthalmoscopic examinations, made by accurate and prudent observers, would tend to elucidate many obscure points in the pathology of the eye.

A practical inconvenience I have met with, in using the reflecting mirror of Dr. Anagnostakis, is, that it occupies one hand of the observer; so that if, at the same time, he wishes to employ with the other hand a convex lens, to magnify the structures he is illuminating, his examination, unless an assistant be present, may sometimes be foiled through inability on the patient's part to raise the upper lid sufficiently to expose the pupil.

It has occurred to me, therefore, to fix into a spectacle-frame, to be worn by the observer, a pair of reflecting mirrors, differing from those employed by Coccius and Anagnostakis only in being of less diameter, and having a smaller central hole. By this contrivance both hands of the observer are left at liberty, and he is enabled, without assistance, to command the movements of the patient's lids with one hand, while with the other he uses the magnifying glass.

The focus of the mirrors should nearly correspond to the distance at which the observer's unassisted eye can ordinarily define minute objects. I think it better to place the lamp immediately behind the patient, rather than by his side, and at such a height that the rays of light just clear the top of his head. The observer, in making his examinations, will find it best to use only one of his eyes at a time; but two mirrors are desirable, as they balance each other in the frame. Where a less concentrated light is preferred, plane glasses, silvered at the back, may be used instead of concave mirrors: a small round portion of the silvering being removed from the centre for the observer to look through.

I am, &c.

JAMES DIXON.

Green-street, May, 1854.

## THE OPHTHALMOSCOPE;

THE PRINCIPLES ON WHICH IT IS BASED—THE MANNER OF ITS APPLICATION—AND ITS PRACTICAL ADVANTAGES; WITH A REPORT OF SOME CASES.

By E. WILLIAMS, M.D., of Cincinnati.

Among the many modern discoveries which have given a new impulse to the progress of Medical science, nothing has been more effectual than the discovery and perfecting of the methods of physical diagnosis. Enabled, by these valuable means, to determine, with precision, the seat and gravity of pathological changes, it is no longer necessary to resort to those vague and bewildering hypotheses under which, formerly, the physician took refuge whenever he encountered a deep-seated and obscure disease. What astonishing advancements have been made in the differential diagnosis of diseases of the chest since that cavity has been rendered, as it were, transparent by auscultation and percussion! But it is in ophthalmology especially that physical exploration has very recently undergone the most striking and important developments. Notwithstanding the high degree of perfection to which this beautiful branch of surgery has been brought by the researches of modern observers, there still remained till lately one lamentable deficiency. Unable to examine directly the cavity of the globe of the eye, the surgeon was obliged to rely upon indirect symptoms for the diagnosis of many of the most serious affections of that organ. Thus, at an epoch when medicine and surgery everywhere diligently sought the lesions of structure that predominate in each disease, amaurosis, sthenic, asthenic, congestive, nervous, gouty, darts, etc., were still seen arrayed in the nosology of the ophthalmologist, terms by which the ingenious surgeon disguised his ignorance when the local lesion escaped his means of investigation.

The discovery, therefore, of a mode of examining directly the interior of the eye in the living subject is by far the most important improvement made in ophthalmology in modern times,



and is destined to form an interesting epoch in the history of this science. The parts situated in the centre, and at the bottom of the eye, heretofore inaccessible to the view of the observer, may now, by the aid of the ophthalmoscope, be subjected to the most minute inspection, and their separate lesions recognised with the greatest precision.

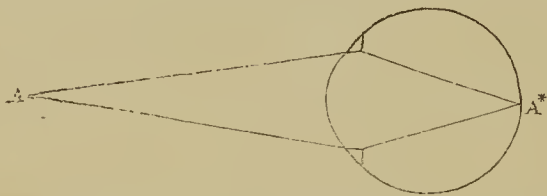
The practical consequences, as regards diagnosis, prognosis, and, consequently, treatment, following the invention of an instrument whereby this obscure cavity may be lighted up and examined, are of the highest importance. When, in this manner, we have inspected, one by one, all the parts in the interior of the eye without finding a lesion sufficient to explain the derangement of vision, then, and not till then, are we justified in assuming a more deeply-seated alteration, or in resorting to the hypothesis of an amaurosis *sine materia*.

The introduction of the ophthalmoscope opens up a new field for investigation. Should I, by this little essay, contribute to direct the attention of my Professional brethren in England and America to this newly acquired territory, and stimulate some of them to explore and develop its rich resources, my object will be attained.

Setting out with this view, I hope to be able to serve the interests of the Profession by giving a concise idea of the principle upon which this new method of examination is based; of the construction of the ophthalmoscope; and of the practical results to be derived from it.

*Principle upon which the Construction of the Ophthalmoscope is Founded.*—The pigmentary layer of the choroid is not sufficient to account for the black appearance of the bottom of the eye as seen through the pupil. The pigment would, indeed, absorb all the rays of light that enter the eye, were there no tissues situated anteriorly to it, capable of reflecting a portion of the rays. The vessels of the retina, and the optic nerve at its point of entrance, must certainly have this power. Besides this, however transparent the retina may be supposed to be during life, a membrane so brilliant must necessarily reflect a large number of the luminous rays that fall upon it.

*Why, then, does the Pupil ordinarily appear Black?*—It is only in the refracting properties of the eye that the explanation of this phenomenon must be sought. Let us suppose that the eye to be examined looks at a luminous point, A.



The rays projected into the eye from this point, being refracted, will be concentrated at the point A\* of the retina, and reflected, in their turn, by this membrane, they will again issue from the organ. But, since they must pass through the same media they had traversed on entering, they will undergo the same refraction, and be consequently collected at the point A, from which they first departed, in order to form there the retinal image.

From this it follows, that we could see the retina of an individual only when he looked attentively at our own eye, which, in that case, would be the luminous point. But it is clear, that the quantity of light which our own eye can project is too feeble to illuminate the bottom of the eye explored; and, in attempting to look into the interior of that eye by the aid of ordinary daylight, we only intercept with our head the rays which should illuminate the cavity. Placed, in this manner, in the shade, the pupil will naturally appear black.<sup>(a)</sup>

After these considerations, it is easy to comprehend the object to be kept in view in using the ophthalmoscope. It is to throw into the eye, indirectly, a large quantity of light, in such a way that the observer, without intercepting the rays which enter, may receive directly into his own eye those reflected from the retina of the explored organ. With this view, any mirror may be employed, provided it be held obliquely with respect to the eye examined, and have a transparent spot, or a round hole, through which the observer may look.

*Construction of the Instrument.*—To Helmholtz, Professor of Physiology at Königsberg, is due the invention of the first ophthalmoscope. The limits of my paper forbid a detailed description of his instrument. It is only necessary to add, that this ophthalmoscope, with all the modifications to which it has been

subjected, has but very imperfectly fulfilled the desired end; since not only the illumination which it affords is insufficient, but its complexity also renders it extremely difficult of application. My present object is, simply to describe the instrument of Dr. Anagnostakis, of which an account will be found in his original and admirable monograph above cited. Combining, as it does, the entire advantages of all the complicated and expensive ophthalmoscopes heretofore invented with the utmost degree of simplicity, facility of application, and portability, it will, without doubt, wholly supersede them. It is now exclusively used in France and Belgium, and the results of its application have been so satisfactory as to leave little else to be desired.

The instrument is composed of a small, round, concave mirror, about two inches in diameter, with a focal distance of four and a-half inches; the silvered surface being accurately adapted to a plate of blackened copper. The centre of this little mirror is perforated by a small hole about three lines in diameter. Around the border of the glass and plate thus adapted is placed a brass rim, to which is attached a small handle of wood or ivory.

*Method of Using the Ophthalmoscope.*—The pupil of the eye to be examined, if not already very large and fixed, should be previously dilated with atropine or belladonna. A dark room is selected; on a level with the patient's eye a bright lamp is placed upon a table as near as possible to the patient, who is seated beside it. The observer is seated upon a chair close in front of him, so that their eyes shall be upon the same level, and holds the mirror with the reflecting surface directed in such a manner that the rays reflected from the lamp are thrown upon the eye to be examined. Then, applying his eye against the central hole, the observer looks through it into the bottom of the eye thus illuminated; and, still holding the instrument constantly and steadily against his eye, he approaches towards or recedes from the patient till the reflection becomes small, brilliant, and oblong in form, and the tissues at the bottom of the globe are recognised. If it is desirable to magnify the image of these parts, or if, in consequence of the extreme presbyopia of the patient, the observer is obliged to place himself at a great distance in order to see the deep tissues of the eye, a convex lens of suitable magnifying power must be used. Accordingly as the refracting power of the eye examined is greater or less, so must the eye of the surgeon be brought nearer to or removed further from the patient, in order to have a clear image. But to secure, at the same time, a sufficient illumination, the focus of conjunction of the mirror must fall upon the cornea of the eye observed. Since, however, this focus, in a concave mirror, varies with the distance of the light from the mirror, by altering that distance, the focus may be lengthened or shortened at pleasure. Thus the instrument may be adapted to all eyes indiscriminately, whether myopic or presbyopic.

These are the general rules to be observed, and a little practice will give the Surgeon that facility in the use of the instrument necessary to accurate observation.

A few words with regard to the appearances presented by the healthy eye are necessary to enable the reader to appreciate the pathological changes which the ophthalmoscope reveals.

On first looking, as above directed, into an eye free from disease, the pupil is seen of a reddish colour, but none of the deeper structures are distinguished. As the parts at the bottom of the eye are necessarily seen through a refracting medium, which varies in degree in different individuals, it is evident that the Surgeon must approach towards or recede from the eye inspected, till the proper focus is found; he will then see red vessels traversing the bottom of the organ. When these blood-vessels are distinctly recognised, it is certain that the proper focal distance is attained, and the retina is in view.

This point, once gained, should be steadily preserved, while the patient is directed to turn his eye-ball in different directions; thus all the parts of the retina are successively brought into the field of vision. When the globe is turned upwards and inwards, a spot, usually circular, is seen, much whiter than the surrounding parts, with a small umbilicated indentation in the centre, through which pass four blood-vessels (two directed upwards, and two downwards), which branch off to the different parts of the membrane. But very frequently these principal trunks divide before entering the globe, and then a larger number of vessels are seen coming in at the white spot formed by the entrance of the optic nerve. Except this patch, which is quite white, the rest of the retina presents a reddish colour, which becomes more decided towards the periphery.

I must now speak of the pathological changes which have been already revealed by the aid of the ophthalmoscope. I shall adopt the natural order of noticing, first, the lesions that have their

(a) A. Anagnostakis; *Essai sur l'Exploration de la Rétine et des Milieux de l'Œil sur le Vivant, au moyen d'un Nouvel Ophthalmoscope*. Paris, 1854. Published also in the "Annales d'Oculistique" for February and March, 1854.



seat in the crystalline lens and vitreous humour; secondly, those confined to the essential organ of vision, the retina.

I imagine that no opacity of the lens, however slight, can escape detection by the use of this instrument. Certain it is that opacities which even materially interfered with vision, but which escaped the scrutiny of the most experienced eye, have been readily detected by a resort to the ophthalmoscope. Some very eminent oculists have reported cases of this kind. I have seen, at the clinic of M. Desmarres, beautiful opaque streaks in two lenses, which had eluded all other means of examination. When seen by the aid of this instrument, opacities of the crystalline appear as greyish-brown patches or streaks, of various sizes and shapes, upon a reddish back-ground, afforded by the illuminated retina. The importance, as to treatment and prognosis, of distinguishing the very commencement of cataract from impairment of vision produced by other more serious lesions of the vitreous or of the retina itself, is too obvious to need illustration. Who that has had even a limited experience in diseases of the eye has not seen patients with incipient cataract, tortured for months or years with leeches, cupping, blistering, and a thousand pernicious drugs, under the supposition of a commencing amaurosis? And who has not been consulted by patients sent to be operated upon for cataract, in whom the lens was perfectly transparent?

The most common alteration of the vitreous humour is the appearance in its substance of deep brown or greyish corpuscles, in greater or less abundance. These bodies are of very various sizes and shapes. Sometimes we see only two or three large, irregular flakes, either floating separately in the liquid vitreous humour, or united to each other by a number of small filaments. At other times an immense number of smaller corpuscles, some angular, others in the form of shreds, and others, again, resembling pieces of membrane with ragged edges. When agitated by the sudden movements of the globe, these floating bodies are seen bounding and darting about in the interior of the eye, and gradually subsiding towards the inferior part when the organ is at rest.

Whether these substances are inflammatory exudations from the ciliary body, retina, or choroid, that have become detached; whether they are the remains of blood effused into the cavity of the eye; or, as is more probable, attributable sometimes to one and sometimes to the other of these sources, is not yet settled. Future observations can alone decide that question. Since, in all cases where these corpuscles exist, the vitreous humour is disorganised and liquid, I have thought that some of them might be opaque and thickened portions or shreds of hyaloid membrane.

Doubtless many cases of *muscae volitantes* are produced by these little bodies floating before the retina. As, however, they are not unfrequently seen in patients who are not at all troubled with *muscae*, and are absent in others where this phenomenon is complained of, they cannot be considered as its sole cause. If small, and occupying the anterior segment of the vitreous body, they may throw no shade upon the retina, and hence not interfere in the slightest degree with vision. But when of large size, and situated in the posterior segment, near the retina, they must necessarily derange the sight by mechanically intercepting the rays of light.

[To be continued.]

## PRACTICAL ESSAYS ON PLASTIC SURGERY.(a)

By T. SPENCER WELLS, F.R.C.S.

Surgeon to the Samaritan Hospital.

### PLASTIC SURGERY IN GENERAL.

It is not a little singular that no work on Plastic Surgery has yet appeared in the English language. There is too much reason to fear that this want in our literature is connected, either as cause or effect, with a certain inadequate appreciation in this country of what Plastic Surgery can effect, and some ignorance of what it has effected in Germany, France, and Italy. Some years ago I made known to the Profession, by means of two long analyses of the *Operative Surgery of Dieffenbach*, published in the *British and Foreign Medical Review*, many of the more important improvements the great German Surgeon had introduced, hoping that a complete translation of his work would be brought before the British Profession by some industrious translator. But no such work has appeared, and the results of Dieffenbach's

experience are still reserved for the German scholar only. The same must be said for the valuable contributions of Von Ammon and Baumgarten, Zeis, Langenbeck, and Blasius, to Plastic Surgery. Even the works of our French neighbours, Jobert and Blandin, are not generally known among English Surgeons, certainly not by translation.

I trust, therefore, that a series of essays, intended to embrace the whole domain of Plastic Surgery, and thus to make known what our continental neighbours have done and are doing in this department of our art, will not be without interest to English readers, especially to that large class of General Practitioners who are not in the habit of performing severe and dangerous operations, but who would be enabled to obtain reputation and profit by the performance of slighter operations for the restoration of some lost part, or the removal of some deformity.

The term PLASTIC SURGERY may be said to imply that department of operative surgery which has for its end the reparation or restoration of some lost, defective, mutilated, or deformed part of the human body. It is here that the Surgeon wins some of his greatest triumphs, not only in the achievement of restoring a lost nose, but in lesser matters. The cure of a hare-lip; the removal of an ugly cicatrix; the straightening of a crooked finger, an oblique nose, or a squinting eye; the replacement of an inverted or everted eyelid or lip; the closure of a fistulous opening or a palatine fissure; the completion of a defective urethra; the union of a ruptured perinæum; the permanent replacement of a prolapsed rectum, bladder, uterus, or vagina; the closure of unnatural communications between any of these organs; the cure of an artificial anus, and other operations of this class, relieve the patient from great bodily suffering and mental distress, and restore him to a state of comfort and bodily integrity. While no operations tend more to add to the reputation of the operator, none are attended with so little danger to life, and are therefore so likely to endanger his credit. The operator does not require that species of courage and coolness, or even the minute anatomical knowledge, which are absolutely necessary for the man who undertakes to tie the larger arteries, to excise the joints, or to dissect out tumours from the interior of the body, or from parts abounding in important vessels and nerves. He seldom or never has the fear that his patient's life may be endangered by the immediate consequences of his proceedings. He is never embarrassed by profuse hæmorrhage; but he requires qualifications of another order,—extreme patience, unconquerable perseverance, confidence under temporary failure, a certain amount of artistic skill in fashioning the form and size of the organic material he employs, a thorough knowledge of the various methods which others have employed, and their results in any given class of cases, delicacy and precision in manipulation, and the necessary physiological and pathological knowledge, without which even careful attention to every detail of preparatory or after treatment may lead to misdirected measures. There are many Surgeons who remain cool and undaunted before large wounds and excessive hæmorrhage, who are quite incapable of performing plastic operations well. They have not the faculty of maintaining constant and fatiguing attention upon very tedious proceedings, or the patience to form a precise plan of operating, to prepare the patient for it, to carry it out exactly, and to give that minute attention to the dressing of the wounds and the after care of the patient which are absolutely necessary for the Surgeon who hopes to obtain all the perfection to which Plastic Surgery may be brought. Of course there are some bright examples of great Surgeons who combine all the different qualifications for making them masters of their art in all its branches; but there are many among the important class of General Practitioners, who, without the constitutional hardihood required to form a great operator, do still possess the natural capacities which, with the requisite study, could enable them to take a high rank among Plastic Surgeons. It is more particularly to them that these short practical essays will be addressed.

It will be convenient, before proceeding to describe the plastic operations performed in different regions of the body, to allude to some general principles which must guide us in all such operations.

The *preparation of the patient* must be carefully undertaken. The general condition must be considered, and very great care taken to warn the patient against mental agitation, and to make him comprehend how necessary extreme quiet and patience are to ensure success. A well-regulated diet, an airy, cheerful apartment, and sufficient exercise, must be enjoined if the general health be not sound, and these hygienic means are far more likely to lead to a favourable condition of the blood for plastic

(a) Mr. Wells will gladly receive accounts of any plastic operation performed by British Surgeons, in order that the results may be made known in these Essays. Letters to be addressed to 30, Brook Street, Grosvenor Square, London.



processes than an antiphlogistic system on the one hand, or a system of stimulation on the other. When the system suffers from any specific affection,—cancer, scrofula, or syphilis for example,—many Surgeons hold that no plastic operation should be performed. Dieffenbach, whose experience in these operations was greater than that of any other Surgeon, affirmed that pre-existing scrofulous disease, even though the patient was in good health, led to a more unfavourable prognosis than previous sufferings either from syphilis or herpes exedens. There can be no doubt that the syphilitic poison prevents union after plastic operations. Jobert says that he has submitted patients several times to the same operation unsuccessfully, because they were suffering from latent syphilis, and that it was only after submitting them to general treatment that a cure was obtained. It should be remembered also, that mercury greatly diminishes the plasticity of the blood. No plastic operation, therefore, should be performed while the system is under the influence of any mercurial preparation, and great caution should be used in giving any such preparation to a patient during the process of union. I have heard of several instances in which union, progressing favourably until a dose of calomel had been administered, had been at once stopped. This caution is especially necessary in operations about the mouth. I saw a case very recently in which union of a palatine fissure was proceeding satisfactorily until salivation followed a single dose of calomel given on account of foul tongue and loaded bowels, and sloughing ensued upon the salivation which materially impaired the result of the whole proceeding.

Of course, in determining whether the existence of cancer should prevent a plastic operation, the nature of that operation must be taken into account. For instance, if a woman were suffering from a ruptured perinaeum, or a vaginal fistula, the existence of a cancerous tumour in the breast should not be a valid reason for allowing her to suffer from an additional misfortune in our power to cure. Even when lupus is spreading on the face, I have known the ulcer excised, and, the edges of healthy skin having been brought together, perfect union has resulted and no return of the lupus has followed.

As to any local preparation of the parts to be concerned in any plastic operation, such as frictions, or percussions, ethereal, oily, or other inunctions, intended to increase the vitality of the integuments, the only good that can be expected from them is a certain amount of loosening of the subcutaneous cellular tissue. This may become useful when cicatrices have rendered neighbouring parts unyielding.

Anæsthesia will, of course, be generally employed in these operations, as they are tedious and painful. It will be an interesting problem to determine how far the benumbing cold recommended by Dr. Arnott will tend to promote union by the first intention. He gives many reasons, and some facts, which encourage the trial.

[To be continued.]

## ON THE PRESENCE OF CERTAIN CRYSTALLINE FATTY BODIES IN THE VOMIT OF CHOLERA.

By W. LAUDER LINDSAY, M.D.,

Late Resident Physician of the Surgeon Square Cholera Hospital,  
Edinburgh.

In a paper "On the Pancreatic Juice in Relation to the Digestion of Fat," which appeared in this Journal on June 3, and which was sometime previously read before the Physiological Section of the Medical Society of London, Dr. Leared makes some very interesting remarks on the presence of certain fatty bodies in the vomit of a patient supposed to labour under pancreatic disease. He does not describe minutely their appearance or characters, but he figures large rounded or oval, dark, granular bodies, surrounded with delicate needle-shaped spines or spiculæ. His first impression respecting them was, that they were animal organisms; but Professor Quekett, to whom he submitted them for examination, proved their fatty nature by the fact of their disappearing in boiling ether. He states, that they appear to consist of stearine separated from the other elements of the fat of the food by the action of the pancreatic juice.

In the discussion following the reading of this paper, it was stated by Dr. O. Ward, that similar appearances had been previously discovered by me in the vomit of cholera. In a Note appended to his paper in the *Medical Times and Gazette*, Dr. Leared denies the accuracy of this statement, and mentions, that

I do "not refer to free crystalline masses." As there thus appears to have arisen some doubt as to the identity or similarity of the bodies observed by Dr. Leared and myself, and as the whole subject of the presence of fat and oil in the vomit of fæces in various diseases is one of great and growing interest, perhaps I may be excused for briefly recapitulating my own observations on cholera bearing on this point, which were made towards the close of last year in the Edinburgh Cholera Hospital.

So far as I can gather from Dr. Leared's paper and drawings, I have long been familiar with the bodies in question, having repeatedly met with them in the vomit of cholera patients. But it has occurred to me to see a much greater variety of these curious crystalline fatty masses than he refers to. He is, perhaps, strictly correct in saying that they were not fully described by me; but, in the *Association Medical Journal*, for April 21 and May 12 of the present year, I certainly alluded to them very distinctly, and figured them (on a very small scale, however,) as "large, dark, globular bodies, surrounded with setæ or spiculæ, and resembling echini in general appearance." On first observing them, like Dr. Leared, I supposed them to be microscopic, bristly insects, or other minute animal organisms, but their great irregularity of size and shape, and their variability of general character, led me to suspect the accuracy of this belief. The use of re-agents, under the microscope, soon convinced me that they were of fatty origin, and I figured them, among other interesting histological and pathological products of the cholera-vomit, shortly and simply as "echinus-like fatty bodies." In these papers, I do not enter into any particulars of description, and consequently do not refer to the intermixture of free acicular crystals. These, however, I uniformly found among or near the fatty masses in question, either in groups or isolated crystals. In general appearance, they closely resembled the raphides, which occur abundantly in the parenchymatous cells of many plants. I have likewise constantly met with fatty bodies, resembling the nuclei or central granular masses, but devoid of the spines or acicular crystals.

Dr. Leared appears never to have observed sarcina in connexion with these bodies; but "interspersed among them were oil-globules, starch, occasional muscular fibres, and epithelial scales." In the same vomit I have frequently found them intermixed with sarcina Goodsirii, and with all the ordinary or rarer microscopic elements of choleraic egesta, viz., disintegrated vegetable tissues of various kinds, fat and oil in various forms, mucus and mucus-corpuscles, pavement and cylindrical epithelium, compound granular bodies, crystals of triple phosphate and common salt, and the so-called "annular bodies," or "cholera corpuscles."

Furthermore, in some cotemporary periodicals (a) I have pointed out the great frequency of oily and fatty matters, in many different forms, in the vomit and fæces of cholera. Of these the chief are, 1, liquid oil, 2, soft yellowish fat, in pellets or masses, and, 3, white, hard, concrete fat, in almond-shaped masses resembling pieces of suet. In the two former kinds, the microscope detects only oil-globules; in the latter, we find a series of vesicles, each containing a central radiating mass of acicular crystals of margarine. In the majority of cases, the origin of this oil and fat is probably the food; but in what way, or by what substance or substances this is modified or acted on, so as to produce results so different as I have therein described, I leave it for the physiologist and chemist to explain. The fact, however, that oily and fatty matters are frequently met with in the vomit and fæces of this and other diseases, is interesting and important in connexion with the general subject of the digestion of food, and particularly with the effects of the pancreatic and hepatic secretions in the digestion of its fatty elements.

Neither in the vomit nor fæces did the fatty matters above described or referred to appear to me to have any definite relation to, or connexion with, the character of the matters discharged, or the duration, stage, intensity, or type of the disease, further than this, that they never occurred during the true collapse stage, but were confined to the "consecutive fever" and convalescence. Not only in the vomit and fæces of cholera have I observed this excess of fat, in some of the forms just alluded to, but, under the microscope, I have seen a superabundance of oil globules in the urine, bile, and others of the secretions and excretions.

Dr. Leared regards the fatty bodies first referred to as "very different from the ordinary stellar crystals of fat, free or other-

(a) *Association Medical Journal* for April 14, et seq., "Clinical Notes on Cholera," and *Edinburgh Monthly Medical Journal* for June, 1854, "On Presence of Fat in the Fæces of Cholera," etc.



wise, sometimes found in vomited matters." This statement I am neither prepared to deny nor corroborate; but I strongly suspect, when the subject is minutely investigated, that the essential difference (if there be any) will not be found so great as *prima facie* appears to be the case. "Pancreatic juice, according to him, has a specific influence as regards the form of certain resulting crystals, as well as on the separation of fat into its elements." On the consideration of that portion of his paper which treats of the respective actions of bile and the pancreatic juice on the fatty elements of food, I cannot here enter. All I aim at is, to announce to him, that the crystalline fatty bodies he figures and describes are comparatively common in the vomit of cholera, (and probably will be found to be equally so in similar discharges in other diseases,) and that they were observed, though not fully described, by me many months ago.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### SHORT NOTICES OF HOSPITAL THERAPEUTICS.

*Treatment of Chorea.*—Sulphate of zinc is undoubtedly the remedy in most general use for the treatment of the ordinary forms of chorea in the London Hospitals. It is usually given in small doses at first (gr. j. to ij.) and gradually increased if the disease do not yield (gr. v. to viii.) Among other remedies in much esteem must be noticed the various preparations of iron, quinine, Valerian, the ammonio sulphate of copper, the iodide of zinc, and arsenic. In St. Thomas's Hospital Dr. Barker frequently prescribes, in severe cases, the last-mentioned remedy. He states that he has several times cured very quickly by its means cases which had proved obstinate under other treatment. The dose is, of the liquor arsenicalis, three minims for a child, and from five to six for an adult, given in a bitter infusion three times daily. Chorea, in its more ordinary forms, is, as is well known, curable with tolerable certainty by almost any of the nervine tonics; hence the number of specifics which have been boasted against it. There is, however, an acute form which sometimes threatens a fatal termination, and the right treatment for which is far from being established. It is, as compared with the more chronic form, very rare, and its existence seems to have been almost overlooked by writers on the therapeutics of the disease. We watched the course of one of this kind lately under the care of Dr. Bennett, in St. Thomas's Hospital, in which opiates exerted a very markedly good effect. The subject of it was a delicate little girl, about five years old, and when admitted the persistent violence of the spasms was such as to excite much fear that death from exhaustion would ensue. Examples of the association of chorea with a cardiac bruit are, if looked for, tolerably numerous. Such cases do not appear to require any special treatment, but the chorea is, perhaps, as a rule, more difficult to cure than when uncomplicated. As far as we have observed, the cardiac murmur almost invariably remains after the cure of the other symptoms, and its character is generally such as to indicate structural disease of the organ.

*Charcoal Coverlet for the Prevention of Smell from Gangrenous Sores.*—In some cases of hospital phagedaena recently under his care in St. Bartholomew's Hospital, Mr. Wormald made an ingenious and very useful application of the disinfecting powers of charcoal. It is well known that dry charcoal will effectually absorb any noxious or offensive gas which can be made to pass through it. On this power Dr. Stenhouse's disinfecting respirators depend for their efficiency. The difficulty in applying it in hospital practice has, however, arisen from the difficulty of keeping it at the same time dry and in a uniform layer around the part giving rise to effluvia. Mr. Wormald's plan consists in sprinkling freely between two sheets of cotton wool a tolerably thick layer of powdered charcoal, and then "quilting" them together in small segments, so that the powder is retained securely in its place. The pads thus prepared may be of any size, according as required to wrap round the end of a stump, or to cover a superficial ulcer. The sloughing sore having been dressed in the ordinary manner, and a little lint or wool so placed as to absorb any discharge which may flow, over all is laid the charcoal quilt, which is then lightly confined by a bandage. It forms, in addition to its disinfectant properties, a very soft and comfortable envelope, more especially if the sore be in such a part that the patient is obliged to lie on it.

*Arsenical Injections in Cancer of the Uterus.*—Mr. Lloyd has for long employed in cases of cancer of the vagina or uterus which have come under his care in St. Bartholomew's, injections of arsenical solutions for the purpose of preventing fetor. He states that such treatment is perfectly innocuous, and that it succeeds far better than the ordinary disinfectants, which at the best are but of very temporary benefit, the smell generally returning as bad as ever quickly after their employment. The strength of the solution used is from two to eight grains of white arsenic to the pint of water. The great difference between the chemical disinfectants and such applications as this, no doubt arises from the circumstance, that the one only destroys fetor, while the other prevents it. The extraordinary influence of arsenical applications in cleaning cancerous ulcers is well known to those who have tried them. It is not necessary that they should be made to act as escharotics, since repeated dressings with a paste only strong enough to stimulate will effectually serve the end. The following prescription is that of the powder used by Mr. Startin at the Hospital for Skin Diseases for the purpose mentioned, and it differs, we believe, not very materially from one which was a great favourite with Dupuytren:—

R Hydrarg. chloridi ʒiiss.; hydrarg. bisulphureti ʒij.; acidi arseniosi ʒj. Misc.

This powder, made into a paste with water, is more or less lightly, as required, to be brushed over the sore, the application being repeated once a week, or fortnight, or month, as may be necessary. Mr. Lloyd's injection, in all probability, acts in the same manner on the sloughy, cancerous ulcerations concealed within the vagina. It must be borne in mind some real good is probably produced in addition to the prevention of fetor, since the diminution of discharge and sloughing will save the patient's powers, and perhaps, also, somewhat retard the growth of the cancer.

*Iodide of Potassium in Syphilitic Iritis.*—For several years past it has been the practice with some Surgeons to treat certain of the more chronic forms of syphilitic iritis by means of the iodide of potassium only. At the Royal London Ophthalmic Hospital, Mr. Wordsworth has recently tried the remedy more extensively and in more acute forms of the disease. The result of the treatment has been extremely satisfactory, the lymph being generally absorbed quite as quickly as, if not more so than, when mercury is given, while the depressing effects of the latter are not incurred. The dose has varied from three to eight grains given thrice daily, the more acute forms requiring the larger doses. As a local application, Mr. Wordsworth finds a weak watery solution of belladonna, used warm as a fomentation, the most efficient both in dilating the pupil and allaying the irritation. For rheumatic iritis the iodide would probably be quite as efficient, and in several, indeed, which have yielded quickly to it, under Mr. Wordsworth's treatment, there has been no conclusive syphilitic history. Probably no fact in therapeutics is more clearly proved than the influence of mercury on inflammations of the iris, and to this the advocates of that remedy for effusive inflammation generally have long been in the habit of referring. Not the least doubt or discredit is, however, thrown on that reasoning by asserting, that the iodide is as efficient, or even more so, since they are manifestly remedies of the same class; and most of the theoretic arguments in favour of the one would stand also in favour of the other. In support of an *a priori* opinion, that the iodide would cure syphilitic iritis better than mercury, the circumstance may be referred to, that iritis generally stands among the later secondary, if not among the tertiary symptoms, and that it is for the latter that the iodide is found so constantly efficacious. The reader may find some remarks on the position of iritis among the syphilitic symptoms, at page 217 of the *Medical Times and Gazette* for August 28, 1853, where also is detailed an interesting case, in which, during ptialism on account of iritis, the inflammation, after having all but disappeared, was again set up in an acute form.

## ST. BARTHOLOMEW'S HOSPITAL.

### TRIALS OF COLD AS AN ANÆSTHETIC.

In several cases recently operated on at this Hospital, trial was made as to the efficiency of congelation in preventing the pain of the incisions. Whether from a too timorous use of the means, or some other cause, the success was not so complete as could have been desired, since the patients evidently felt. Mr. Paget, however, has informed us, that in private he has, on several occasions, tried the plan, and found it to answer fully the intention of its proposer. The operations were for the removal of subcu-



taneous tumours, in which the main point was, that the patient should not feel the incision through the skin. As is well known, the cutting of the skin is, in such cases, almost the only painful part. In one case Mr. Paget excised a fatty tumour from over the shoulder of a lady, the skin having previously been frozen; and although the incision required was four inches long, yet no pain was complained of. In proof that congelation does not hinder the subsequent healing, it may be mentioned, that in that instance a considerable part of the wound united by the first intention, and the rest of it soon closed. The mixture used was about equal parts of pounded ice and salt, enclosed in a coarse muslin bag. This was by degrees applied to the surface to be operated on, and, as the patient got used to the sensation, allowed to remain on it. The process occupied from four to six minutes, and caused no pain. Operators who make use of this plan, must recollect that the skin does not cut so crisp as natural when frozen, but like a tough soap, requiring a little modification in the handling of the scalpel. The apparatus recommended by Dr. Arnott, a gauze bag, a large brass ball, a spoon, etc., is now kept by the instrument-makers; but it is very simple, and may easily be extemporized without cost. It is much to be desired, that the extent of practical use which may be made of cold as a local anæsthetic should at once be tested, since, should it prove to be generally applicable, it would prevent, on a large scale, the risks incident to the inhalation of chloroform. In a very great majority of the cases for which the latter agent is now used, the cutting of the skin is almost the only painful part of the operation. In all those which concern the deeper parts, congelation will, of course, be of no avail. We reported, some months ago, (a) a case which had occurred in University College Hospital, and in which Mr. Erichsen had employed cold to diminish the size of a tumour on the head of an infant prior to an operation for its removal. Its use, under such circumstances, in order to prevent bleeding, is a very important precautionary measure, and well worthy of being borne in mind.

### ST. THOMAS'S HOSPITAL.

#### TREATMENT OF FRACTURED PATELLA BY A GUTTA PERCHA KNEE-CAP.

[Cases under the care of Mr. LE GROS CLARK.]

The great difficulty in securing co-aptation of the fragments in cases of transverse fracture of the patella is generally acknowledged, and many contrivances have been used to obviate it. In a case of this kind, recently under his care in St. Thomas's Hospital, Mr. Le Gros Clark employed with great success a novel and very simple expedient. It consisted of a cap of gutta percha moulded to the front aspect and sides of the joint, and with a hole cut in its centre large enough to receive the patella. The two halves of the broken bone having been by manipulation brought into apposition, this splint, lightly padded with lint, was placed over them and confined by means of a bandage. Its influence was thus, by pressure from above and below, to keep the fragments in exact position. The case in which the plan was adopted did remarkably well, and after the first reduction no trouble with subsequent displacements occurred. It is of course advisable to adopt the ordinary measure of flexing the thigh as much as possible on the pelvis during the treatment, and with this view, in the present instance, the leg was swung by a broad suspensory bandage beneath the calf, and fixed to the curtain-pole of the bedstead. The cap was not applied until the tumefaction following the receipt of the injury had subsided. The above accident occurred to a female. A similar case of transverse fracture of the patella in a man, is now under the same treatment in the Hospital, under Mr. Le Gros Clark, and promises an equally favourable result. The application of this simple apparatus has not been attended by any inconvenience in either case.

#### STRANGULATED SCROTAL HERNIA.—

#### OPERATION.—DEATH FROM COLLAPSE TWENTY-TWO HOURS AFTERWARDS.—AUTOPSY.

[Under the care of Mr. SOUTH.]

The following case, although not at first sight one of very unusual character, illustrates some important facts in the pathology of hernia. We will first give its details, as furnished to us by Mr. Beresford, the dresser of the patient, and then add the comments which it appears to suggest.

James Morgan, aged 30, an actor, admitted into George's ward, under the care of Mr. South, at 1 p.m. on May 8, 1854.

*History.*—States that he has been subject to hernia since birth, but has never previously had any difficulty in reducing it when it has come down. He has never worn a truss. This morning, about half-past nine o'clock, the gut was forced down by a fit of coughing; a greater quantity than usual was protruded, and he found that he could not return it. He soon began to suffer from pain, followed by nausea and vomiting; he went to a Surgeon in the neighbourhood, who used the taxis for some time, but without success, and then sent him to the Hospital.

*Present State.*—On admission the scrotum was found greatly distended with the protruded gut; in fact, so tightly, that the left testicle could not be felt; between the external ring and the scrotum was a firm swelling about the size of a pigeon's egg, which was, at first, thought to be the testicle not previously descended, but was afterwards found to be caused by the inter-columnar fascia forming a constriction around part of the hernia. The man had an anxious expression of countenance; had been frequently sick; tongue furred, and becoming brown in the centre; there was pain and tenderness over the abdomen, and the bowels had not been opened since the descent of the gut. Chloroform having been administered, Mr. South tried the taxis for some time, but, not succeeding in returning the gut, he determined to operate at once, and the patient was removed to the theatre. The operation was performed under the influence of chloroform.

*Operation.*—2 p.m.—An incision, about four inches in length, was made along the upper part of the scrotum and the tumour above it, the coverings divided, and the sac freely opened; it contained a large quantity of gut (about 30 inches) and omentum, which latter was found adherent to the testis. The gut was highly congested, of a very dark red colour, and with several spots of ecchymosis upon it. The stricture, which was at the external ring, was divided, so as to admit the end of the index finger, and an attempt was made to return the gut; but it was found impossible, from a fold of the sac forming a kind of valve, and preventing its return. Mr. South, therefore, enlarged the opening by a second cut, and the intestines and omentum were then readily returned, the adherent band of omentum being first torn through, and its bleeding vessels tied. The gut did not change colour after the stricture was divided. The wound was brought together by two sutures and plaster, and the patient removed to bed. He felt very faint from the effect of the chloroform, of which he had taken altogether between two and three ounces.

9 p.m.—Pulse rather quickened, but not hard; has no pain; has not vomited since the operation; there is no tendency to sleep.

Ordered, Morph. hydrochl. gr. ss. st.

May 9, 6.30 a.m.—Mr. Beresford was called to him, and found him suffering from acute pain across the loins; there was little or no tenderness over the abdomen; there was nausea and belching, but no vomiting; pulse 120, but not hard. Has taken no nourishment since the operation.

Ordered, arrow-root.

R Cal. gr. ij., p. opii gr. ss., 6tis horis.

11 a.m.—Has been gradually getting worse; his pulse is more frequent, and much weaker; and the features are shrunk. A little brandy was given him. His wife came to see him; and on her crying, he asked her not to do so, as "it would take away all his courage." He was then observed suddenly to change; his countenance became pale, and he immediately sank, and died in ten minutes.

*Post-mortem Examination Twenty-seven Hours After Death.*—

The head was not examined. The thoracic viscera were all healthy. *Abdomen.*—The external incision had still the appearance of one of recent infliction, no inflammatory action having been set up. On opening the abdomen, the intestines were seen somewhat distended, and of very a pale rose colour, which soon changed to green on exposure to the air. The omentum was aggregated into a mass, and lay in the left inguinal region, but was not adherent to the surrounding structures. The peritoneum exhibited no signs of inflammation at any part. In the left inguinal region, internally, was a small round opening into the abdominal cavity, which communicated with the external opening before mentioned. A portion of intestine lying near it, nearly three feet in length, was of a deep claret colour, evidently very much congested, but still no part of it exhibited symptoms of inflammation, or of tendency to gangrene; every part was quite free in the abdomen. The intestines were much distended, but this was owing more to the presence of flatus than of fecal matter. The other abdominal viscera were healthy.

(a) See *Medical Times and Gazette* for Dec. 10, 1853, p. 630.



From the sudden manner in which finally death took place, from the symptoms which had preceded it, and the morbid appearances found, we are able to conclude only that the patient in the above case died from collapse or shock to the nervous system. The strangulation had been completely relieved, and the congested bowel had, to some slight extent, already begun to recover itself, and there were no evidences, either before or after death, of the existence of peritonitis. Death, from sinking in the way thus exemplified, is not so very uncommon after hernia operations, and it is very important that it should be had in mind in the after treatment of such cases. It must be remarked also, that evidences of active peritonitis after death under such circumstances, are far more rarely met with than might have been expected. Any one who will take the trouble to look carefully through the cases given under "*Herniotomy*," in our later monthly abstract reports, may easily find proof of these statements. Those, indeed, in which symptoms of active peritoneal inflammation arise, appear to be much more amenable to treatment than those where a tendency to sinking is displayed. The great influence of injuries to the peritoneum or abdominal viscera in inducing collapse, has been long acknowledged, and it is not to be wondered at that it should be strongly shown in cases in which large tracts of intestine have been tightly strangulated, even if but for a short time. It is probable also, that that influence is increased in proportion as the tract of bowel involved is near to the stomach, and hence one element in the great danger which attends umbilical hernia. On the difference in treatment requisite in these cases and in those of peritonitis, it will not be needful to insist; the remedies for inflammation can in the former but do mischief, and it may often be advisable to administer opiates, stimulants, etc., with a not very sparing hand. The large size of the hernial protrusion should always be deemed a circumstance demanding that not a moment's unnecessary delay in its reduction be permitted. The known tightness of the stricture in femoral hernia is recognised as an especial warrant for early resort to operations, and probably the large bulk of many of the inguinal form ought to be deemed quite as cogent a motive for the same procedure.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### LEEDS GENERAL INFIRMARY.

#### OVARIOTOMY.—DEATH.—AUTOPSY.

[Under the care of Mr. THOMAS P. TEALE.]

MARY CLAPHAM, aged 21 years, unmarried, was admitted into the Leeds Infirmary, March 15, 1854, on account of a large fluctuating tumour in the abdomen.

Her complexion was pale and somewhat sallow. She was much emaciated; her disposition cheerful.

She began to menstruate at the age of 17, but has not been unwell since August, 1852. In that month she suffered from a disordered stomach, and from pain in the abdomen. Her body soon afterwards began to swell, not obviously on one side, but from below upwards. She gradually lost flesh, and ill-health compelled her to leave off her employment.

In July, 1853, her Medical attendant, Mr. Gardiner, of Guiseley, removed fifty-two pints of fluid by tapping. The abdomen soon became distended again, and the operation was repeated in October, 1853, and in January and February, 1854; the intervals between the operations being sixteen weeks, twelve weeks, and seven weeks.

On her admission, Mr. Teale diagnosed encysted dropsy of the abdomen. The tumour extended as high as the cartilages of the ribs and the ensiform cartilage. In front of the tumour, a few inches above the navel, the transverse colon could be distinctly seen, and its varying size observed as air and other matters were traversing it. On March 28, five weeks after the last operation of tapping, Mr. Teale drew off, by means of the trocar, thirty-six pints of fluid. On the following day the abdomen was flaccid, but, at its lower part, a tense rounded tumour could be felt, reaching nearly as high as the navel. It was therefore apparent that the tumour was multilocular, consisting of one principal and other smaller cyst or cysts. By the use of the uterine sound, the womb was found to move independently of the tumour.

Influenced by the result of these investigations, by the apparent absence of other organic disease, the youth of the patient, the rapidly increasing necessity for tapping, the steadily advancing emaciation, and the urgent desire of the patient and her friends for the removal of the disease by operation, after the

great hazard as to the result had been explained to them, Mr. Teale, in consultation with his colleagues, Mr. Smith and Mr. Samuel Hey, decided upon operating.

April 3, at two p.m., the patient was brought into the operating room, the temperature of which had been raised to 80°. An incision was made, about four inches in length, between the navel and pubes, dividing the integument and linea alba. The finger of the operator was now passed within the muscular wall of the abdomen, so as to detach the tumour, which adhered to the wall in the site of the former operations of tapping. The parts being so much attenuated by distension, Mr. Teale was uncertain whether he was merely detaching by the finger the natural filamentous connexions of the fascia transversalis, or separating the two layers of adherent peritonæum; and he therefore proceeded to divide a few fibres of the membrane covering the tumour, which was as thin as paper, and translucent, allowing the fluid contents of the cyst to be seen through it. He had scarcely touched this thin membrane with the scalpel before the cyst was opened, and a copious rush of fluid followed. After about twenty pints had escaped, he proceeded to detach the cyst from the anterior wall of the abdomen, and the hand soon passed freely into the general cavity of the abdomen. Two or three minor cysts were now opened, and their contents discharged. The pedicle was soon reached, and it was found that the tumour was attached to the right ovary and broad ligament by a neck about twice the thickness of the thumb. The wound in the abdominal wall was next a little extended; a duplicate ligature was passed through the pedicle, and tied on each side of it, and the cyst removed. The wound in the abdomen at its upper part was united by common interrupted suture, and at its lower part by two twisted sutures, the ligatures of the pedicle being brought to the surface along with the stump of the pedicle, and attached to the two pins of the twisted sutures.

The patient, after having been removed to a small ward, of the temperature of 70°, was cheerful, and had a good pulse of 85. She complained of slight faintness, and of pain in the right leg. She was ordered to take twenty minims of tincture of opium immediately, and to repeat ten minims every four hours. Iced water to be taken in small quantities frequently.

Five p.m.—Pulse 84. She has vomited three times a little water and mucus. Complaints of thirst, and of pain in the right leg and thigh.

Ten p.m.—Pulse 90; vomiting less frequent. She has slept occasionally for a few minutes; pain in the leg relieved; skin moist and warm. She has passed urine freely and without pain.

April 4. Eight a.m.—Pulse rapid, thready, and scarcely perceptible; skin cool and clammy; countenance pallid. During the night she became very restless and exhausted, and was much distressed with vomiting. Spirit of ammonia was given frequently, and the opium discontinued. A little brandy was given, but it seemed to aggravate the vomiting.

Noon.—She gradually sank during the morning, and died at noon.

*Examination Ten Hours after Death.*—The whole frame much emaciated; surface bloodless; abdomen flaccid and free from tympanitis. The incision, commencing two inches below the navel, and extending downwards four inches, was united throughout by adhesion. The omentum was found intimately adherent to the abdominal wall, and firmly incorporated with the parietal peritonæum and fascia transversalis, so as apparently to constitute with these structures one membrane, which did not admit of being separated into its constituent parts. In like manner the transverse colon was firmly adherent to the front wall of the abdomen. In the abdominal cavity were found several pints of fluid, deeply coloured with blood, and some dark clots of large size. The source of the hæmorrhage appeared to have been some vessels of the omentum, which had been divided along with the abdominal wall during the operation, but which did not give any evidence of bleeding at the time. The right ovary and Fallopian tube had been removed, the broad ligament remaining. The ligatures were firmly attached to the pedicle, which had evidently not been the source of the hæmorrhage. The pedicle had been tied within half-an-inch of the womb. The peritonæum was tinged red by contact with the effused blood, but did not exhibit any evidence of inflammatory exudation.

The stomach was large, and united by old adhesions to the diaphragm. The under surface of the liver was covered by a layer of old and organised false membrane, and had become fixed much higher than its natural position, having been pushed upwards by the tumour. Spleen healthy, but adherent to the diaphragm; lungs healthy; heart pale and flabby.

The notes of this case were taken by Mr. William Hall, of Wortley.



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## LIST OF SCIENTIFIC MEETINGS.

Monday,	July	3.—ROYAL INSTITUTION. <i>General Monthly Meeting of the Members.</i> Two o'clock.
		EPIDEMIOLOGICAL SOCIETY. <i>Subject:—"On the Use of Vegetable and Mineral Acids in the Treatment, Prophylactic and Remedial, of Epidemic Disorders of the Bowels."</i> By Mr. TUCKER. Half-past Eight o'clock.
		ENTOMOLOGICAL SOCIETY. Eight o'clock.
Thursday,	July	6.—ZOOLOGICAL SOCIETY. Three o'clock.
Saturday,	July	8.—ROYAL BOTANIC SOCIETY. Four o'clock.

# Medical Times & Gazette.

SATURDAY, JULY 1.

## MEDICAL ARRANGEMENTS FOR OUR TROOPS IN TURKEY.

IN another column to-day we give some account of the orders issued by the French Military Council of Health to the Army of the East. A Correspondent who drew our attention to them asks why no similar instructions have been issued from our Army Medical Department. We may state in reply, that it is not the custom of the Director-General to trammel Medical officers with instructions when serving abroad, believing it to be advisable to leave a certain amount of discretionary power in the hands of those filling positions of responsibility. The great duty of the head of a department is to select capable men; that being done, they are best stimulated to exertion by feeling themselves treated confidentially, and supplied rather with full information than with explicit instructions. In order that every necessary information should be procured for the Medical staff serving in the East, one of the first measures of the Director-General was to send three Medical officers,—Drs. Dumbreck, Linton, and Mitchell,—on tours of inspection in the Danubian Provinces before the troops had started from this country, and within ten days of the first notice of war, in order that the most exact account might be obtained as to the Medical topography and sanitary condition of the districts likely to become the scene of our military operations. Each of these officers has forwarded a very full report; and as extracts from these reports have been sent to Turkey, in addition to a pamphlet containing observations by Drs. Bryson, Drummond, Ridge, and Schulhof, the Medical staff of our Army accordingly proceeds to the Danube as thoroughly prepared to perform their duties as a knowledge of existing local causes of disease can make them.

This is not the only instance in which the admirable arrangements made by Dr. Smith to ensure every comfort and afford necessary aid to the sick and wounded of our troops have been passed over, or in which the credit justly due to him has been

awarded to others. The public, for instance, has heard a great deal about the twenty spring hospital conveyance carts, on two wheels, proposed by Mr. Guthrie; but no one appears to be aware that a requisition for spring wagons had been sent in by the Director-General before Mr. Guthrie had published his letter in the *Times* to the Duke of Newcastle, from which we gave extracts in our last Volume. Yet these wagons are replete with every convenience for the sick or wounded soldier, and are thus built and fitted:—

"Four light stretchers, about 6 feet 6 inches long, and 2 feet wide, covered with elastic and waterproof materials, are made to slide upon rollers into a long wagon-like body, divided into four compartments, each fitted with an ample ventilator from end to end, which can be closed or opened at pleasure by any person lying on the stretcher; the foot, or front end, is of boarding, but the folding doors at the hind end are covered with an elastic material, to protect the head from injury. A chest for surgical instruments is hung beneath the carriage at the back, and two light iron brackets fold down from each side behind, at a convenient height, to form a table. A white waterproof cloth, supported on thin wood hoops, extends over the body, and in the roof thus formed are racks for firelocks, and receptacles for helmets and other accoutrements. In the front, over the forewheels, is a long boot or locker, which will be packed with water-casks, extra clothing, and a variety of hospital stores, and on it six commodious seats are arranged sideways, as on an Irish ear, for men less injured, having deep back rests, chains covered with leather to pass round and support the chest, and being protected from the sun and rain by an ample white canopy. They are hung upon four long springs, which are controlled by strong leather braces, and have oblong blocks of thick India rubber to relieve them from strain on very uneven ground. The hind wheels are five feet high, the front ones three and a half feet, and the axles are on the same principle as those used in the artillery, with loop collets for outside draught. They are fitted with shafts and out-rigger bar, suited to the horse-harness used in the service, and with a jointed pole for bullocks to draw by. Each carriage carries a spare wheel, axletree, and springs, as well as some additional bolts and clips. The sides of the bodies, which, when erected, are four feet high, fold down readily to twenty inches, and, the wheels and springs being removed, form a packing-case which will contain all the stretchers, canopies, and other appendages, and may be loaded on ship-board with facility. A corps of able-bodied pensioners has been formed to take charge of all these hospital carriages, and their chief duty will be to assemble them a distance from the ranks in battle, and, as the fighting ceases in certain localities, to remove the slightly wounded to the seats of the carriages, and the seriously injured on the stretchers to the iron brackets before mentioned, to have their wounds temporarily attended to; then place them in the bodies and remove them from the field."

These carriages are thought by many to be much superior to those of Mr. Guthrie. This, however, can only be proved by the test of experience. It is not from any wish to detract from the credit due to Mr. Guthrie for his zealous efforts to benefit our soldiers in the field that we say all this, but to make known that these efforts were not called forth by any negligence on the part of the Director-General, who, on the contrary, has carried on his duty as ably and efficiently as he has quietly and unostentatiously. We can state on the highest authority, that there is not one of the measures carried out by Mr. Guthrie which had not been previously proposed by the Director-General.

Some weeks since, we gave the *personnel* of the Medical department of the army of 27,000 men under Lord Raglan in Turkey. It may not be uninteresting to add something respecting the *matériel*; remarking, that the whole of the medical stores were at the Tower within ten days after the notice given in February that troops would be sent to Malta. No less than 124 different kinds of medicines were supplied; and that the quantity was not insufficient will appear from the following items:—3000 lbs. of cerates, 180 lbs. of chloroform, 130 lbs. of quinine, 250 pints of laudanum. Besides this, 375 cases of surgical instruments, 125 cases of lancets, 1000 cases of needles, 75 catheters, syringes in abundance, 475 tourniquets, 190 bullet-forceps and scoops, 2000



sponges, 37,500 calico bandages, 9750 flannel bandages, a free supply of calico, flannel, and elastic material for making others, 250 yards of oiled silk and gutta-percha tissue, 2500 lbs. of lint, 3000 lbs. of tow, 2000 yards of plaster spread, and many other articles which show that the supply of Medical materials was as full as that of medicines. Every needful appliance is to be found in the official list of the *matériel* from which we have taken the above items,—sets of splints,—common, whalebone, and wire,—double inclined planes, air-cushions, slings, fracture-cradles, stump-caps, water-cushions,—everything has been thought of, even down to gauze-curtains to keep off the mosquitoes.

Forty-six pairs of the panniers we described in a former number were also sent out; one pair, containing every necessary for cases of emergency, is placed on a horse, which accompanies each regiment, so as to be always within reach of the Surgeon, even during an action.

Among the Medical comforts for the sick we may enumerate 600 dozens of port-wine, 300 gallons of brandy, half a ton of various kinds of preserved meat, the same quantity of Hogarth's essence of beef, 4680 lbs. of sugar, 2200 lbs. of tea, 45 cwt. of preserved potatoes, 6 cwt. of sago, the same quantity of arrow-root, and 15 cwt. of pearl-barley.

The following items will show that the Hospital stores were as fully supplied as the medicines and comforts:—

Bedding, blankets, single	...	...	...	...	10,404
„ Rugs	...	...	...	...	5202
„ Paillasses	...	...	...	...	5202
„ Bolster-cases	...	...	...	...	5202
„ Sheets, white	...	...	...	...	15,606
Belts, cholera	...	...	...	...	40,000
Beds, or mattresses, hair	...	...	...	...	2040
Beds, air	...	...	...	...	60
Bolsters	...	...	...	...	2040
Boards and trestles, consisting each of two trestles and three boards	...	...	...	...	2550
Cases for beds, waterproof	...	...	...	...	1020

We need enumerate no more; but a glance at these will show that extreme care has been taken to provide against every contingency. Water-bags have been provided, and it is arranged that each man employed in removing the wounded from the field is to carry one of these bags filled with water.

We trust we have said enough to show that our Medical Officers in the East have been thoroughly furnished with everything that the sick and wounded among the troops are likely to require; and that the present Director-General of the Medical Department of the Army should not be deprived of the credit so justly due to him. He first obtained a fully adequate Staff of Medical Officers, and then took care that they should be supplied with everything they could require in the exercise of their duty. He did this on the earliest notice of war, without prompting from the Press or from any individual, and it is but fair that he, and those who have so zealously assisted him, should receive the approbation they have merited.

#### SIR JOHN FORBES'S BILL.

In our last Number we expressed our conviction that the Medical Reform Bill proposed by Sir John Forbes was, as regards all its essential points, one that we could recommend to the favourable opinion of the Profession. We propose now to advert to some of its minor details. When we say minor details, it must be understood that we use the word “minor” only as regards their bearing on the Public and the great bulk of the Profession; for, with the Medical Corporations, these minor details are the most important points to be considered.

Medical Corporations are composed of individuals who enjoy, in virtue of their corporate power, position, dignity, and pecuniary income. Their prejudices and their interests are all on the

side of the maintenance and even extension of their own corporate privileges. They would all join in the cry, “*Fiat justitia ruat cælum;*” but then the heaven that falls must not be their own little heaven. Scotch Corporations would have no objection to see justice done, even though the Apothecaries Society were thereafter only an historical reminiscence. The Worshipful Society would probably not consider that Medical Reform had been obtained at a high price, even if the Edinburgh University privileges were exchanged for it; and this, although in the exchange, the University itself came to be reckoned among the things that were but are not.

Now, this much is certain, that whatever scheme may be proposed for the reform of the Medical Profession, some corporations must be shorn of dignity, privileges, and wealth. Every reform in the Established Church causes pecuniary loss to some one. Every reform in the Law is attended with a like inconvenience. Even a reform in coats, breeches, hats, and stocks of our soldiers entails the same vexation and loss on somebody. All likely to be injured in dignity, power, or pelf, by the reform, oppose it. The aim, then, of the Medical Reformer, as of other Reformers, must be to effect his object with as little injury to existing interests as possible, so that he may disarm as much opposition as may be; and he is the *practical* Reformer who devises a scheme by which the desired good can be attained without provoking opposition from those strong enough to stay its success.

To frame a Utopian scheme is no part for so old a Reformer as Sir John Forbes to play; his aim, therefore, has apparently been to frame a measure by which he may secure all the objects for which a reform of the constitution of the Profession is most urgently demanded, and at the same time to respect the interests of as many as possible of the existing corporations.

By passing in review the probable influence of the Bill on the existing Corporations *seriatim*, we shall be likely to see how far the proposed measure is a practical one.

And first of the English Corporations.

In the preface to his scheme of a Bill, Sir John Forbes regrets that he cannot assign a place to the Apothecaries' Society among the future Medical Corporations of the kingdom; and expresses a desire that the Society, animated, as he thinks it ever has been, by right motives, may see the propriety of withholding opposition from a measure the effect of which must be to confer a great good on the Profession.

If this Bill should become law, the Apothecaries' Society would cease to exercise any influence over the Profession. It may be a question whether it would not be more advisable to make some arrangement which, instead of annihilating this Company, would give it some share in the preliminary examinations of Medical students. If this could be managed, no serious opposition could be expected from this Corporation.

The College of Surgeons of England is required to resign to the Medical Council the power it at present possesses of determining the curriculum of study to be followed by the candidates for its diploma, to submit to the occasional presence of a member of the Council at its examining Board, and to grant its diploma without examination to members of the Irish and Edinburgh Colleges of Surgeons, unless it can be shown that they were not, when they received their former diploma, of the same age, had gone through the same curriculum of study, and undergone the same process of examination as the College requires of its own candidates. But then the College of Surgeons would be, under the action of this Bill, at least as wealthy and influential as it is at the present time, with this advantageous alteration in its position,—its wealth and position would be secured to it by law, instead of being, as now, dependent on the continuance of the custom which leads the majority of practitioners to become members of it.



The College would do well to remember, that this custom, binding as it is for the moment, is not immutable; that the number of English and Scotch graduates practising in England as General Practitioners without the diploma of the College has of late years increased, and that as, in fact, the diploma of the College adds no privilege to their degree, it is unlikely the custom of paying for it will be very long maintained by the class of practitioners in question. The College of Surgeons, were this Bill law, would probably be more wealthy than it now is, and therefore more able to support its noble Museum, to pay its learned Professors, and to remunerate liberally its venerable Examiners, while the dignity of the Corporation would, we fully believe, be increased, and its power for good greatly augmented.

As regards the position of the Royal College of Physicians of London, in reference to those who might desire to register as Physicians,—*first*, it could not grant its licence to any one who had not previously undergone the examinations that entitle Surgeons to the State licence to practise; *secondly*, those registered as Physicians in Ireland or Scotland might claim to be admitted Members of the London College on paying the price of the stamp on the College Diploma, the ordinary fees of office, and the difference, if any, between the sum paid for their Diploma to the Irish or Scotch College; provided it could not be shown by the College, that when these registered Physicians received their former diploma, they were not of the age the London College requires its candidates for examination to be, or that they had not gone through the same curriculum of study as the College prescribes to its candidates, or undergone the same process of examination as its ordinary members.

But, then, in exchange for this abridgment to a certain extent of its privileges, the College of Physicians would hold a position in relation to the Profession generally, altogether different from that it now occupies. Instead of being little more than a club, it would have to perform most important functions in reference to the whole Profession. It would occupy, so far as concerns the State licence to practise, the same position in reference to medicine that the College of Surgeons would hold in respect of Surgery; still it would be less wealthy than the latter Corporation, because the very large majority of Practitioners would desire eventually to possess the Diploma of the College of Surgeons in order to register as Surgeons, and for that Diploma they would have to pay the College of Surgeons a separate fee. But the College would receive a very large accession to its funds from the fees received for the Medical examination of Surgical candidates. Strong doubts have been expressed of the propriety of entrusting any part of the examination of the future General Practitioner to the London College of Physicians. The College, it has been said, would be inclined to lower the standard of examination of the General Practitioner, in order to insure a real distance, in point of Professional knowledge, between the Licentiates of the College and those holding the State licence only. That there is some danger of this must be conceded; but the danger would be altogether removed were seven members of the Medical Council elected by the Profession. These members would, without doubt, be inclined to watch over the interests of the majority of their constituents; and in their hands would be the power to compel the College to enforce stringent examinations.

Sir John Forbes proposes to leave the Universities of Oxford and Cambridge in the enjoyment of their present privileges. We trust, however, for the sake of uniformity, that these Corporations may be public spirited enough to resign privileges which are practically valueless and really injurious, because, if they are retained, there can be no good reason for refusing them to the University of London. This University has, at present, no privileges to give up; but if the Bill already committed *pro*

*formâ* in the House of Commons should pass, this Corporation will doubtless oppose a Bill which would deprive them of privileges so recently acquired.

#### THE PROPOSED DRAINING OF THE PLUMSTEAD MARSHES.

THE numerous travellers for health, for pleasure, or for business, who have sailed on board a steamboat from Blackwall to the mouth of the Thames at the Nore, will readily recal to their minds the large and long tracts of marsh land which are spread out on both sides of the river, and which are bounded in the distance by the chalk hills of Kent on the one hand, and by a low range of cliffs on the other. The broad flat expanse thus presented to the eye, which extends far beyond the limits of a single view, is the valley of the Thames, through the midst of which the river winds in its passage to the ocean. It needs no argument with medical readers to prove that these flat and verdant plains, being situated below high-water mark, and constantly soaked with rain and traversed by ditches, must be the constant and fertile sources of human disease. Wherever extensive surfaces of land are covered by stagnant water and vegetable productions, the influence of the sun raises up gaseous emanations, which poison not only the inhabitants of the immediate district, but also those who occupy the country in the vicinity.

We are happy to find that the pestilential nature of these marshes in the neighbourhood of London has attracted public attention, and that a Committee has been formed to report upon the necessity of introducing a system of drainage, in order to improve the sanitary condition of the inhabitants.

From the information collected by this Committee, we learn that the marshes on both sides of the Thames contain about 32,000 acres of land; and that in the district which has been specially examined, namely, that lying between Woolwich and Erith, about one-eighteenth part of the marsh consists of open ditches, which, in many cases, have not been cleared out for a great length of time, and are rank with rotten and decaying vegetation. As a necessary result, we find from the same Report, that ague and allied disorders prevail throughout to Gravesend on the one side and to Southend on the other, and occasionally extend to the adjoining high grounds. It is found that in Woolwich, which lies on the edge of the marsh, the rate of mortality is high, and the amount of sickness excessive, more especially when it is considered that a great part of the population consists of soldiers, who are chosen for their healthy and vigorous condition. It appears, moreover, that the excess of sickness and mortality is greatest in the parts of Woolwich nearest to the marshes, where the rate of mortality considerably exceeds that of London, and that the general character of disease is indicative of malarious influence, the cases and relapses of ague in a single year (1847), being estimated at 8000, and that such diseases are especially prevalent in the Arsenal district, which lies nearest to the marsh, and in Plumstead. As a further proof that the diseases are directly induced by the miasmata of the marshes, it was found in the year 1847 that there were 405 cases and relapses of ague among 420 convicts in the Justitia hulk near the marshes, while in the same period there were only 69 cases among nearly the same number of convicts in the hulk stationed at the dockyard.

It is also urged, upon the authority of Professor Airy, that the marsh lands are, in a great measure, the cause of the London fogs; and the opinion of some eminent Medical authorities is referred to, in order to show, that a marsh so contiguous to London as that of Plumstead, must, especially in certain conditions of the atmosphere, exercise an injurious influence upon



the health of the Metropolis itself. This opinion appears to obtain confirmation from the fact of the remarkable correspondence between the increase of cases of ague on board the *Justitia*, to which we have just alluded, and that of deaths from fever in London.

The remedy which is proposed for these manifest evils is of a very simple nature, and requires, we imagine, only sufficient funds for its accomplishment. The Committee inform us they have communicated with eminent engineers upon the subject, and that they are assured that a natural drainage exists both on the Essex side of the Thames and in the district between Woolwich and Erith. The drainage of the Plumstead and Erith marshes may be effected by new sluices through the banks, and by sinking the whole of the ditches to a common level.

The following extract from a communication upon the subject of the Charlton marshes, written by an eminent Medical authority, who was one of the Local Health Committee of that town, describes in graphic terms the nature of the abominations which the Thames Marsh Drainage Committee are endeavouring to remove :—

"The Charlton marshes form a portion of the district between Greenwich Reach and Woolwich, north of the lower Woolwich road, and are of the most unwholesome and filthy character, especially towards the north-east end of Charlton. Not only are these marsh-lands constantly wet, owing to the drainage through them of the higher parts of Charlton and Blackheath, and their level being much below high-water mark, in consequence of which they are continually covered with fog, but this foggy atmosphere is still further unhealthy, on account of the stagnant condition of the few private ditches by which the lands are separated, and which are full of decayed vegetable matter and the drainage of night-soil, which is frequently deposited in their immediate neighbourhood, and because the spring ditches belonging to the Dartford Commissioners, which ought to carry off only clean water, are poisoned and filthy, with the unauthorised turning into them of the drain-pipes from the — estates. The occupiers of the land think proper to dam up as suits them, and for so long as they think proper, the ditches flowing by their ground, from which the effluvia is always very offensive, and still more so when the water is let off and the filthy banks are exposed. A large portion of the north-eastern part of Charlton is being rapidly covered with four-roomed houses, scarcely one of which has a cellar beneath the ground-floor. The drain-pipes which have been put down, it would seem as a pretence for drainage, are not eighteen inches below the surface, and even into those very commonly no house sewerage runs, but is allowed to empty itself into long open cuts, about eighteen inches wide and as many deep, whence it spreads about and forms a most filthy and dangerous swamp. The consequence is, that many of these houses are unoccupied; that the tenants who come rarely stay above two or three months, by which time they have full experience of the filthy nature of the locality. There can be no difficulty in thoroughly draining the whole of this neighbourhood, as there is at least six to eight feet fall to low water, beyond the level of the sluice in Charlton Pier."

We need offer no further remarks to prove the insalubrious nature of the locality in question, and the necessity which exists for removing the sources of disease. We are happy to learn that Lord Palmerston supports the views of the Committee, that they have also the high sanction of the Lord Chancellor, and that a Bill is in preparation to be submitted to the Legislature at an early period.

#### SYDENHAM SOCIETY.

THE Annual Meeting of this Society must not be allowed to pass without notice. The Society, we are glad to find, is still sustained in a way that is highly creditable to the Profession, and which proves the estimation in which its publications are held. A very general feeling of approbation was expressed at the meeting as to the character of the works that had been issued. Dr. Dunglison, the distinguished Professor of Philadelphia, to whom Medical literature in America owes so

much, spoke in very emphatic terms of the high opinion entertained in the United States of the Society and its works. Many of the earlier publications of the Society are already becoming scarce, and command an increasingly high price in the market; so much so, that the Council have experienced some difficulty in obtaining those volumes which they have had to purchase in order to complete sets. They appear by the Report to have abandoned the rule hitherto maintained of disposing of their works only according to a certain fixed arrangement, and propose to allow new members to make any selection they please from the past publications. The Secretary, in referring to the observations of Dr. Dunglison, remarked, that the Society was greatly indebted to the various honorary Local Secretaries, upon whose zealous co-operation so much of its prosperity depended. Wherever the exertions and kind offices of the local representatives of the Society have been continued, the number of members has been maintained. In fact, here, as in so many other instances, the importance of general co-operation is proved. There cannot, we think, be any doubt entertained that the Sydenham Society has already done good service; and we trust that it will continue to receive not merely the tacit approbation, but the active support of our brethren throughout the country. It is imperative on us, in the present day, to see that the literary character of the Profession is upheld, if we would have it maintain the high rank it has hitherto held as a liberal Profession; and we may rest assured that the general public is as much disposed as ever to judge of us by "our works." In proof of this, we may refer to an article on the "Epidemics of the Middle Ages," which appeared lately in one of the most celebrated of our literary Reviews, *Blackwood's Magazine*. It was with much satisfaction that we read there so complimentary a reference to the Sydenham Society and its series of works, evidencing, as it did, that such a Society cannot fail to exert an important indirect influence on the Profession through the educated portion of the public. The damage inflicted on us by quacks and quackery will best be counteracted, as it has ever been, by appealing to our literature, in proof that, as a Profession, we have nobler aims than they by whom it is practised for mere gain.

#### REVIEWS.

##### *Suggestions for the Future Provision of Criminal Lunatics.*

By W. CHARLES HOOD, M.D., Resident Physician and Superintendent of Bethlehem Hospital. Pp. 174. London. 1854.

CRIMINAL lunatics include two classes of insane patients, sent into confinement by different authorities, and under different circumstances. The first class comprehends those who are confined by the Royal Warrant, which is executed by command of the Sovereign in the case of those persons who are acquitted of crimes on the ground of insanity; the second class includes the persons who become insane during their imprisonment, and who are, in consequence, transferred from the prisons to Lunatic Asylums. At present there are two wards in Bethlehem Hospital which are fitted up for the reception of criminal lunatics; but, as the accommodation in that establishment has long been insufficient, the Government has made arrangements for sending the excess of the Bethlehem criminal patients to Fisherton House, near Salisbury. The rest of the lunatics who become deranged during their imprisonment are confined in the gaols throughout the country.

Dr. Hood recommends that Bethlehem Hospital should still be selected as the most appropriate receptacle for the worst class of criminal lunatics; its situation being healthy, its inmates uniformly free from epidemic disease, and the safe custody of the patients being effectually secured. The other class of criminal lunatics, who are committed by the warrant of the Secretary of State, might, in Dr. Hood's opinion, be advantageously confined in proper wards to be fitted up in the County Lunatic Asylums which have lately been erected in different parts of the country.



Dr. Hood has written an interesting book upon a very important subject. The statistical details which it presents are drawn up with great care and industry.

*Recherches Cliniques sur les Eaux Bonnes.* Par EDOUARD CAZENAVE, Docteur en Médecine de la Faculté de Paris, Membre de la Société d'Hydrologie Médicale. Paris. 1854. 8vo. Pp. 105.

UNDER the above title, we find a short, but comprehensive and highly interesting account of the *Eaux Bonnes*. We recommend its perusal to those interested in the subject, because it is written in a temperate, philosophic spirit. The author has carried out the sentiment of his motto, quoted from Rousseau, "*La vérité est dans les faits, et non dans l'esprit qui les juge*," discussing, not simply the benefits of these waters, but also the disadvantages and dangers of their misapplication.

The Eaux Bonnes are situated in the Pyrenees, at the base of the peak of Ger, near Pau, at an elevation of upwards of 2000 feet above the level of the sea, and 120 feet above the magnificent valley in which flows the rapid river Gave. Luxuriantly wooded, and protected from the winds by the surrounding mountain ranges, the district possesses a remarkably calm and soft atmosphere, free from all foggy exhalations, and a very equable temperature.

According to Dr. Cazenave the diseases most successfully treated here are chronic affections of the lungs, air-passages, and throat. He says, that a curious proof of their physiological action is observed after taking them a few days, viz., the production of a transient, but well-marked disease of their own, manifested by a feeling of heat and constriction in the throat and trachea, a slight difficulty of deglutition, and, at the same time, the fauces are found red and highly injected. The digestive and secretory organs are quickened and increased. The circulatory and nervous functions partake of the excitement; there is restlessness and sleeplessness, while the intellectual faculties are roused to unwonted power and activity. The cutaneous exhalations are increased, and have a sulphureous odour. In a few days these symptoms subside, and leave the subject of them in improved health, particularly if he has been suffering from chronic disorder of the laryngeal or pulmonary organs.

The Eaux Bonnes belong to the class of thermal sulphuro-alkaline waters. We subjoin the analysis of M. Ossian Henry of one of the principal springs.

*Contained in One Quart of the Waters.*

	Grains.
Azote ... ..	Traces
Carbonic acid ... ..	0.0064
Sulphuretted hydrogen ... ..	0.0055
Chloride of sodium ... ..	0.3423
"    magnesium ... ..	0.0034
"    potassium ... ..	Traces
Sulphate of lime ... ..	0.1180
"    magnesia ... ..	0.0125
Carbonate of lime ... ..	0.0048
"    sulphur ... ..	Traces
Silica and oxide of iron ... ..	0.0160
Matter containing sulphur ... ..	0.1065
	0.6045

Dr. Cazenave says he has also found sulphuret of sodium, iodine, and bromine. There is scarcely a trace of barégine, and the waters are less alkaline than any other of the sulphureous springs of the Pyrenean chain.

*The Life of Girolamo Cardano, of Milan, Physician.* By HENRY MORLEY. In Two Volumes. London. 1854.

THE life of a man who was not only the popular philosopher, but also the fashionable physician, of the sixteenth century, must prove interesting to the Profession in the nineteenth. The history of the career of Cardano, and the reputation he acquired solely by his own exertions, until his advice was sought by Popes and Emperors, Kings and Archbishops, have been illustrated very ably by Mr. Morley, and his book has acquired an additional interest from the adoption of many of Cardano's forms of speech from his remaining writings. He has drawn a true picture of the man, given a full account of his writings, and furnished the reader with many new impressions of the domestic life of the sixteenth century. The account of the Physician's journey to Edinburgh, his treatment of Archbishop Hamilton, and his visit to London to see our King Edward VI., are particularly in-

teresting. His impressions of the Court are singularly shrewd. We can cordially recommend this book. A leisure evening may be well spent in its perusal.

*Orr's Circle of the Sciences.* A Series of Treatises on the Principles of Science, with their Application to Practical Pursuits. Organic Nature. Vol. I. London. 1854. 8vo. Pp. 393.

THIS very cheap and handsome volume contains essays on the Principles of Physiology, by the Editor; on the Structure of the Skeleton and Teeth, by Professor Owen; and on the Varieties of the Human Race, by Dr. R. G. Latham. It is illustrated by a coloured map and numerous woodcuts. It is intended for the instruction of general readers, but many of our professional brethren might look it over with both pleasure and profit.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### REPORT OF M. GIRALDES ON THE EMPLOYMENT OF THE PERCHLORIDE OF IRON.

M. GIRALDES has published, in an interesting *Mémoire*, an account of thirty-five experiments by the injection of the perchloride of iron into the arteries of animals. These experiments were commenced in the month of April, 1853, and continued to the month of March, 1854. They prove that a few drops of the perchloride of iron, of variable density, injected into the carotid artery of a horse, coagulate the blood contained in a portion of the vessel somewhat less than an inch in length. Thus, two drops at 49° areometer of Beaumé, three drops at 30°, and six drops at 15° produce this coagulation. The changes produced upon the blood and upon the walls of the vessel by the coagulating agent vary, *ceteris paribus*, according to the density of the perchloride. Five drops at 49° mummify (*momifient*) completely the blood contained in the artery. The same quantity of the perchloride at 15° to 20° produces a sort of clot formed by blood combined with the salt of iron and by normal fibrine. But the action of the coagulating liquid is not completely exhausted upon the blood; it extends to the coats of the artery. In the first case, these membranes become disorganised; they present a yellowish-brown discoloration; become thinned, horny, and in fact mortified. In the second case the membranes of the artery are modified by the action of the chemical agent, but this modification is much less intense, and does not amount to disorganisation. The epithelium and the internal coat are destroyed; the middle coat, having lost its contractile properties, yields to the impulse of the liquid, and dilates; its circular fibres are easily seen upon the inner surface of the vessel. This condition is accompanied by yellowish discoloration of the fibres of the middle coat, and by their adherence to the clot. It may be asserted, that the injection of the perchloride of iron into an artery is always followed by these modifications:—

1st. The formation of a clot.

2nd. Modifications in the organisation of the arterial tunics.

The clot offers different characters, according as produced by an injection of the perchloride at 45°, 49°, or 30°. In the first case it is compact, homogeneous, and formed in totality of altered blood; in the second, it is formed by a mixture of blood, altered by the salt of iron enveloped in a large quantity of normal fibrine. These primary clots are followed by the formation of two others, one on the side of the heart, the other towards the periphery.

The coats of the artery present very important modifications in their organisation; whenever the experiment is made with perchloride at 49°, they become disorganised; they are reduced to the state of foreign bodies, and require to be cast off. But if the experiment is made with perchloride of 15° to 30°, the changes are of quite another character. The middle coat becomes hypertrophied, contracts adhesions with the clot, which it tends to encyst in the cavity of the vessel. The external coat is infiltrated by a fibrinous matter, plastic lymph, which may extend for some distance. After these first formations, there is established in the diseased structures a process of elimination and repair. The process of elimination takes place when both artery and clot are disorganised; they soften, and are cast off. These changes may extend to some distance, when the feeble connexion between the coats of the vessel and the secondary clots gives way, and fatal hæmorrhage ensues. The work of repair is established when both clot and arterial tunics are completely organised. The



clot may soften without decomposing. But when the process of repair goes on favourably, it becomes encysted in the vessel, adheres intimately to the artery, and obliterates its calibre. As these phenomena proceed, both the plastic formations and the secondary clots disappear.

The injection of the perchloride of iron into an artery may, therefore, give rise to two classes of phenomena, primary and secondary.

The primary phenomena are:—

1. The formation of primary and secondary clots.
2. The infiltration of plastic lymph into the sheath of the artery, and adherence of the clots.

The secondary phenomena are:—

1. The elimination of the disorganised parts.
2. Hypertrophy of the middle coat.
3. The encysting of the clots.
4. The disappearance of the secondary clots and of the plastic formations.

5. The occlusion of the artery.

The conclusions to which Dr. Giralès arrives are:—

1. The perchloride of 49° to 45° should not be employed either in aneurisms or in erectile tumours; its use may be followed by serious accidents.

2. In aneurisms and in erectile tumours, both venous and arterial, the perchloride should be either of 30° or 20° areometer of Beaumé, in the proportion of 5 drops of 30°, 10 drops of 20°, for a quantity of blood equal to 3 cubic centimetres.

3. The perchloride of 45° to 49° may be used as a hæmostatic to stop deep hæmorrhages, or secondary hæmorrhage after operations.

4. The perchloride of 15°, 20°, or 30° may be advantageously employed in hæmatic cysts, especially when they occur in the neck.

5. In certain cases, the perchloride of 30° to 49° may be employed to modify the condition of wounds in suppuration.—*Gazette des Hôpitaux*, May 2.

#### THE CHOLERA AT PARIS.

This disease has rather increased in the frequency of its attacks during the preceding fortnight. The last bulletin indicates a sensible augmentation in the number of admissions—that of the week 12th to 19th April announces 75 new cases,—a number double that of the two preceding weeks, in one of which there were 31 cases, and in the other 32. As to the mortality, there were 43 deaths during the same lapse of time; thus, instead of having diminished, it had become higher, and had exceeded the half of the cases.

At the date April 19, there were 67 cholera patients still in the Hospital.

The epidemic, though still confined to certain districts, shows a tendency to spread, and hence the authorities are adopting every measure calculated to preserve the sanitary condition of the city.—*Gaz. des Hôpitaux*, April 22.

#### MEDICAL DIRECTIONS ISSUED BY THE COUNCIL OF HEALTH TO THE FRENCH ARMY OF THE EAST.

The Military Council of Health has, by direction of the Imperial Government, recently issued, for the army of the East, a Medical order of instruction, which has been published in the last Number of the *Bulletin de la Médecine et de la Pharmacie Militaires*, and which contains notices of the climate of the Danubian Provinces, as well as important hygienic advice. This instruction is especially necessary for an army suddenly transported to a climate sensibly different from that to which the soldiers have heretofore been accustomed, to a country already ravaged, denuded of resources common to civilised life, and abandoned by the cultivators of the soil. The climate of Constantinople itself is not generally understood. In that city, the latitude of which nearly corresponds with the latitude of Naples, the climate cannot be regarded as mild. The winter commences in January, and is characterised by sudden and considerable variations of temperature, which are especially due to the changes of the wind from north to south; by the transition of the former to the latter, a winter temperature is suddenly replaced by one of summer, and *vice versa*. The spring is generally humid, and offers sensible variations of temperature. From the middle of May, without transitions, heat and dryness last to the summer solstice. At this season, the heats are tempered by the north winds, which blow regularly all day from ten a.m. to sunset. The autumn is cold, stormy, and generally foggy. Upon the banks of the Bosphorus, ravines, built up to resist torrents produced by the heavy rains, become loaded with refuse matter; and heaps of organic substances, which accumulate near the embouchure, dry

under the rage of a burning sun, and each time that the waves, driven by the north wind, arrive to moisten them, exhale putrid miasmata of extreme activity.

Roumelia, Bulgaria, and Moldo-Wallachia present analogous conditions; there is, at seasons, the most intense cold; immense forests of pine, oak, and beech, cover the sides of the mountains, and conceal marshes abounding in weeds and rushes, especially towards Wallachia. The summer is very hot; from mid-day to three o'clock it is scarcely possible to go out. Of an evening, currents of fresh air descend from the mountains and render the nights cold and damp.

It is at this time that the Danube, in consequence of the melting of the snows, flows from its bed, and submerges the neighbouring plains. Upon retiring, it leaves a large quantity of slime, fish, insects, and uprooted vegetables, which soon putrify and infect the air.

The striking contrasts of temperature cause, especially during winter and spring, affections of the respiratory passages, and intestinal fluxes. In summer, erysipelas and encephalic inflammations prevail; during the same season and in autumn, dysentery. To these maladies must be added intermittent fevers, very numerous and severe, due to miasmatic influence from the marshes in the plains, and from the accumulation of filth allowed to collect in the towns.

Both fevers and dysentery, always attended with bilious derangement, attain a high degree of severity. The former, prevalent more or less at all seasons, lead, after numerous relapses, to scurvy, dropsy, and marasma. Sometimes (this appears to be connected with the emanations of putrid animal substances) there is developed an affection, incompletely described, called by the Turks an air-stroke (*coup d'air—hava vourchouchou*), by the Russians, nervous fever; it is a sort of typhus, and comes on only during the dog-days, often terminating fatally. Its duration is ordinarily three or four days in the acute form; in some very violent cases it kills in a few hours.

It commences with headache, pains in the limbs, vertigo, extreme muscular weakness, almost deathlike; the face becomes remarkably pallid, assumes an air of sadness; the ideas wander; there is difficulty of pronunciation; colic; abundant alvine evacuations, which do not relieve. Abdominal pressure determines no pain, but there are frequent vomitings. There are neither buboes, nor carbuncles, nor boils; but petechial spots are common. Uneasiness, jactitation go on increasing; the pallor increases; consciousness becomes lost; the eyes are dim; the skin cold and dry; pulse feeble and slow; tongue horny, of red brown colour towards the tip; black at the base; the liver swells; and the patient has a jaundiced colour over the skin.

Eruptive and typhoid fevers also prevail at intervals.

The plague, which up to 1829 so often developed itself in Turkey, is no longer known—a proof of the progress of this empire.

From this account, it may be understood that the Council of Health insists upon the necessity of preservative measures,—namely, vaccination against the small-pox; care in selection of dwelling-places free from marsh influence or the north wind.

As regards measures affecting sick or wounded men, inasmuch as maladies pursue a very rapid course, and have frequently a fatal termination, it is most necessary that the Surgeons should be in sufficient numbers, and with every necessary to render immediate assistance. Although protection from the sun and weather and cleanliness are indispensable, yet not the less necessary is it to avoid overcrowding in the same barrack. There should never be more than 500 patients in the same hospital; too scattered attendance is inefficacious; noise and confusion disturb the sick, and morbid emanations give rise to fevers of various kinds, hospital gangrene, etc. Sudden variations of temperature have been known to cause tetanus among the wounded.

It is affirmed by the Medical Faculty at Constantinople, that during winter the inflammatory element prevails, and the practice is regulated accordingly.

In the Danubian provinces, the Russian physicians have recognised, as have the French in the Morea and in Algeria, the utility and the excellence of the sulphate of quinine, not only in the ordinary or pernicious intermittent fevers, but also in remittent and sub-continued fevers. They have remarked, that the apoplectic form, in spite of the signs of sanguineous congestion of the head during life, and the demonstration of this phenomenon in the autopsies, bleedings do not comfort the patient, but that, on the contrary, sulphate of quinine in large doses, dissipates the accidents as by enchantment. As regards dysentery, according to the same source, general bleeding has not been always followed by the same inconveniences as were noticed in Algeria;



but the general principles of treatment were the same. In the *hava vourouchou*, or the air stroke, Brayer, when he witnessed for the first time the occurrence of the disease, directed the patient to bathe the face, eyes, ears, mouth, nostrils, and hands in vinegar and water. Fresh air was very efficacious; patients found it useful to resist depression, and to make an effort to walk in fresh air. The drinks were pure water or cold lemonade. In a bad case, where the patient could with difficulty bring up a glairy fluid, Brayer prescribed an emetic, which was followed by weak and cold lemonade to be drunk at pleasure, and by aromatic lotions of vinegar and water. This seemed to produce a good effect.

The day following the patient was directed to chew small bits of pyrethrum (the pellitory of Spain) to restore the sensibility of the mouth; sinapisms were applied to the wrists and to the ankles; cold rice milk was given for food, and he was made to walk about in the cold air. An evident melioration was noticed from day to day, when accidental imprudence in diet brought on a relapse, and the patient died.

As regards the wounded, there is no special rule to be observed, as these injuries pursue the same course as in other countries; but as there is difficulty in the transport of medicines, etc., the Medical officers are directed to husband their resources, and to improvise expedients to supply the normal means which may be wanting. They should remember the rarity and the infamous state of roads, and feel the importance of applying bandages with particular care; the sick must be guarded against the heat of the sun, and in all seasons against sudden atmospheric changes. They should be under cover at night, during which time a large fire should be kept burning in the immediate proximity.—*Gazette des Hôpitaux*, June 13, 1854.

## GENERAL CORRESPONDENCE.

### SIR JOHN FORBES'S SCHEME OF A BILL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having found that several of my friends have misunderstood more than one of the provisions in my "Scheme of a Medical Bill," owing to the peculiar mode of distribution of the various matters contained in it, in conformity with the technical form in which it is arranged, I have drawn up the following outline of its principal contents in plainer language, and shall be greatly obliged by your giving it a place in your pages.

Such a request is rendered almost superfluous by the excellent epitome of the Bill given in your last Number; but as I am anxious not to be misunderstood by any one, and more particularly by those who may be kind enough to favour me with their criticism and comments, I hope you will kindly allow me to occupy once more a portion of your valuable space.

I take this opportunity of thanking an anonymous correspondent in your last Number, for his very sensible suggestions respecting the amendment of some of the penal clauses of my Bill. I shall give them my best consideration, as I shall give it to every suggestion that may reach me, whether by personal communication or through the medium of the Press.

I am, &c. JOHN FORBES.

Old Burlington Street, June 17, 1854.

#### OUTLINE OF SIR JOHN FORBES'S MEDICAL BILL.

1. One Council to be constituted for regulating all matters relating to the Medical Profession not settled by the Act; to have for its President a member of the Legislature, nominated by a Secretary of State; and to sit, at its pleasure, in London, Edinburgh, or Dublin.

2. The Council to consist of fifteen or sixteen members; one half to be chosen by the Medical Corporations (one by each Corporation), and the other half to be selected (first plan) by the President, or to be elected (second plan) by the Profession at large by ballot; the members to hold office for three years, and five to be a quorum.

3. A permanent Committee of three of its members, to be nominated by the Council, to act in the intervals of the Council-sittings, in conjunction with the Registrars, in the discharge of all ordinary business.

4. A Registrar, who must be a Medical man, to be appointed by the Council for England, Ireland, and Scotland respectively.

5. The Minutes of the proceedings of Council to be accessible to the members of the Profession.

6. The Examination Boards to be three in each country, viz.,

a Preliminary Board to be nominated by the Council, and the Colleges of Physicians and Surgeons in London, Dublin, Edinburgh, and Glasgow.

7. No person to be permitted to commence his curriculum of Medical studies until he has completed his seventeenth year, nor until he has passed an examination in ancient and modern languages, arithmetic, geometry, mathematics, and physics, etc., that is to say, until he has given proof of his having received a good general education, qualifying him to profit by his future studies, and to take his proper place in society.

8. At the end of his first year of study the student is to be examined by the Preliminary Board on the subjects of his first year's study, viz., in Chemistry, Botany, Materia Medica, Pharmacy, and the rudiments of Anatomy.

9. After four years of Medical study, and on having attained the age of 22, the student is to be examined, 1st., by the College of Surgeons in anatomy, surgery, and midwifery; and, 2ndly, by the College of Physicians in medicine; and, on passing both these examinations, is to obtain a diploma constituting him a Licentiate or a member of the College of Surgeons by which he has been examined; and this diploma is to entitle the holder to be registered as a legally qualified Practitioner, and as a Surgeon.

10. The foregoing curriculum and examinations are to be gone through by every person entering the Medical Profession, whether intending to practise as Physician, Surgeon, or General Practitioner; but persons possessing the degree of M.D. desirous of being registered as Physicians, must, in addition, and after attaining their 26th year, pass an examination before the College of Physicians, and obtain a diploma as Member or Licentiate of that College; and it is left optional with this class of students to take or omit taking the diploma in Surgery.

11. Members or Licentiates of either of the Colleges to have the right to claim to be examined for the Fellowship of their own College on the established terms.

12. Precisely the same curriculum of study, the same examination, the same amount of qualification, and the same mode of registration, to be enforced in each of the three countries, and to entitle to reciprocity of practice in all.

13. The Council to have the power to fix the course of studies to be gone through by students, and to have the power of enforcing uniformity of examination, by deputing some of their members to be present at the examinations.

14. Provincial students may take the first or literary examination at their own school, but must undergo the second examination at the close of their first year's study before the Preliminary Board in London, Dublin, Edinburgh, or Glasgow.

15. A register of all practitioners to be published annually in each of the three countries, containing the following lists:—  
1. An alphabetical list of all legally qualified practitioners. 2. A list of Physicians in two divisions, Fellows and members. 3. A list of Surgeons in two divisions, Fellows and members. [The latter list will, of course, include all the class of practitioners now commonly termed "General Practitioners."]

16. No annual fee for registration, and no annual certificates to be required; a single fee on being first registered, to suffice for all future registrations. This fee to be ten [or twenty] shillings in the case of persons in practice before the Act, and to be two [three or four] pounds to those who enter the Profession after the passing of the Act.

17. Persons in practice before the passing of the Act to be allowed twelve months for registration.

18. No unregistered person to be allowed to hold any public appointment after the passing of the Act, or to be in any way recognised as a legally-qualified practitioner; and unregistered persons taking any Professional title, or acting in the capacity of a medical man, to be subject to punishment.

19. Only persons registered can recover charges for medical or surgical attendance in a court of law.

### EXTRAORDINARY PREVALENCE OF AGUE DURING THE MONTH OF APRIL.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been arrested by the unusual number of cases of ague which have recently come under my notice in recording the cases admitted into St. George's Hospital; and though their number is not very large altogether, yet the fact is, perhaps, worthy of record; and some among your numerous readers and correspondents may be able to inform me whether the same circumstance has been observed in other localities.



Unfortunately no record is kept of the places from which patients come to this Hospital; but it may be presumed that the majority come from the districts of Chelsea and Brompton, and the parish of St. George's, and, on inquiry, I find, that at the Chelsea Dispensary a similar prevalence of ague has been observed.

In modern times the disease has become, comparatively speaking, a rare one; the average admissions into St. George's Hospital during the year are only 13·6, of which there are quotidian 4·2, tertians 7, quartans 1·4, irregular 1. Since the 1st of May in the present year there have been admitted 4 quotidians and 8 tertians; and in the month of May alone 3 quotidians and 7 tertians, and the 2 cases which have since come in date from the early days of April as their commencement.

Of the cases admitted during May, only one was of long standing. The history was a little uncertain, but gave a probable period of three months as its duration: 1 dates as far back as the last week in March, and 2 are referred to the middle of May, one of them being so late as the 21st. By far the larger number, therefore, originated in the month of April, and they fall very little short of the average for the whole year. This is surely a curious fact; and in looking over the records of past years at this Hospital, the only similar instance occurred about the month of May, 1850; when, during a period of a very few weeks, 8 cases of ague were admitted, of which 5 had originated during the last three weeks of April, and 3 during the first three weeks of May.

By a curious coincidence, 6 cases of ague were admitted during two weeks of March, 1852; but this fact assumes a very different appearance when the cases are analysed; for only two of them were of recent date,—the others had existed from three or four to eight months before their admission. Such a circumstance, without careful examination, might very readily lead to an erroneous conclusion.

With reference to the cases at present under discussion, it seems to me that, though their number be small, the consideration that they bear so large a proportion to the average for the whole year, points to some peculiar state of atmosphere which must have existed during the month of April in the present year, liable to give rise to attacks of ague; and the probability is strengthened by the circumstance, that the only similar instance which has come under my observation has reference to the same month of 1850. It cannot be any of the ordinary conditions belonging to that month, or we should find a preponderance of ague usually at that period, which the Hospital records do not justify, but yet, in all probability, a condition which is more frequently found than at any other period of the year. I must leave it to others better acquainted than myself with meteorological phenomena to determine what there may have been peculiar to this month sufficient to account for the prevalence of a disease confessedly dependent on the presence of miasm in the atmosphere, and especially associated with the existence of humid exhalations. Marsh miasm, of course, cannot be said to exist in London; but I would refrain from all speculation on the subject, and content myself with the simple record of facts.

There is nothing remarkable in the character of the disease worthy of record. The Quotidians bear about the usual ratio to the Tertians, and the absence of Quartans only confirms the views of the older Physicians, with whom ague was more common, that it is peculiarly the autumnal type of the disease. The males were exactly double the number of females, which comes very near to the ordinary average in this Hospital.

I am, &c. A. WHYTE BARCLAY, M.D.  
Medical Registrar of St. George's Hospital.

Bruton-street, June 16, 1854.

#### APPARATUS FOR DEODORISING.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you do me the favour to insert the accompanying Circular in your Journal?

The suggestion which it contains I placed in the hands of the General Board of Health some few weeks ago; and, since then, I have been endeavouring to circulate it, anonymously, as freely as possible, for the benefit of the public. But, in consequence of the Circular having come before some manufacturers and speculators in zinc wares, I find that there are some who contemplate registering the apparatus for the purpose of monopolising its sale.

Now, Sir, believing that the suggestion, if extensively adopted, may be of essential service to the community at large, I am par-

ticularly anxious that its adoption may not be retarded by the encumbrance of a registration, or any other needless increase of its cost. It is for this reason that I ask you to do me the favour to make it public. I am, &c. HORACE DOBELL.

London, June 16, 1854.

#### "A SUGGESTION FOR DEODORISING THE SEWAGE OF HOUSES BY INDIVIDUAL EXERTION."

"The suggestion arises from the following propositions:—

"1. It is far more practicable to act chemically upon a large quantity of matter when it is divided into minute portions, than when it has accumulated into one mass.

"2. If each separate contribution to a mass of matter is purified, the whole mass will be purified.

"3. Animal and vegetable matter, although deodorised when first accumulated, may afterwards undergo decomposition, and then require an excess of the deodorising material.

"To answer these considerations, a simple and inexpensive apparatus has been contrived and fitted up, which acts most effectively where it has been tried; and it is, therefore, recommended for general use.

"It consists of a small box of perforated zinc, having a slight chain attached to the top of the lid. The box is of such shape and size that it fits conveniently under the mahogany ledge which overhangs the side of an ordinary water-closet basin, and is protected by the ledge. In this position it is retained while the closet is in use by the chain from the lid, which, passing through a common gimlet-hole in the seat midway between its lateral and transverse axes, on the left side, is fastened to the closet lid, seven inches above the left hinge.

"This little perforated box will hold a week's allowance of chloride of lime (about two-thirds of a pound); and, whenever the closet is not in use, its lid is shut, and the box let down into the water which stands in the basin.

"By this simple expedient, whatever water stands in the closet basin becomes impregnated strongly with chlorine, by the influence of which every contribution to the sewer is deodorised before it is let down the drain, thus meeting the first and second propositions; and, every time the closet basin is emptied, an excess of chlorinated water is thrown down the sewer, thus meeting the third proposition.

"The beneficial effects which must result, to each house in which it is employed, from the application of this simple apparatus, are too self-evident to require further remark. But attention must be called to the fact, that if the suggestion be adopted on a sufficiently extensive scale, the benefits will extend beyond the houses in which the apparatus is employed, to those in the immediate vicinity; and thus, while protecting themselves, the intelligent and careful inhabitants of a district will do much to prevent disease among their less enlightened and less cleanly neighbours.

"NOTE.—The apparatus may be made and fixed for less than two shillings. Perforated zinc has been employed for convenience, and answers the purpose very well; but more durable materials might be selected, such, for example, as perforated earthenware."

#### THE GENERAL BOARD OF HEALTH AND THE CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR, The General Board of Health assumed, without any investigation at the bedside, that generally cholera is preceded by a premonitory diarrhoea; and they also assumed, without investigation at the bedside, that a person in perfect health and free from diarrhoea, can be attacked at once by spasms, vomiting, etc., by cholera in fact. (See their Report on Cholera, published 1850.)

On the 8th November, 1853, they put forth as the result of their researches, "that indeed the very worst cases of this formidable disease are those where these symptoms—purging and vomiting—are wholly or partially absent, the powers of life being struck down at once by the poison."

And on the 6th January, 1854, in their Report to the Home Office relative to their administration of the Public Health Act, they say, "that in the immense majority of cases, the violent and unmanageable form of cholera is not sudden in its approach but is preceded by a premonitory stage, generally of some hours, and sometimes of some days' duration."

As in a few weeks we may expect that cholera cases will appear among us—sporadically, if not epidemically—in the interest of the public, and in the interest of Medical science, permit me, through your Journal, to call on the Board to say



which of these three opinions they now maintain to be the correct manifestation of the primary pathognomonic morbid phenomena of cholera, and to give authentic proofs that, whichever opinion they now maintain, that opinion is supported by authentic facts collected at the bedside.

The Board have had six years to study and to point out what are the first true symptoms of cholera. They have had the whole power of the Government to assist them; they have assisted at the deathbed scene of nearly 100,000 of our fellow-subjects cut off by this pestilence. The public and the Medical Profession have a right therefore to know now what useful results they have arrived at, and especially what they consider to be the first true symptoms of the disease, and they must, I repeat, support their opinion by authentic facts collected at the bedside.

They must remember that they will not be allowed to do in this instance as they have done in their researches on the etiology of the disease—misstate facts and suppress facts to support their preconceived opinions.—I am, Sir, &c.

D. MACLOUGHLIN, M.D.,

Member of the Legion of Honour.

34, Bruton-street, Berkeley-square, London,  
June 23, 1854.

#### POOR-LAW MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—As you have kindly opened your columns for the purpose of exposing the hardships under which Poor-law Medical Officers labour, I beg to forward you the particulars of twenty months' experience as Medical officer to the York Union. My district includes both city and country parishes, has a population of 11,048, and an area of 9,221 acres. The salary is 44*l.* per annum, exclusive of the extra fees allowed by the Poor-law Board.

	Cases.	Visits.	Attendances at Surgery.
From Oct. 9, 1852, to Oct. 5, 1853, I had...	392	3458	656
From Oct. 5, 1853, to June 7, 1854...	310	2812	307
	702	6270	963

Of these visits the following were at a considerable distance from my house, viz. :—

122 ... ..	2 miles.
13 ... ..	3 „
29 ... ..	4 „

involving a considerable cost, as well as loss of time.

Not wishing to encroach upon your columns, I beg that you will make any use of the above you may think fit.—I am, &c.

S. W. NORTH, M.R.C.S., L.A.C., and L.M. London.

P.S. I have to provide all my patients with medicines and such surgical appliances as they may require.

As Medical officer to the workhouse, I am in a worse position than I am with regard to the district.

I shall be happy to aid in collecting information in any way or at any time you may suggest, either in reference to the district or the workhouse.

I would add that the statement I have made is simply an abstract of my district medical relief book, and does not include the casual cases of a trifling nature to which the medical officer called during his daily visits, but which, nevertheless, involve considerable amount of labour and supply of medicine.

#### PARLIAMENTARY INTELLIGENCE.

##### HOUSE OF COMMONS.—THURSDAY, JUNE 22.

###### MEDICAL GRADUATES BILL.

The Committee on this Bill was postponed.

Petitions were presented by Mr. Napier, from the Vice-Chancellor, 10 Fellows, 25 Scholars, 390 Graduates, and 198 Undergraduates of the University of Dublin, praying for the repeal of the law imposing stamp-duties on degrees; and by Viscount Castlerosse, from the Guardians of the poor of the Killarney Union, in the county of Kerry, in favour of the Bill for Amending the Laws for Affording Medical and Surgical Aid in Hospitals and Infirmarys in Ireland.

WEDNESDAY, JUNE 23.

###### CHOLERA (IRELAND.)

On the motion of Mr. J. Ball, copies were ordered of any correspondence between the Poor-law Board in Ireland

and the Physicians of the House of Industry, with regard to the admission of cholera patients to hospital wards, since the month of January, 1854 (in continuation of Parliamentary paper, No. 109, of the present session.)

#### MEDICAL NEWS.

UNIVERSITY OF OXFORD.—In a congregation, held on June 22, the following gentlemen were admitted to degrees:—

BACHELORS OF MEDICINE.

CUTHBERT COLLINGWOOD, Christ Church College.

GEORGE ROLLESTON, Pembroke College.

CECIL HASTINGS, Worcester College.

ELECTION OF FELLOWS OF ROYAL COLLEGE OF PHYSICIANS.—On Monday last, Dr. BRINTON, of Brook-street; Dr. GAIRDNER, of Belton-street; Dr. McLENNAN, of Bombay; Dr. MARKHAM, of Clarges-street; Dr. PARKES, of Harley-street, and Dr. RIDGE, of Dorset-square, Licentiates of the College of Physicians, are elected Fellows.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 23rd inst. :—

BROWN, THOMAS EDWIN BURTON, St. Mary Axe.

BUSIGNY, CHARLES EDWARD, Ombersley, near Droitwich.

FARNCOMBE, RICHARD, Birmingham.

FISH, ROBERT, Effingham, Surrey.

FURLONGE, THOMAS GOLLOCK, Army.

JOHNSTON, JAMES CROSS, Pimlico.

MARRACK, WILLIAM, Tavistock, Devon.

OGLIVIE, CHARLES FREDERICK, Boughton Blean, Faversham.

PHELPS, JOHN SHAW, Sydney, New South Wales.

THORP, HENRY JOHN, Maldon, Essex.

THE FELLOWSHIP.—The annual election of Fellows into the Council of the Royal College of Surgeons will take place on Wednesday next, on which occasion, as no opposition has been offered, Messrs. Hodgson and Kiernan will be re-elected; and the vacancies occasioned by the decease of Mr. Bransby Cooper, and the resignation of Mr. Thomas Copeland, will be filled by Mr. John Hilton and Mr. Richard Quain, both Hospital Surgeons.

###### DEATHS.

HOPE.—June 20, at Hopeton Villa, Lewisham-road, Counter-hill, J. Hope, M.D., F.R.C.S. Eng., L.A.C., of Tobago, aged 57.—(*Times*.)

PEARSON.—June 19, at Newark, aged 78, Samuel Pearson, Esq., Surgeon.—(*Lincoln Mercury*.)

AT THE LEVEE, on June 9, Frederick J. Butter, Esq., F.R.C.S., Surgeon to the Hants Militia, was presented by Colonel the Marquis of Winchester.

By the kindness of Sir Edward Bulwer Lytton, Bart., M.P., D.C.L., the Senatus Academicus of the University of Edinburgh are empowered to offer the prize of a gold medal for the best essay on "The influence exerted by the mind over the body, in the production and removal of morbid and anomalous conditions of the animal economy." The competition is open to all students matriculated in the University of Edinburgh during session 1853-54.

KING'S COLLEGE.—On Tuesday the annual distribution of prizes for the department of general literature, applied sciences, and military science, took place in the hall of the College. The chair was occupied by His Grace the Archbishop of Canterbury, and among those present were Sir B. Brodie, Sir G. Pollock, K.C.B., Sir R. H. Inglis, Sir W. Reddell, Sir B. Hope, Lord Radstock, the Bishops of Adelaide, St. Asaph, Bangor, Llandaff, Cork, etc. etc. The various Professors offered some remarks upon the general state of their classes, after which the prizes were distributed. Certificates of honour were awarded to Messrs. Newton and West, and certificates of approval to Messrs. Oswin, Rogers, and Standen. The following scholars for the year were presented to His Grace:—Senior Classical, E. E. Bowen; Senior Mathematical, F. Bullock; Senior Applied Sciences, A. C. Newton; Divinity, E. S. Powles; Modern History, R. J. Forrest; Junior Classical, H. B. Swete; Junior Mathematical, J. Brown.

HOSPITAL FOR CONSUMPTION, BROMPTON.—On Tuesday and Wednesday, by permission of Her Majesty's Commissioners, a



bazaar for the sale of ladies' fancy work, etc., took place in the beautiful grounds of Gore-house, Kensington, and of Grove-house, adjoining, in aid of the funds of this Institution. The attendance was very numerous, consisting of a considerable portion of the rank and fashion of the Metropolis. The numerous and gaily-decorated stalls were presided over by the Duchess of Sutherland, Marchioness of Aylesbury, Ladies Combermere, Jersey, Southampton, and several other members of the aristocracy. The object of this Fancy Bazaar was to raise funds for the opening of the new wing; and, from the large receipts and contributions, it is inferred that the funds of the Hospital will be considerably augmented.

**GENERAL HOSPITAL, BIRMINGHAM.**—At a Quarterly General Board of Governors of the General Hospital, Birmingham, a Deputation presented a Memorial from the Homœopathic Association of that town, asking the Governors to permit the experimental introduction of the homœopathic treatment within the Hospital, pointing out, as an "unquestionable fact," that it is now the Medical faith of a large section of the community; and inviting the Governors of the Hospital to effect such modifications in the rules of the Institution as may be necessary to admit of the appropriation of part of the building to the treatment of patients according to the homœopathic system, and under the superintendence of competent homœopathic practitioners; the expenses connected therewith, as the Deputation stated, to be defrayed out of the funds of the Association. The Chairman said, that the Memorial could not then be dealt with, as the laws of the charity could only be altered at the Annual Board, and two months' notice must be previously given of any alteration. The Motion that it be received and entered upon the minutes, was carried by a majority of one. A proposition to refer the matter to the Medical Officers of the Hospital was made, but found no seconder.

**HEALTH OF THE BALTIC FLEET.**—There have been four cases of cholera in the Duke of Wellington. Two died in the hospital ship, one recovered on board the Duke, and one is recovering in the hospital ship.

**ENGLISH MEDICAL STAFF FOR THE TURKISH ARMY.**—We are able to state positively, that the Sultan has determined to obtain a staff of English and French Medical Officers for his troops. The Turkish Ambassador has entered into communication with our Government on the subject, and the advice of the Director-General of the Army and Ordnance Medical Departments has been requested as to the formation of the Staff.

**MEDICAL STAFF OF THE TURKISH ARMY.**—The following is from the *Times* Correspondent at Constantinople:—"The Medical Staff is very inferior. The Turk at the head of it is a man of no energy, and his subordinates are the youths from the Medical schools, who, after a probation of six months, are sent out to perform the most difficult duties of surgery. The Medical corps of a military force should consist of men thoroughly versed in their profession, since they have to apply their knowledge and skill under great difficulties, and without much time for consideration. The Turkish Surgeons, either through prejudice or want of confidence in themselves, are extremely averse from operations of all kinds, and many a patient has sunk under an illness which a judicious use of the knife would have at once relieved. Their usual plea is, that the man will probably die, and that it is of no use to put him to needless pain. Several of the foreign Surgeons have left, or are on the point of leaving, so much are they disgusted at the want of science, and even of humanity, in their Turkish fellow-labourers."

**HEALTH OF THE BRITISH TROOPS IN TURKEY.**—By a letter with which we have been favoured from Constantinople, dated June 15, we find that the whole force of infantry at Varna, Scutari, and Gallipoli is 21,863. Of these, 821, or  $3\frac{1}{2}$  per cent., are on the sick-list. The force of artillery is 2108,  $2\frac{1}{2}$  per cent. only being sick. Of the small force of cavalry arrived up to that date, 8 per cent. were sick, but mostly from slight accidents. The infantry force is distributed as follows:—At Gallipoli, 5187, of whom 175 are sick; at Varna, 6005, 219 being sick. The remainder of the force is at Scutari. The first division of Guards and Highlanders, on embarking for Varna, left their sick in the General Hospital: these are included in the 821. The porter had arrived, and is said to be very good, and received as a great boon. All the Medical arrangements are now perfect. Tea and sugar are supplied to the troops much cheaper than they can be bought in the bazaars.

**NURSES FOR THE SICK POOR.**—A Deputation of the Committee of the Epidemiological Society waited on Mr. Baines, President of the Poor-law Board, on Saturday last. It consisted of Dr. Babington, the President of the Society; Dr. Sibson, Chair-

man of Committee; Dr. Camps, Treasurer; the Honorary Secretaries, with other members of the Committee. The Deputation having been introduced, Dr. Babington, in a few words, stated the purposes intended by those seeking the interview. These were, to train able-bodied inmates of workhouses to perform the duties of nurses, who, after becoming fitted, should be sent out, on application to the parish, to attend on the sick, receiving a small amount of remuneration for their services. Mr. Baines stated in reply, that, while he most cordially agreed with the object the Committee had in view, he had no power to enforce the adoption of the scheme by the local authorities. The courteous reception of the Deputation by the Board having been acknowledged, the Deputation withdrew. The matter should be brought before Mr. Pigott's Committee on Medical Relief.

**CAERNARVON BOARD OF GUARDIANS.**—At a meeting of this Board, a tender for the second district was received from Mr. Roberts, duly qualified, but who required an addition to the salary. A tender was also sent in from Mr. Davies, M.R.C.S. only, Mr. Davies being willing to serve at the salary proposed. The Board ignored Mr. Roberts's offer, not choosing to increase the pay, and, accepting that of Mr. Davies, he was unanimously appointed. The following Resolution was then passed:—"That, inasmuch as no Medical man having the double qualification required by the Commissioners has tendered for the office of Medical officer for the second section of the Caernarvon district, the Board is of opinion that the tender of Mr. Davies should be accepted, and that the sanction of the Poor-law Board to his appointment be required"!!

**DEATH FROM HYDROPHOBIA.**—On Wednesday morning, a fine young man, of the name of George Gibbs, Broadway, Westminster, expired in King's College Hospital, from the effects of hydrophobia, occasioned by the bite of a dog. Another person died under similar circumstances in Kent Street, Borough, a few days ago.

**STATE OF THE PULSE DURING HANGING.**—At a recent execution for murder at Albany, U.S., the culprit was hanged in a passage in the prison, his feet being only twelve inches from the floor. Two Surgeons, who attended, took note of the pulse of the dying man, and recorded the beats of each minute from his suspension till the heart ceased to act—a period of nine minutes and a-half. During the fifth minute there were not fewer than 128 pulsations.

**MORTALITY NOTABILIA.**—The returns continue to indicate an unfavourable state of the public health. In the last three weeks the deaths registered in London have been 1110, 1085, 1153. In the ten weeks corresponding to last week of the years 1844-53, the average number of deaths was 900, which, raised in a certain proportion for increase of population, is 990. Compared with this result, the actual number, according to last week's registration, namely 1153, shows an excess of 163. Last week the deaths produced by zymotic diseases numbered 301, in the previous week they were 278; the corrected average for this class gives 228. Small-pox was fatal in 13 cases, measles in 25, hooping-cough in 57, diarrhoea in 38, influenza in 3, purpura and scurvy in 3. Mortality from diseases of respiratory organs (exclusive of phthisis and hooping-cough) amounted to 154; corrected average, 113. The following death from cholera was registered in the week:—In the sub-district of St. Saviour, at 3, Cash's-ground, on June 17, the daughter of a stonemason, aged 20 years, "cholera (24 hours)." In the sub-district of Haggerstone West, at 18, Edward Street, on 21st June, the son of a bricklayer, aged 6 weeks, died of "variola (10 days)." Mr. Bowring, the Registrar, adds:—"This is the second death from small-pox in this house within 3 weeks; the first was the son, aged 18 months, of a lodger. The father will not allow his children to be vaccinated, though repeatedly requested by the mother. I am sorry to say this is not an unusual case. Unless some alteration is made in the Compulsory Vaccination Act, I think it will soon become a dead letter. The Medical attendant states that there are many similar cases in the neighbourhood."

**Births.**—The births of 829 boys, and 803 girls—in all 1632 children—were registered. Average, 1355.

**Meteorology.**—Mean height of the barometer in the week was 29.885 in. The mean daily reading was highest on Friday, when it was 30.043 in.; the mean on Saturday was 30.011 in. Mean temperature of week 58.7°, which is 1.5° below the average. Mean daily temperature below the average, except on the last three days; on Friday it was 4.9° above it. The highest temperatures of the week were 78.5° and 78.4°, on Friday and Saturday; the lowest was 43.9° on Tuesday. Mean dew-point temperature was 52.7°; and between this and the mean temperature of the air the difference was 6°.



MORTALITY IN PUBLIC INSTITUTIONS for the week ending June 24 :—				
	Males.	Females.	Total.	
Workhouses...	68	82	150	
Military and Naval Asylums	5	...	5	
General Hospitals	33	17	50	
Hospitals for Special Diseases	5	12	17	
Lying-in Hospitals	...	1	1	
Lunatic Asylums	9	11	20	
Military and Naval Hospitals	7	...	7	
Hospitals for Foreigners, etc.	...	1	1	
Prisons	...	...	...	
	127	124	251	

DEATHS REGISTERED in the Metropolis for the Week ending  
Saturday, June 24, 1854.

CAUSES OF DEATH.	JUNE 24.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	566	380	207	1153	8999
SPECIFIED CAUSES .. .. .	565	379	207	1151	8940
1. Zymotic (or Epidemic, Eudemic, and Contagious) Diseases ..	224	56	21	301	2070
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	7	22	24	53	404
3. Tubercular Diseases .. .. .	73	128	10	211	1741
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	71	47	27	145	1110
5. Diseases of the Heart and Blood-vessels .. .. .	..	24	13	37	320
6. Diseases of the Lungs and of the other Organs of Respiration ..	81	40	33	154	1025
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	29	25	11	65	629
8. Diseases of the Kidneys, etc. ..	1	4	6	11	116
9. Childbirth, Diseases of the Uterus ..	..	4	1	5	86
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	2	3	2	7	76
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	..	3	2	5	10
12. Malformations .. .. .	3	..	..	3	30
13. Premature Birth and Debility ..	25	3	..	28	230
14. Atrophy .. .. .	32	..	8	40	212
15. Age .. .. .	..	..	42	42	397
16. Sudden .. .. .	7	2	2	11	104
17. Violence, Privation, Cold, and Intemperance .. .. .	10	18	5	33	370
CAUSES NOT SPECIFIED .. .. .	1	1	..	2	59

TO CORRESPONDENTS.

THE MUSÉE DUPUYTREN AND ITS GARDIEN.

[To the Editor of the Medical Times and Gazette.]

SIR,—While spending a few days in Paris, I paid a visit to the Musée Dupuytren. I presented my passport, in which I was described as "Chirurgien," to the Gardien, and was admitted, but what was my surprise when he politely requested a fee of a franc. I made no objection, although very much disgusted, but not having anything less than a five franc piece with me, he offered to get change, and did so. I felt very indignant at this impudent demand, not for the sake of the franc of course, but because such treatment was so different from that I have always seen accorded to those foreign Surgeons who have honoured us with visits. At the time I was House-surgeon to a large London Hospital I often had the pleasure of seeing foreigners who came to examine the arrangements of the Hospital, and I always felt proud to show them all I could. Certainly, neither foreigner nor native is ever asked for a fee at our Anatomical Museums. In addition to the demand of a fee, the fellow tried to make me buy some books, and when I told him I did not want them, he successively tempted me with some clumsy surgical instruments, a silver lancet case, and, lastly, a skeleton! which, he said, had belonged to M. Roux. Perhaps this may meet the eyes of some French Medical journalists, and, through them, the authorities may be induced to look a little sharper after their subordinates. I am, &c. A HOUSE-SURGEON.

G. should send his name and address in confidence, and he will then receive a private communication.

The subject mentioned by the *Ghost of Cavendish* shall not be lost sight of.

Mr. Levison.—We did not preserve the notes of the case. The other letter should be sent to the *Psychological Journal*.

Alpha says the chief magistrate of the borough in which he resides holds a pauper appointment, that some one less needy than he might be induced to take a similar office, and that, if the Profession held together, boards of guardians would be obliged to act with justice.

A NEW STYPTIC.

Government Notice (Malta).

His Excellency the Governor has been pleased to direct the publication, for general information, of the following report of an important experiment exhibited by Sig. Vespa before scientific persons.

By command of His Excellency,

HENRY LUSHINGTON, Chief Secretary to Government.

Palace, Valletta, 26th May, 1854.

We, the undersigned, certify as follows:—

On Monday, the 1st of May, at eleven a.m., Mr. Vespa, attended by Dr. Pentimalli, a Neapolitan Physician and Surgeon, met us and a large body of Medical men—military, naval, and civilian—in the anatomical theatre. A full-grown and healthy sheep was produced, and after some preliminary preparation, Dr. Pentimalli wounded the neck of the sheep in the position of the external carotid; the blood spouted, and the "fluid" was applied at twenty minutes past eleven; in ten minutes the bleeding was arrested, and twenty minutes after the wound was inflicted the sheep was set at liberty. An impression prevailed generally that some smaller vessel than the carotid had been wounded, and this impression having been communicated to the operator and inventor, it was decided that a more satisfactory trial should be made on Wednesday, the 3rd instant, at eleven a.m.

On Wednesday, 3rd of May, at the same hour and place, we, and the greater number of gentlemen who were present on the former occasion, witnessed Dr. Pentimalli lay bare the external carotid on the opposite side to that previously operated on; he then passed a director beneath the vessel, and when all were satisfied that the vessel exposed was the external carotid, he divided the vessel obliquely, and the blood sprang freely. The wound was made at half-past eleven, and the hæmorrhage was completely arrested in nine minutes. In seventeen minutes from the wound being inflicted the animal was removed from the table.

The method employed on both occasions was as follows:—

Instantly that the artery was wounded the jet of blood was checked by the application of the fingers to the wound in the artery, and the fluid was then poured into the incision over the fingers. In about a minute's time the fingers were removed, and the external wound was plugged with charpie, saturated with the fluid. The plug was wetted continuously until all hæmorrhage had ceased. A bandage was then placed round the neck to keep the plug in its place.

The quantity of fluid expended in each experiment was about one pint, but it appeared to be wastefully employed.

J. B. H. COLLINGS, M.D., Inspector of Charitable Institutions and Prisons.

J. STEWARD GRAVES, Surgeon 68th Light Infantry.

JOHN ARNOLD MOULD, Surgeon H.M.S. Ceylon.

On the 11th of May, we, the undersigned (Dr. Graves being absent from illness) had the neck of the sheep examined.

The bandage was exactly as left by us on the 3rd instant. On removing the bandage the plug was taken out of the wound. No suppuration had taken place. The artery was then dissected by Dr. Pentimalli, and having been exposed to the extent of two inches, we observed that the wound in the vessel had completely closed, and that the adjacent cellular tissue was very much condensed, and firmly adherent to the coat of the artery. The vessel was then laid open for an inch and a-half below the wounded site, and for half an inch above it. No contraction of the calibre of the artery was observable, and there appeared to have been no inflammatory action in the coats of the vessel about the wound. No discoloration of tissues was observable, and the texture of the muscles was perfectly healthy.

J. B. H. COLLINGS, M.D.

JOHN ARNOLD MOULD.

[We suspect this is an Italian nostrum called *Aqua Binelli*, with which similar experiments were made some years ago at Malta. This styptic was in common use at the Naval Hospital at Malta some years ago, and we believe it to be so still. It contains gallic acid, but this is not the sole ingredient. It is a very efficient styptic, and does not excite any inflammation in or about the parts to which it is applied.—Ed.]

[To the Editor of the Medical Times and Gazette.]

SIR,—I perceive, on referring to the proposed New Medical Reform Bill of Sir John Forbes, that the existence of the University of London is (by implication) altogether ignored; and that, in your Number for the 17th June, a gentleman signing himself "M.D. Edin.," and dating from Bristol, seriously proposes, that "no University shall be recognised unless a residence is required previous to granting a degree!"

The omission of the claims of the University of London graduates is evidently an intentional one on the part of Sir John Forbes; but it is too much to expect, that gentlemen holding the highest degree which any University, either British or foreign, is capable of conferring, will allow themselves to be shelved by an enactment which virtually would make their diplomas so much waste paper. I am, &c.

A GRADUATE OF THE UNIVERSITY OF LONDON.

Bristol, June 26, 1854.

[Sir John Forbes's Bill leaves the University of London exactly where it was before, as it does all other Universities.—Ed.]

Students.—Dr. Todd's Clinical Lectures on Paralysis, etc.

Mr. Hill.—No great good could arise from publishing a single successful case. The same treatment has been followed extensively without benefit in other cases.

A Graduate.—We have not seen the Petition alluded to.

F.R.C.S.—The inquest on the boy Richardson is again adjourned until next Monday. We shall not enter, into the case until after the inquiry has terminated.

COMMUNICATIONS have been received from—

SECRETARY OF THE CONSUMPTION HOSPITAL; DR. SALTER; SIR GEORGE BALLINGALL; MR. FOOTE; MR. TUCKER; DR. SIEVEKING; MR. HOLT; MR. MAJOR; SIR JOHN FORBES; MR. KING; MR. DAVIS; MR. BOND; MAJOR POWYS; MR. BELL; MR. LEVISON; MR. WARDLEWORTH; MR. DARBY; ALPHA; G.; A HOUSE-SURGEON; THE GHOST OF CAVENDISH; A GRADUATE OF THE UNIVERSITY OF LONDON; MR. HAYNES WALTON; MR. LE GROS CLARK; MR. W. G. WILSON; MR. HILL; STUDENS; A GRADUATE; F.R.C.S.



ORIGINAL LECTURES.

CLINICAL LECTURE  
ON  
AMPUTATION AT THE KNEE-JOINT.

DELIVERED AT

King's College Hospital.

By WILLIAM FERGUSSON, Esq., F.R.S.,

Professor of Surgery in King's College, London, and Surgeon to  
King's College Hospital, etc.

GENTLEMEN,—The case now before you is well worthy of your notice. It is brought into the theatre that you might see it, and I take the opportunity of making some observations upon “amputation at the knee-joint.”

This boy was admitted into the Hospital January 25, 1854, suffering from violent inflammation in the leg, acute necrosis of the tibia supervening; in other words, suppuration and separation of the periosteum of the tibia had set in, quickly undermining the boy's constitution, so that nothing could be expected, save the hazard of a long illness with a remote chance of dead bone being thrown off; what I therefore considered a better mode of treatment, and eventually followed, was the removal of the diseased extremity. The boy, as I said, was in a very bad state of health, and it seemed doubtful whether an operation undertaken at that time would be successful.

Surgeons of experience are familiar with instances of this disease, as acute necrosis is not an uncommon affection. But it is to the treatment of the case that I wish to draw your special attention. I am also well pleased so to do, as some of the particulars had escaped my memory, and the mode of amputation here followed has been rarely performed in this country. I allude to amputation at the knee-joint, which, I think, has not been performed, or at least recorded more than a few times in the history of English surgery; and as it is one in which I am much interested, you will, I hope, follow me with a like enthusiasm. This was essentially an amputation at the knee-joint. Now, there is a great difference between amputation at the knee and at the knee-joint, and it is easy to draw the distinction.

In my younger day it was common to amputate at the knee,—for an amputation high up on the tibia might be termed an amputation at the knee; so also an amputation very low in the femur. I have seen these operations very frequently performed, and have frequently so operated myself; and I think such amputations may be justly said to be amputations at the knee.

When Mr. Syme introduced his operation for amputation of the foot at the ankle-joint, some Surgeons contended that the operation was not a novelty, as amputation at the joint had been proposed before, although not performed in the way originally described by Mr. Syme.

In the time of Hey, who wrote an able treatise on amputation of the leg, amputation was performed at the knee, but not at the knee-joint. I am thus particular in the definition, as some think that these terms are too particularly insisted upon. How often do we hear Surgeons talking of the femoral artery as if only one femoral existed, whereas there are three; and perchance the one specified as the femoral is not truly the femoral artery. Here, then, we see the value of a proper application of terms.

But, to return to the case under consideration, I will read you the particular points of the case as detailed in the Case-book, and then make some remarks upon amputation at the knee-joint, and the advantages of such an amputation.

“W. M., aged 11, is a native of Sydenham, and states that he has always had remarkably good health up to the time of his present illness, which began six weeks ago. After having been  
[No. 771.—NEW SERIES, No. 210.]

out sliding the whole of one day, he came home in the evening complaining of pain in both legs, more especially in the right knee, upon which he had fallen in the course of the day. In a few days after this he was seized with shivering and violent deep-seated pain in the right leg and ankle-joint, which was followed by considerable swelling of the limb, commencing at the ankle and extending up to the knee-joint. The integuments appeared red, as if erysipelatous. His sufferings now became excruciating, more particularly if pressure were made on the limb, or if he attempted to move it. Notwithstanding the active measures employed by his own Surgeon, the inflammation continued to increase, and matter formed, which soon became discernible in the soft parts. An incision was consequently made on the outer part of the ankle-joint, and about a pint of pus evacuated. A few days after this another puncture was made in the upper part of the leg, and more matter was discharged. During this time his general health had become much impaired, and he became extremely emaciated.

“When admitted into the Hospital, January 25, 1854, Mr. Fergusson made an accurate examination while the boy was under the influence of chloroform, and found the knee-joint much diseased, the surfaces of the bones being rough and denuded, and a considerable collection of matter in the upper part of the leg, which was evacuated.

“The patient was supported by stimulants for a few days till his health was deemed sufficiently good to stand the shock of an operation.

“When placed on the operation table under chloroform, a small opening was made a little above the knee, and a quantity of unhealthy pus was evacuated. Mr. Fergusson then performed the operation of amputation at the knee-joint in the way detailed in his own work.

“The state of the bones of the leg clearly demonstrated the necessity of their removal. A section being made of the tibia, the cancellous tissue of the upper part of that bone was found filled with pus, while that tissue at the lower part was necrosed, and the epiphysis separated. The articular cartilages of the ankle-joint had ulcerated, and the ends of the bones were eroded. The articular cartilage on the head of the tibia was so soft that a probe passed readily through it, and the bone was bare and carious in several spots, especially around the articulation with the fibula.

“The patient rapidly improved, and was discharged cured March 11, 1854.”

Now, if I be not mistaken, the late Mr. Liston performed a similar operation at University College Hospital; but I am uncertain as to its performance by that gentleman, or to the date, if it were performed. When I first performed the operation, to my knowledge it had not been previously done in England, for I cannot find any record of the fact, and such an operation performed for the first time would not likely be passed over without some notice being publicly made.

This operation has since been followed by others, among the first of whom I may name Dr. George Williamson, now in India, one of my former assistants. The first time I performed this operation was on the person of a full-grown man; (the case is mentioned in the third edition of my work on “Practical Surgery;”) and I have rarely seen or made a better stump. He has repeatedly walked forty miles a-day, and once walked one hundred and twenty miles in three days; and, what is more astonishing, his false leg was but indifferently made and padded, the spoke of an old wheel being considered by the man an excellent substitute for a more expensive contrivance.

In consequence of such great advantages arising from my first trial of the operation, I have since frequently performed it. Notwithstanding, several objections have been made. Mr. Syme, who had performed the operation in Scotland before I attempted it here, had taken a dislike to the proceeding from something that went wrong in his own cases. Mr. Syme imagines that greater danger is incurred by a larger surface of bone being exposed, by the removal only of the condyles, than if the bone be sawn higher up in the shaft. But mischief, I think, is more apt to occur when the bone is sawn in the shaft. Where the bone is vascular, I think there is little chance of necrosis, and much less of caries; and you have frequently seen how kindly the two cut surfaces of the spongy portions of bone heal in cases of excision of the elbow-joint.



Another objection made is, that the length of the stump is very awkward. This I do not admit; if the stump be short, an apparatus cannot conveniently be fitted, and the bone, when cut too high, is liable to be tilted forward by the psoas and iliacus muscles. Indeed, I cannot perceive any objection to a long stump. Objections have been made to a long stump of the leg, and amputation of the leg is often recommended to be done a short distance below the knee, but I am doubtful of the utility of such a step as a general rule.

Again, a long stump in the thigh can never hinder in any way; besides, the leverage is much greater than if it were only half the length. In addition, the great breadth of bone, when well covered, is better able to support the weight required to be borne.

This objection might be raised by some,—that this operation is not truly an amputation at the joint, as the condyles were taken away. If such be allowed, then one might say that Mr. Syme's operation at the ankle is not an amputation at the joint, for he always removes the malleoli; but such an objection could not be held reasonable, and the operation now under consideration I deem a great addition to the history of amputation, and have taught it as such for the last ten years.

I now perceive that for nearly the first time mention is made of this operation in the Surgical Journals of the day, which, I make no doubt, will greatly tend to the advantage of this department of Surgery.

When I first commenced my profession, it was an understood rule, with but few exceptions, that the coverings of the bone in an amputation should be taken from the sound parts of the region when the operation was required; as, for instance, in amputation of the thigh, the soft parts were always taken from the substance of the thigh; so also in amputations of the leg. But in this case, and in amputation at the knee, the soft parts covering the end of the femur are actually the tissues that originally constituted the calf of the leg.

In the history of amputation it has always been the aim of the Surgeon to make a good stump, its quality depending greatly upon the proper covering of the bone. If the soft parts be scanty, a bad stump must result; if, on the other hand, the covering be too large, the result will likewise be unsatisfactory. A remarkable instance of this latter kind was under notice last summer in this Hospital. But there is more danger of the covering being scanty than profuse. The fleshy condition of the covering, as you know, is ultimately converted more or less into a fibrous texture.

Though amputation cannot be said to be the opprobrium of Surgery, an axiom I laid down in my first paper on Conservative Surgery—"For the greater proportion of sound material that we can save in any operation on the body, the nearer we come to the perfection of good Surgery"—yet I think amputation at the knee-joint may fairly have at least a footing in the province of conservative Surgery.

This operation has lain for some time in abeyance, but I now find my name associated with it in the Journals, in papers which have recently appeared on the subject from the abler pens of my friends Mr. Greenhow, of Newcastle, and Mr. Jones, of Jersey—men who, with myself, I would fain hope, have no desire to have their names connected with novelties, unless they be for the good of our fellow-creatures and the advancement of Surgery.

In cases of injury of the joint, including great contusion of soft parts, I am doubtful whether the operation should not be effected above the seat of injury. As to the mode of performing the operation, I first make a small anterior flap, drawing the knife across the front of the joint, and then, inserting the point of the blade behind the femur, thrust it through to the other side, close to the condyles; then, carrying it downwards, cut the posterior flap from the calf of the leg. The saw is then applied a little above the condyles, and the flaps brought together as in an ordinary amputation.

My friend Mr. Greenhow, of Newcastle, saws through the bone before making the posterior flap; but I prefer the method I have described, although the great aim is to obtain sufficient material to cover the bone.

In some instances I first effect the separation of the leg at the articular ends, and thereafter cut away as much of the femur as seems needful. In all cases it is requisite to take the full length of the calf for the posterior flap, as the soft parts in the back of the thigh contract very much in the course of time. The patella might be saved in some examples, but in general I think it would be best to remove it.

I have been thus particular in my remarks, as you will not find any particular mention of the operation in any English work prior to my own.

## CLINICAL LECTURE,

DELIVERED AT

University College Hospital.

By E. A. PARKES, M.D.

Professor of Clinical Medicine.

Case of Acute Dropsy with Desquamative Nephritis.—Examination of the Urine.—Effect of Food, of Gallic Acid, and of the Tincture of the Sesquichloride of Iron on the Urinary Constituents.

GENTLEMEN,—Some weeks ago, I brought to your notice some cases of chronic Bright's disease, in which the effect of food upon the albumen in the urine was considered (a). I then mentioned that there were a class of cases in which the albumen in the urine was not connected in any way with the ingestion of albuminous food. We shall, to-day, consider one of these cases.

Robert Lenahan, aged 35, formerly a labourer. Has sold vegetables in the streets for the last two years, and has, therefore, been accustomed to stand a great deal, and has been exposed to vicissitudes of weather. He has been well clothed, however, and has lived well, and temperately; his place of abode is damp; his hours of sleep are short (eight hours four nights, and four hours the other three nights, in each week) on account of his occupation.

He is not aware that he was out of health, when, on the 22nd of April last, he was attacked suddenly with considerable swelling of the face and lower extremities; pain in back and head. He was treated for some days, and was admitted into the Hospital on the 12th of May.

May 12.—*Present State*.—There is slight pyrexia (temperature 98.5); pulse 84, rather hard. There is moderate anasarca of the lower, and very slight anasarca of the upper extremities; very little, if any, fluid in peritonæum; none in pleuræ. All the *cardiac* signs are normal. Over the *lungs* slight sonorous and sibilant rhonchi, with fine crepitation in both subscapular regions (œdema of air-cells? capillary bronchitis?) very slight cough; no dyspnoea; no expectoration. *Liver and spleen* not enlarged; no symptoms connected with these organs. The *alimentary canal* presents no symptoms; appetite good; no thirst; no nausea; a little flatulence; the bowels have been freely open from medicine; tongue a little furred. *Kidneys*.—Pain across loins; no unusual frequency of, or difficulty in, micturition; the urine is copious, pale, of low specific gravity, albuminous, and deposits a sediment consisting of a few blood disks, and renal and vesical epithelium, without casts. The *nervous system* is unaffected, that is to say, there is no headache, vertigo, tinnitus, intolerance of light, dimness of vision, or other symptoms.

*Treatment*.—Cupping on the loins to 6 oz.; mercurial purgative, followed by senna and jalap; sinapisms to the chest; low diet.

May 15th.—The purgatives have acted freely; the anasarca is much less; the lung symptoms entirely gone; urine still albuminous, with blood and renal epithelium.

*Treatment*.—Hot-air bath.

17th.—A mere trace of puffiness about ankles; no lumbar pain; urine same characters.

22nd.—Anasarca quite gone; he feels in all respects well; urine still albuminous.

Such is a brief abstract of the chief symptoms in this case. Acute dropsy came on in an (apparently) healthy man, whose heart and lungs were sound, on the 22nd April, and had entirely disappeared on the 22nd May. An affection of the kidneys, which co-existed with the dropsy, lasted beyond it; but this also subsequently disappeared, and the man regained perfect health.

We had not the least difficulty about the diagnosis of this disease. It is a well known complaint, and has received various names. Acute or inflammatory\* dropsy is the name used by those who wish to express the chief leading symptom without reference to its cause. Acute Bright's disease is a term employed by others, to indicate their opinion (an hypothetical opinion) that the invariable kidney implication is allied to a special chronic affection, and is so important, as to render it necessary to assign the chief pathological place to the kidneys. Desquamative nephritis is the term used by Dr. George Johnson, to define exactly the special nature of the kidney affection, which appears to consist in congestion and catarrhal inflammation of the kidney, with rapid detachment of the renal epithelium from the basement membrane.

We may, perhaps, say that the first and last of these terms are the most correct. The disease appears to be an affection of the skin, and of the blood, and, secondarily, of the kidneys. The first

(a) See *Medical Times and Gazette*, April 22, 1854.



morbid change is produced in the skin, by the more or less rapid interference with its excretion by cold and damp; then the blood is affected, and through the blood the kidneys. With respect to the etiology of this disease in the present case, we had the usual array of causes, viz., exposure to cold and damp.

The investigation of the condition of the cutaneous excretion, and of the blood, is at present extremely difficult; that of the urine is comparatively easy, and it is my object to-day to direct your attention especially to this point.

It has been mentioned, that on the 13th of May the dropsy was disappearing; the urine was examined, therefore, only during the period of recovery. At this period it is well known that the urine (which, in the early stage, is scanty, high-coloured, often bloody, highly albuminous, with a lessened amount of solids, and especially of urea and chloride of sodium)(a), is very copious, pale, of low specific gravity, and albuminous to a greater or less degree.

#### 1. *The Microscopic Characters of the Urinary Sediment.*

A sediment was deposited in the urine, and had the following characters:—

May 13th.—A few blood-discs; renal epithelium (in small quantity); vesical epithelium (large quantity); no casts.

14th, 15th, and 16th.—Same characters.

17th.—One cast; otherwise same characters.

18th, 19th, and 20th.—No casts; otherwise same characters.

22nd.—Numerous casts; same characters.

After this date, abundant renal epithelium; no blood after the 24th.

#### 2. *The Chemical Composition of the Urine.*

Table I.—Urine of 24 Hours.

Date.	Quantity in Cubic Centimetres.	Sp. Gravity.	Solids (in Grains).	Urea.	Albumen.	Sulph. Acid.	hosp. acid.	Extractives, etc., Calculated.	REMARKS.
May 14-15	2300 = 74½	1013	672·060	382·15	17·94	22·926	25·512	52·968	Hot air bath on night of 15th. Profuse sweating.
„ 15-16	1566 = 50½	1015	545·231	267·003	23·276	..	..	..	
„ 17-18	2025 = 65½	1015	673·920	439·425	23·690	..	..	..	

The quantity of urine is expressed in cubic centimetres (31 = f. 3j.), the other constituents in grains. The solids were determined by evaporation; the urea was examined by Mr. Footman, by the method of Liebig (the albumen being first separated); the chloride of sodium was not determined, but judging from a subsequent experiment, it probably amounted to 118 grains; the sulphuric and phosphoric acids were determined by baryta. If we consider the sulphuric acid as combined with potash and the phosphoric acid with soda (two atoms of fixed base) and then add all these ingredients together, we find that they amounted to 619·092 grains on the 14th and 15th of May. The total weight of solids on that day was 672·060—619·092 = 52·968, which may be taken as the amount of creatine, creatinine, the urates, and the lime and magnesia. The calculation, of course, is not perfectly accurate, as some of the phosphoric acid must have been combined with lime and magnesia instead of with soda, but yet it is near enough.

We find, then, that this man, considering that he was kept in bed, and was on low diet, was excreting a very large amount of urine (viz., nearly double the normal amount), and this contained an excess of urinary solids. If the specific gravity had been considered, without regard to the quantity of urine, it might have been thought that the solids were lessened instead of being increased, for the specific gravity was very low. Among the solids was a foreign ingredient, albumen. With this exception, the composition was not changed from the healthy standard. Considering that the functions of the skin had been so seriously interrupted, and that at this very time the dropsical fluids were being absorbed, we might have supposed that we should find in the urine some large amount of extractives of some sort,—that is to say, of some compound which the kidney was excreting instead of the skin. But this was not the case; if the blood was overloaded with any such ingredient it was oxidised, and formed into urea, before it passed through the tissues of the kidneys.

There was, however, albumen; where did this come from? Was it caused by an inflammatory condition of the kidneys? This seems evident from the signs of kidney congestion, the hæmorrhage, the renal desquamation, and the casts. Could it, however, have been derived from the dropsical fluids, which, we know, contain a small quantity of albumen, and which were in process of absorption into the blood? This is unlikely, as the albumen was found after the dropsy was quite well.

As the quantity of urea, although great considering the circumstances (rest, abstinence from food, very slight pyrexia), was not greater than the kidneys must often have had passing through them in the state of health, and as the composition of the urine was not otherwise changed, how was it that the kidneys had become so congested as to allow blood-corpuscles and albumen to transude through the capillaries? In answer to this, we may say that the period when the kidney was first implicated must have been long passed. When the man entered the Hospital, the kidney disease, as well as all the other morbid conditions, were gradually being removed. If we had been able to have examined the urine at an early period we should have found evidences of great disturbance of its composition.

We had, however, under our eyes only the process of cure; and this appeared in this case, as in others, to take place in the following way.

The excretion of the skin, which had been interrupted, was evidently taking place to a very considerable extent, as there was often considerable perspiration.

The dropsical fluid was being absorbed; that is to say, the diffusion currents from the blood into the areolar tissue were diminished, while the currents from the tissue to the blood were increased. The immediate physical cause of this return to an equal balance of effusion and absorption is at present as much unknown as the causes which in the early stage cause such an augmentation of effusion over absorption.

The fluid thus absorbed consisted no doubt of water, a little albumen, and other organic matters, such as a little urea, (a) and soluble salts, especially chloride of sodium. The water and salts were no doubt excreted by the kidneys, causing the excess of urine in our case,—an excess, however, much below what occurs in some cases. I conclude that the salts, as well as the water, were passing off, because the amount of chloride of sodium (see Table II.) was much greater than the meagre diet would account for. The organic albuminous constituents of the absorbed dropsical fluid did not appear as albumen in the urine; they were probably oxidized and converted into urea; for in this way only can we account for the excess of urea, which was not attributable either to waste of tissues or to food.

If the absorbed substances had not been able to have been converted into urea, then they could not have passed off by the kidney without in some degree injuring its structure; but, as we must suppose the oxidising powers of the system were thus able to convert all the absorbed albumen into urea, the urinary secretion had assumed its normal composition. Then we may presume that the inflammatory stasis of the kidney, produced at first by an abnormal condition of the blood and of its own excretion, commenced to lessen. It still evidenced itself by albuminous impregnation of the urine, and by desquamation of the epithelium; but, as we shall presently see, these gradually disappeared, as, day by day, the vessels of the kidneys resumed their normal condition.

You will find in Dr. George Johnson's work on this subject, an ingenious suggestion, that the diuresis during cure in these cases is owing to urea, which has been retained in the system during the dropsical stage, and then, being poured out during recovery, acts as a diuretic on the kidney. This explanation is to a certain extent supported by our case, for certainly we found that there was a large excretion of urea. But then in health, and in many diseases, the urea is in even larger quantity without any such diuresis; so that this explanation, clever as it is, seems less likely than the supposition that the diuresis is owing simply to the absorption of the fluid.

Such being apparently the process of cure, what is the process of production of this disease? Here, of course, we get on more uncertain ground. It would be too long a discussion to enter upon the much debated question, whether the suppression of the cutaneous excretion leading to contamination of the blood, and the anæmia of the skin, are competent to produce the subsequent pathological conditions of various organs, or whether the effect of cutaneous chill is to be traced especially to its influence on the nerves. You will find in Frerich's work (*Die Nieren-Krankheit*, 1851, p. 150) a short discussion on this point, and

(a) Heller.

(a) Christison.



you will see that he denies that there is any evidence that the blood is contaminated by retained cutaneous excretion; but his analyses of the blood are evidently rude and imperfect, and I do not see that he is at all entitled to draw this strong conclusion. The facts seem much more in accordance with Dr. George Johnson's views, as developed especially in the chapter on the Causes of Renal Disease, in his important work. Among other causes of renal disease is suppressed cutaneous excretion. This is supposed to give rise to contamination of the blood, and, at the same time, the lessened amount of blood in the skin may give rise to congestion of internal organs. From the diseased blood other organs may suffer, the lungs, the intestines, or especially the kidneys; and, according to certain unknown conditions of the blood, and of those organs, we have bronchial catarrhal inflammation, or intestinal catarrhal inflammation, or kidney catarrhal inflammation (desquamative nephritis), or other diseases of organs. Then, if this reaches a certain point, we have a secondary disease, which itself may lead to further contamination of the blood; and if, in particular, the excretion of the kidney be much interfered with, the fluid and some of the solids which should pass off by the kidney and skin make an exit through the vessels of the areolar tissue, or of the serous membranes. Let me here make one remark, viz., I cannot but think Frerichs speaks very incorrectly of the cutaneous excretion. He speaks of it as consisting only of water, a small quantity of carbonic acid, and organic volatile acids, combined with ammonia. He omits, then, the chloride of sodium and the fat; he omits altogether any consideration of the albuminoid sebaceous excretion which could applied to the skin must diminish; he omits all mention of the enormous excretion of albuminous compounds which occurs through the growth of the cuticle, which growth must necessarily be diminished when the bloodvessels of the skin are comparatively empty of blood. This constant loss of albumen by the constant formation of cuticle, and as constant destruction of it by friction and movement, should be estimated at its real value. We know that the cutaneous excretion is apparently much more abundant than even that of the lungs (as 2 to 1, Seguin; as 9 to 5, Valentin). Is it right to estimate so lightly as Frerichs appears to do, the diminution of this most copious excretion?

I might develop this subject to any length, did time permit; there is scarcely a more important one in the whole range of Medicine. Next to the introduction of improper substances into the blood, the retention of excretions is the most fertile source of disease. But time does not permit me to do so, as we have yet many points to consider in connexion with this case.

I mentioned to you in a former lecture, that the form of albuminuria proceeding from blood disease producing hyperæmia and inflammation of the kidney should be distinguished from the albuminuria connected with the ingestion of albuminous food. It may be interesting to refer to the experiments on the *urina sanguinis* and *cibi* in this case.

### 3. Condition of the Urine before and after Food.

Table II.—First Experiment: Urine Before and After Food.

From 7 a.m. to 8 a.m., May 19, 15 hours after food.			From 3:30 p.m. to 4:30 p.m., the 4th hour after dinner of fish and bread.		
	One Hour.	Calculated for 24 hours.	One Hour.	Calculated for 24 hours.	
Quantity	51' c. c.	1224 c. c.	61'2' c. c.	1474 c. c.	
Solids...	...	...	33'855 grs.	812'520 grs.	
Urea...	10'276 grs.	246'624 grs.	23'847 "	572'328 "	
Albumen	1'315 "	31'56 "	1'506 "	36'124 "	
Cl. Na...	5'534 "	132'816 "	4'357 "	104'496 "	
SO <sup>3</sup> .....	1'186 "	28'464 "	2'113 "	50'612 "	

Table III.—Second Experiment.

From 7 a.m. to 8 a.m., May 22, 15 hours after food.			From 2 p.m. to 3 p.m., the 2nd hour after fish & bread.			In the other 22 hours of the same day.	In the whole 24 hours.
	In the hour.	Calculated for 24 hours.	In the hour.	Calculated for 24 hours.			
Quantity (in Cubic Centimetres)..	59	1416	27½	660	1341	1427½	
Solids.....	30'337	728'088	19'521	468'504	746'666	796'524	
Albumen...	1'25	30'000	1'240	29'760	27'356	29'846	
Sulph. Acid	794	19'056	908	21'792	27'65	29'352	
Phosph. Acid	505	12'024	547	13'128	14'077	15'089	

The *urina cibi* was taken, you will observe, at different periods after food. The quantity of urine passed in the second hour after food was much less than in the fourth hour. The process of digestion was, no doubt, going on very rapidly during the second hour, and a considerable amount of secretion must have been present in the stomach and intestines; while, in the fourth hour after food, digestion was perhaps almost completed, as the amount of food taken was not great.

I cannot enter now into all the points suggested by these experiments, but some notice may be taken of the principal facts. You will observe that the albumen was a little greater in one case after food, the increase being, however, very trifling, but it was less in the second. We may safely say that it was not affected by food.

The immense increase in the urea and in the sulphuric acid in the fourth hour after food is very interesting, and is in accordance with the numerous experiments made by different observers on this point. We need not discuss the doubtful point, whether the urea was at once formed from superfluous food or from rapid increase of tissue metamorphoses. In the second hour after food the sulphuric acid was not much increased; it was, in fact, too soon for the augmentation to occur. In the next two hours it would doubtless have been found to be much increased.

The amount of the chloride of sodium (as determined according to Liebig's plan by Mr. Footman) is a very interesting point. You will see that it is even less in the fourth hour after food than in the fasting hour. It is, in fact, the ordinary rule, that though the chlorides are increased after food, the increase does not occur for some time, and, indeed, soon after food, the chloride is diminished. The additional fact is shown here, that in this patient the period when the chloride of sodium began to increase after food was later than the period when the urea and the sulphuric acid increased. The phosphoric acid was little affected by food. Its amount was, in the fasting hour, 0'505 grains; in the food hour, 0'547 grains; in one of the other twenty-two hours, 0'640 grains. There must, then, have been an increase at some period in these twenty-two hours, probably from food, but it was trifling.

The influence of food on this man's urine may be thus recapitulated:—

In the second hour after food the amount of water was much lessened; the solids were relatively increased, but absolutely diminished; the albumen was nearly the same; the sulphuric and phosphoric acids were very slightly increased; the chloride of sodium was not determined, but it was doubtless lessened in amount.

In the fourth hour after food, when the digestion in the stomach was approaching completion, and the copious flow of gastric and intestinal fluids was lessening, both the water and the solids were augmented; the increase in the solids was due to the urea and the sulphuric acid; the phosphoric acid was undetermined; the chloride of sodium was still lessened; the albumen was nearly the same.

At a later period after food, judging from the experiments of others, the chloride of sodium would have been found greatly, and the phosphoric acid slightly, augmented, while the urea and sulphuric acid were returning to the amount proper to the *urina sanguinis*.

Leaving, however, the influence of food, let us return to the disease.

4. Influence of Gallic Acid on the Urine.—You will observe that this patient was treated by local depletion, purgatives, and the hot-air bath. These are the usual means which are necessary in such cases.

On the 23rd of May, the man was apparently well, with the exception of the albumen in the urine. On this day, then, he commenced to take gallic acid. He was on good diet.

Table IV.

After the administration of 75 grains of gallic acid in seven days. May 28, 29. Twenty-four hours:—

Quantity (in cubic cents.)	...	1000 c. c.
Specific gravity	...	1025
Solids	...	594'000 grs.
Albumen...	...	15'500 "
Sulphuric acid	...	20'210 "

Table V.

After 180 more grains of gallic acid in six days (in all, 255 grains.) Twenty-four hours. June 2, 3:—

Quantity...	...	1425 c. c.
Specific gravity	...	1020
Solids	...	652'935 grs.
Albumen...	...	11'400 "



Table VI.

After 120 grains of gallic acid in four days (in all, 375 grains).

Urine of June 6, 7:—

Quantity...	...	...	...	1287	c. c.
Specific gravity ..	...	...	...	1025	
Solids ...	...	...	...	639.896	grs.
Albumen...	...	...	...	14.543	"
Urea ...	...	...	...	457.039	"
Chloride of sodium	...	...	...	129.194	"

The gallic acid had not, you will observe, any very striking effect. On the 29th of May, 15½ grains of albumen were passed in twenty-four hours; on the 7th of June, after 300 additional grains of gallic acid, nearly as much—viz., 14½ grains—were passed. Certainly the amount of albumen was somewhat lessened; but, as the disease was improving, we cannot be certain that any of the benefit was owing to the acid. In some other similar cases, and in one case of chronic Bright's disease, I have given the gallic acid in large quantity; but I have never seen any good effect from it. In that curious disease, however, in which there is chylous urine, it is evident, from Dr. Bence Jones's observations, that the gallic acid is very useful. The gallic acid did not lessen the excretion of the normal urinary ingredients.

We commenced then another remedy, which in such cases appears to be much more useful than the gallic acid, viz., the tincture of the sesquichloride of iron.

Table VII.

After 5iiss. of tinct. ferri sesquichlorid. in seven days. June 15, 16:—

Quantity...	...	...	...	1175	c. c.
Specific gravity ..	...	...	...	1023	
Solids ...	...	...	...	463.185	grs.
Albumen...	...	...	...	5.992	"

Table VIII.

After 5iiss. more of the tincture in seven days (making, in all, 5vij). June 21, 22:—

Quantity...	...	...	...	1200	c. c.
Specific gravity ..	...	...	...	1025	
Solids ...	...	...	...	666.24	grs.
Urea ...	...	...	...	465.5	"
Albumen...	...	...	...	4.480	"
Sulphuric acid ...	...	...	...	29.365	"
Phosphoric acid ...	...	...	...	12.592	"
Chloride of sodium	...	...	...	15.5	"

Table IX.

After 5iiss. more in five days (making, in all, 5j. 5iss. of the medicine in nineteen days):—

Quantity...	...	...	...	1134	c. c.
Specific gravity ..	...	...	...	1023	
Albumen ...	...	...	...	3.428	grs.
Urea ...	...	...	...	421.86	"
Chloride of sodium	...	...	...	112.26	"

Thus, in eight days, the quantity of albumen had fallen from 14½ to 6 grains; in seven more days it had fallen to 4½ grains in twenty-four hours; and, in five more days, it amounted to 3½ grains only, being, in fact, a mere trace. It may be said, that this decrease was not due to the remedy, but to the improvement in the disease. We ought, of course, to allow something to this last cause; but, as no such rapid improvement went on while the gallic acid was being given, I do not think we can doubt that the tincture of the sesquichloride of iron, by its action on the blood and vessels, was really most useful.

With regard to the effect produced by the tincture on the other urinary ingredients, you will see that the amount of solids in Table VII. was very low. This was, however, evidently due to causes unconnected with the iron; for, after seven more days, analysis showed that the amount of solids, of urea, of sulphuric and of phosphoric acids, was as great as before the administration of the iron. The chloride of sodium was, however, extremely small in amount; but this was probably caused by other and unknown causes, as in the last analysis it was in normal amount.

We may then say, that in this case the administration of 5ix. of the tincture of the sesquichloride of iron in nineteen days did not lessen the metamorphosis of tissue, as judged of by the urine.

We thought it now safe to discharge the patient, directing him to go on with the iron, and to take warm baths regularly, so as to keep up the action of the skin.

I have only two other remarks to make. First, because iron was useful here, we are not to suppose it can work wonders in all cases of albuminuria. In the advanced stages of chronic

Bright's disease, it can, of course, do little good. No medicine whatever can reconstruct destroyed tissues, and build up the structures which a disease of years has irreparably damaged. Do not expect too much from it, therefore; but yet, at the time when such medicines are useful, iron, and especially this preparation of it, are among the most approved remedies. Secondly, if this man can be placed under favourable circumstances, he will probably have good health. It does not follow, because he has had this attack, that his kidneys are irreparably damaged, and that chronic Bright's disease will gradually come on. At the present day, the prognosis of such cases is not held to be so unfavourable as it was at one time thought to be.

## ORIGINAL COMMUNICATIONS.

### MENORRHAGIA.

By EDWARD RIGBY, M.D., etc.

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IN my previous reports, I have pointed out the fact, that menorrhagia may depend upon hepatic derangement, and also on an irritable condition of the mucous membrane of the primæ viæ. The two following cases are given to show the connexion which exists between menorrhagia and those forms of mal-assimilation which are attended with symptoms of a rheumatic or gouty character.

Miss G., aged 40; brunette, tall, thin, delicate-looking.

July 27, 1850.—The catamenia come on every three weeks, and last a fortnight. The discharge is profuse with coagula. She has always suffered a good deal of pain, both shortly before and during the periods. Has leucorrhœa during the intervals.

Complains of dull pain about the left hypochondrium and cardiac region; not increased by deep inspiration; it is relieved by pressure, but increased by exercise. Tongue rough, with red papillæ; pulse weak; pain of back on moving about; neuralgic clavus-like pain in each temple; a year ago it affected the vertex with intense severity; pains of elbows and joints; much gastric derangement; palpitation; flatulence; difficulty in passing her water, which is turbid; bowels inclined to be irritable. Has been taking mercury and steel without benefit.

R Pulv. ipecac. co., extr. lupuli, aa. gr. v. M. ft. pil. ij. o. n. s.

R Liquoris taraxaci, liquoris sarzæ, aa. 5iii. M. ft. mistura cujus sumat coch. med. j. bis terve die ex liquore calcis.

August 6.—Feels and looks much better; tongue and bowels greatly improved; the bowels have not been moved oftener than once a-day, and on one or two occasions a day has passed without their being relieved; urine clearer and more copious; sleeps much better; pulse good; extremities warm; skin natural; and she perspires less at night; has already passed a week beyond her usual short catamenial period.

Omit. pilulæ. Rep. mistura.

R Magnesiae carb., primo mane si opus sit.

Sept. 7.—Much better. The last catamenial interval was five weeks in duration; the discharge continued only six days, and with fewer clots. A slight degree of leucorrhœa occurred at the half-way time. Bowels are inclined to be irritable; sleeps well; pulse improved; all her various aches and pains are better.

Rep. omnia.

Dec. 6.—Has taken no medicine for six weeks. Bowels still irritable, and rather light-coloured. Complains of palpitation and pain about the præcordia. The pulse is quite natural, as is also the tongue. She still complains of the various rheumatic pains mentioned in the first report, only in much less degree. No leucorrhœa; urine occasionally turbid.

Rep. mist. sarzæ.

R Pulv. guaiaci, magnesiae, aa. gr. x. M. ft. pulv., primo mane sumendus.

1851. Feb. 22.—Writes from the country, that the pain of side and palpitation of her heart are very troublesome; suffers from headache, and complains of being nervous. Has taken no medicine of late, except the pills and powders occasionally.

R Acidi hydrochlor. dil., acidi nitrici dil., aa. 5j., liquoris taraxaci 5j., infusi gentianæ co. 5vij. M. ft. mist. cujus sumat cochl. magna ij. bis terve die.

Rep. pulv.

March 3.—Complains that the mixture renders the bowels irritable; the pain of her side, from her description, is evidently pleurodyne.



R Extr. taraxaci ʒj., liq. calcis ʒviij., sumat cochl. magn. ij. ter die.

R Lin. camph. co. ʒijss., tinct opii ʒss. M. ft. linimentum parti dolenti applicand.

June 9.—The catamenia have not appeared for three months, and she feels no inconvenience in consequence. All her other symptoms are better.

The presence of rheumatic taint in the system, from the derangement of the assimilating functions is shown by the disposition to rheumatic and neuralgic pains which the patient manifested; from the gastric derangement, accompanied with flatulence; from the turbid urine, etc. In her feeble, atonic state of system, with irritable bowels, I cannot consider that mercury, in any form, was a judicious combination. The first indication was to calm the irritability of the system, which I attained by mild doses of Dover's powder at night, and by the combination sarsaparilla and taraxacum during the day, by which means I was also enabled to rouse the liver to a due state of activity. A favourable change was soon produced; the bowels acted in a healthy manner; the urine became clear; she looked, as well as felt, better; and instead of the catamenia returning after their usual short interval of three weeks, it was five weeks before their next appearance. The return of many of her rheumatic symptoms, and the irritability of the bowels, in the subsequent reports during the following winter and spring, was chiefly, if not entirely, owing to her habit of wearing the very thinnest stockings and shoes, even during a hard frost, and even when coming into town from a distance of some miles in the country. In March, the pain of side was distinctly of a rheumatic character. Up to this period, the catamenia had not once returned either to the short intervals, or to their former profuseness; and in June, when I saw her for the last time, they had ceased entirely for three months. I have heard of her indirectly once or twice since as enjoying good health, and, from her attenuated frame, and the feeble powers of her system, I should presume that the menstrual function ceased at this early period.

Mrs. G., aged 46, married 26 years. Six children. Slender; rather tall.

May 10, 1848.—Considerable derangement of the digestive organs; barking, wheezing cough; suffers from piles. Urine, which is scanty and high-coloured, scalds her on passing it; attended with slight symptoms of strangury; it is red and turbid. Great flatulence, which, from her sensations, is evidently in the lowest part of the rectum. Considerable mucous irritation of the bowels; much lassitude, especially after meals. Has suffered from tic-douleureux. The last catamenial appearance was a week ago, after an interval of the ordinary duration; but on the four previous occasions, the catamenia appeared every nine days. The discharge has always been rather profuse. The above symptoms commenced last September, since which time the cough has continued. Has latterly been in the habit of taking two tumblers of Bass's ale, and three glasses of port wine daily! She must leave off these stimuli.

R Extr. taraxaci ʒj.; sp. ammon. arom. ʒss.; ex liq. calcis, ʒviiss. M. ft. mist.; sumat cochl. magn. ij. o. n.

R Pulv. guaiaci, magnesiae, aa. gr. x. M. ft. pulv. j. o. m. ex aqua sumend.

May 15.—Until yesterday she has been much better; bowels natural; urine more copious and lighter coloured; appetite still bad; she walked to church yesterday, and has not felt so well since; the bowels have been irritable; she complains of uneasiness in the lower part of the abdomen. Rep. med.

May 22.—Generally better; tongue pale, glazy and fissured.

R Extr. taraxaci ʒj.; decoct. sarzæ co., liq. calcis, aa. ʒiiiss. M. ft. mist.; sumat cochl. magn. ij. ter die.

June 2.—The last mixture has evidently disagreed; let her resume the mixture which I first prescribed.

June 20.—Bowels in a highly irritable state, almost approaching to dysentery; urine pale, 1·024, loaded with lithic acid crystals; complains of having no sleep.

R Hydr. c. cretâ, pulv. ipecac. co., aa. gr. v. Mist. acaciæ q. s. M. ft. pil. ij.; omni nocte sumendæ.

R Potassæ bicarb. Div.; potassæ nitratis ʒij.; tinct. colchici ʒij.; aquæ menthæ pip. ad ʒviij. M. ft. mist.; sumat cochl. magna ij. bis die.

June 26.—Much better. The colchicum shows a disposition to act upon the bowels, but this is corrected by the pills at night. Rep. mistura.

R Pulv. ipecac. comp., extr. lupuli, aa. gr. v. M. ft. pil. ij. om. nocte sumendæ.

August 19.—Writes from Bonchurch in the Isle of Wight, where she has been for the last few weeks; her health is improved, but the bowels are constipated; the bladder is again

troublesome, requiring her to rise very often in the night; she confesses to having been drinking Burton ale and soda water for some days; let her leave this off.

R Pulv. guaiaci, magnesiae, aa. gr. x., om. mane ex aqua.

Rep. mist. potassæ c. colchico.

The gonty character of this patient's symptoms was shown by the loaded state of the urine, the constant flatulence, the peculiar cough, the torpid liver, and disposition to hæmorrhoidal congestion. I may also add, that the cause of this condition was as distinctly referrible to the quantity of stimulating drink she was in the habit of taking. Under similar circumstances of deranged assimilation in the male, it is well known that the mischief usually localizes itself upon a joint, especially of the lower extremities, or, in other words, the system throws it off under the form of a gouty attack; but, in the female, it usually takes a different course, and vents itself, in some form or other, upon the uterine system, which, from its attacks of periodical excitement and congestion, is probably rendered peculiarly liable to be fixed upon for that purpose. The constant flatulence under which this patient suffered, was also another evidence of the prevailing condition of her system; and, although I have not noted it in my enumeration of her symptoms, she strongly suspected the existence of uterine flatulence, which I have repeatedly pointed out as an evidence of derangement of this organ in connexion with a gouty state of the system. This symptom, if it had been more distinctly marked, would have at once shown that the uterus partook in the general derangement of the system; in the present instance, the disposition to menorrhagia was probably the result of the torpid liver and hæmorrhoidal congestion, and aggravated a good deal by the stimulant diet of the patient.

Although alteratives were indicated, the state of mucous irritation of the bowels made me unwilling to use them, and I preferred trusting to the effects of taraxacum with lime-water, which, with a dose of guaiacum and magnesia in the morning, appeared to answer very satisfactorily. In consequence, however, of a return of the diarrhoea, with increased mucous irritation, and a disposition to assume a dysenteric character, I had recourse to the grey and Dover's powder, and substituted for the mixture of taraxacum and lime-water, one of bicarbonate and nitrate of potass, with colchicum, as I found that the urine was still much loaded with lithic acid. This treatment agreed well; the menorrhagia ceased, and she made no further allusion to it in her letters, her attention being occupied with the state of the bowels. After a while, she again transgressed in the use of stimulants, and brought back many of her former symptoms, which were again relieved by the same treatment.

## THE OPHTHALMOSCOPE;

THE PRINCIPLES ON WHICH IT IS BASED—THE MANNER OF ITS APPLICATION—AND ITS PRACTICAL ADVANTAGES; WITH A REPORT OF SOME CASES.

By E. WILLIAMS, M.D., of Cincinnati.

(Continued from page 9.)

As examples are always more interesting and instructive than general descriptions, I will give a short account of some cases which I have had occasion, within the last few weeks, to observe at the London Ophthalmic Hospital, in the presence of Mr. Dixon and Mr. Bowman, who have themselves seen some of the alterations which it is my object now to describe. It is with great pleasure that I take this opportunity of thanking the eminent surgeons of this Institution for the kind permission they have granted me of attending their extensive and interesting practice; and especially of continuing those observations with the ophthalmoscope which I had commenced at Paris with Dr. Anagnostakis, the ingenious inventor of the ophthalmoscope which I use. The few cases inserted in this paper were also examined by the latter gentleman, and his experience in the use of the instrument is an additional guarantee for the accuracy of these observations.

Case 1.—John C., aged 38, a farrier, states that fourteen years ago he received an incised wound of the lids of the right eye, but the globe was not touched, nor the sight injured. About the 1st of February last, a hammer-head, flying from the handle, struck him in the eye, rendering him for a few seconds insensible. On the return of consciousness he could not see with this eye. Two days after the accident, he applied at St. Thomas's Hospital, and was told his eye was destroyed. Leeches, fomentations, etc., were resorted to for the relief of suffering. Some time



afterwards he came to the Royal London Ophthalmic Hospital to consult Mr. Poland, and has been since under his care.

*Present Condition.*—The patient still suffers occasional neuralgic pains in the eye and head. With this eye he distinguishes large objects, but very indistinctly; says, however, that his sight is slightly improving. The iris is separated from its ciliary attachment at the upper and external part, in more than a third of its circumference, and also at the lower and outer part to a somewhat less extent. Thus detached, this membrane is stretched across the aqueous chamber in the form of a rather narrow band, above and below which the bottom of the eye is seen, presenting a black appearance as through the ordinary pupil. With the naked eye, nothing else can be observed; but with the ophthalmoscope a number of fine filaments, as of lymph, are seen extending from the inferior edge of this band to the original attachment of the iris. To the ciliary body above, where the iris has been detached, adhere by one extremity a number of shreds that float in the aqueous humour. In the vitreous humour, many brownish flakes are seen floating freely about; they subside slowly to the inferior part of the cavity when the eye is quiet, and, when it moves, mount up into the vitreous again. The retina, as indistinctly seen through the turbid refracting media, has its normal appearances. In this case the impairment of vision is evidently not dependent upon a lesion of the retina, but upon the mechanical impediment to the passage of light to that membrane by the separation of the iris and the foreign bodies in the vitreous humour. These corpuscles are doubtless flakes of effused lymph, or clots of fibrin from the effusion of blood at the time of the accident. The extravasation of blood into the vitreous humour, except as a consequence of mechanical violence, is very rare. In a case, however, which I examined some time since with Mr. Bowman, there were seen, by the aid of the mirror, beautiful clots of blood floating in the substance of this humour; but while we were examining other patients the man went away, and I have not since been able to see him, so as to procure the history of his affection.

As alterations of the vitreous humour are generally accompanied by lesions much more serious of the retina, I will give under another head some additional examples of synchysis with floating corpuscles.

*Lesions of the Retina.*—By far the most interesting pathological changes that occur in the eye are those involving the retina. The anatomical lesions that affect either directly or indirectly this delicate membrane are somewhat numerous; but I shall notice a few only of the most prominent changes, and such as are very readily detected by the mirror.

*Dropsy of the Retina.*—By this is meant an effusion of a serous fluid beneath the retina, which detaches it from the choroid, and thus entirely annihilates its functions.

*Case 2.*—Thomas W., aged 38. As this patient is completely deaf, but little definite information could be collected as to his previous history. It seems that about sixteen years ago, after falling through the ice, he began to suffer pain in the right eye, with headache, giddiness, etc., and his sight failed so rapidly that in a few weeks he could distinguish no objects. Since that time his eye has remained in about the same condition. He still has occasional pains in the globe, and headache.

*Present Condition.*—The left iris is somewhat discoloured, pupil preternaturally dilated and sluggish; sub-conjunctival vessels enlarged, tortuous, and of a bluish colour. This eye is very myopic, and the sight much impaired, but at a distance of about two inches he reads clear type.

The pupil of the right eye is largely dilated and fixed. There is varicosity of the sub-conjunctival veins, and a leaden hue of the sclerotic; lens transparent. With the naked eye nothing else is seen. No perception of light.

With the ophthalmoscope the vitreous is seen to be slightly opaque, and containing a considerable number of brownish bodies, resembling flakes of lymph, which are constantly agitated by the movements of the globe. The entire retina, separated from the choroid, is pushed forward by a clear liquid in the form of a pouch, which surrounds the entrance of the optic nerve, not unlike the air cushions used for sitting on in travelling. The entrance of this nerve is seen as a yellowish-white, circular spot, through which pass three blood-vessels, which mount up over the pouch formed by the retina, and, dividing into small branches, spread over its surface. This liquid pouch is thrown into beautiful undulations by the movements of the globe, and the vessels running over its surface alternately bend upon themselves, and elongate with the folding and unfolding of the waving retina.

There is here a large effusion of serum between the retina and

the choroid, which has separated all their attachments, and entirely destroyed the power of perceiving even the strongest light.

*Case 3.*—James F., aged 45, of robust constitution, enjoyed good sight till about four months ago, when, in running violently, he fell and received a severe shock. About three weeks afterwards, accidentally covering the right eye with his hand, he perceived to his astonishment, that he could not see with the left. He has never experienced the slightest pain or uneasiness in this eye. Of objects placed before or to the right side of him he has not the faintest perception; but he recognises very imperfectly large bodies situated towards his left side. The pupil is more dilated than the other, and immovable.

Examined with the mirror, the refracting media appear perfectly transparent. The retina presents no abnormal vascularity, but it is easy to recognise that this membrane, to a large extent, and all around the entrance of the optic nerve is elevated by a liquid, and it has a trembling movement during the oscillations of the eye. What is curious in this case is, that during these movements we do not see those deep folds which the membrane ordinarily forms in dropsy of the retina. Here the folds are superficial, and the undulations quite limited. These phenomena, taken in connexion with the pearly colour which the elevated membrane presents, can only be explained by supposing that the retina is raised up by a turbid liquid, as we often observe in pericarditis and other serous inflammations.

*Case 4.*—John B., aged 48, has been from childhood subject to blepharitis, but enjoyed good sight. About fourteen years ago he received an injury of the left eye from the explosion of a soda-water bottle. For some months afterwards he had inflammation and pain in the eye; these at length passed off, and left his vision unimpaired. Nearly nine years ago, he received a blow upon the same eye with a fist, and instantly ceased to see. This injury was followed, during several months, by severe pain, which finally ceased. For several years he has been an occasional attendant at the Hospital for the blepharitis to which he is subject.

*Present Condition.*—The form and consistence of the globe are natural; conjunctiva, sclerotic, and cornea, healthy. The patient has not any perception of light, except when a bright lamp is held towards his right side; the iris, at the internal part, for nearly two-thirds of its circumference, is separated from its ciliary attachment. With the naked eye, in a strong light, when sudden movements are communicated to the globe, vague and undefined undulations are seen at the bottom of the eye.

*Examination with the Ophthalmoscope.*—A great number of corpuscles are seen floating in the substance of the vitreous humour. The crystalline lens, as proved by the catoptric test, has entirely disappeared. Nearly the internal third of the retina is detached from the choroid, and pushed forward into the vitreous humour, in the form of a vesicle, filled with transparent liquid. When the globe oscillates, this vesicle is thrown into waves, which disappear when it is still. Two blood-vessels pass over, and ramify minutely upon the surface of this pouch, and, during its undulations, alternately become curved and straight, not unlike the long grass at the bottom of a clear running stream. The entrance of the optic nerve presents its usual appearance, but the part of the retina not detached from the choroid has a slightly opaque appearance, as if its meshes were infiltrated with a milky fluid.

Of the three well-marked cases of dropsy of the retina above described, there was only one in which the slightest appearance of the disease could be detected with the unaided eye. In the last-mentioned patient, the iris was detached to so great an extent as to allow the entrance of a great quantity of light, and even then only a faint glimpse of the waves of the detached retina could be perceived by the naked eye. With the mirror, nothing was easier than to see at once the character and extent of the lesion in all the cases. No magnifying-glass was used. It would seem that this is one of the commonest, and certainly most serious affections of the retina, as many cases of it have been seen, and no cure has as yet been published. It is not probable that the retina, once detached from its connexions with the choroid, can ever again resume its functions.

*Case 5.*—*Varicosity of the Vessels of the Retina, with Eechy-mosis.*—Alfred C., aged 12, of lymphatic temperament, has had very imperfect vision since birth, and has been taught to read raised letters by the touch. He is so extremely myopic, that he is obliged to place objects at a distance of one inch only from his eye in order to see them. At that distance, he recognises very large letters. There is a constant oscillatory movement of both globes. The irides are of a natural colour; the pupils are but little influenced by the stimulus of light; the left



pupil is larger than the right. The pupils having been dilated with atropine, the eyes were examined with the ophthalmoscope. The refracting media are perfectly transparent. One sees the retina at the first glance, from a very short distance,—a phenomenon which is only explained by the extreme myopia or prolongation of the antero-posterior axis of the eye. The vessels of both retinæ are so much developed as to appear varicose, and here and there are seen patches of ecchymosis, which are especially numerous and large in the right. At the inferior part of the left retina places are observed where that membrane seems atrophied and thinned, and permits the tissue of the choroid to appear through it. The vessels in these places are evidently elevated above the level of the membrane. I neglected to state that this boy cannot distinguish colours, even if he has any idea at all of them. His sight is not improved by concave glasses, but rather made worse; but with a convex lens, he sees a little better. If this imperfect vision depended, as it does in some cases, upon the extreme myopia alone, the sight would be improved by concave, and made worse by convex glasses; the reverse of which is here the case. There must then be a congenital defect of the retinæ, although no very striking deviation from the natural appearance is seen by the aid of the ophthalmoscope.

Effusions of blood in the substance of the retina, as in this case, are very common, particular in persons predisposed to congestion of the choroid.

The extent of these ecchymoses varies from that of small specks to patches involving nearly the whole of the retina. Extravasation of blood into the substance or beneath the retina, is, doubtless, the cause of many cases of sudden amaurosis.

*Case 6.—Brown Spots upon the Retina.*—William A., aged 52, about two years ago, was seized with partial loss of sensibility in the inferior extremities, which still persists. He has occasional cramps in the legs, and some difficulty in retaining his urine and feces. Some twelve months since he remarked that his range of vision was diminishing—that he could only see well immediately in front of him. This narrowing of the field of vision has increased till now.

*Present Condition.*—Range of vision in both eyes very limited. He cannot see two points that are separated more than an inch and a-half from each other. The third pair of nerves partially paralysed. Iris natural and active in both eyes.

With the mirror, the refracting media are found transparent. Both retinæ are spotted with deep-brown patches, which are most numerous towards the periphery; but there are some immediately around the entrance of the optic nerves. What these brown spots are is not determined. They may be the remains of old ecchymoses, or else accumulations of pigment, such as are sometimes seen along the course of the vessels of the subconjunctival cellular tissue. These brown specks are very frequently observed in cases of impaired vision from congestion of the choroid; and, being frequently found intermingled with patches of recent ecchymosis, it is not improbable that they are the remains of old extravasations of blood.

The derangement of vision in this patient is much greater than can be explained by the alteration observed in the retina, and hence must be attributed to a lesion more deeply seated, the existence of which is rendered certain by the general symptoms.

*Case 7.—Greyish-white Patches upon the Retina.*—Mary J., aged 67. Has always been myopic. She says her right eye has been weaker than the left since childhood. In 1841, she fell down in a fit, probably epileptic, and struck the right eye upon the corner of a box. About twelve months afterwards she had another similar fit. She has a cataract in the left eye, which dates from 1842, and which now seems to be undergoing gradual absorption, and the sight of the eye is slightly improving. As to the right eye, she is not aware that she has ever had cataract in it, but says the sight of it has been much impaired for many years. The lens has been dislocated, either spontaneously or by the force of the falls she has had, and is now seen, much reduced in size, lying in the inferior part of the vitreous humour, behind the iris, which possesses its natural colour. The pupil is languid in its movements. With this eye she sees to find her way about the streets, and can discern large letters. There is dissolution of the vitreous humour, as is proved by the trembling of the iris during the movements of the eye.

With the ophthalmoscope is seen (as also with the naked eye) the nucleus of the right lens lying at the bottom of the globe. In the liquid vitreous humour are observed a number of brownish corpuscles of various forms and sizes, which are constantly agitated by the oscillations of the globe.

But the most interesting alterations are in the retina. It is

seen at the first glance, and from a very short distance, without the aid of a convex glass, traversed by a great number of extremely developed blood-vessels. The white patch formed by the entrance of the optic nerve is very small, but still quite distinct. A little above, and externally to this point is recognised an irregular patch, with perfectly circumscribed border, about two lines in its longest diameter, and of a pearly tint. This patch is slightly elevated above the level of the rest of the retina, and is streaked with a large number of varicose vessels, among which are seen reddish-brown specks, apparently caused by extravasated blood. Smaller patches, pearly-white, but offering, in other respects, exactly the same characters, are seen here and there in other parts of the retina. What the nature of this lesion is, it is impossible, in the present state of science, to say. It is certain that the retina at these points has lost its natural transparency; but, whether that depends upon a partially organized exudation beneath the retina, upon a degeneration of that membrane itself, or upon earthy deposits, we have as yet no means of determining.

## PRACTICAL ESSAYS ON PLASTIC SURGERY.

By T. SPENCER WELLS, F.R.C.S.

Surgeon to the Samaritan Hospital.

(Continued from page 10.)

THE *Union of Wounds made in Plastic Operations* is effected by bringing the edges of the divided skin into close approximation, and maintaining them thus, by plaster or sutures. The final result of an operation depends in a very great measure upon the care with which this is done; for if the opposed surfaces of skin adhere completely, and union by first intention ensue, no visible cicatrix remains after a few months. If, on the other hand, separation of the edges be allowed to take place, or they can become inverted, granulations spring up between them, and not only is the healing process retarded, but a disfiguring cicatrix remains.

Plaster can seldom or never be trusted to alone, as it never certainly prevents inversion of the edges of a wound; but it becomes useful when employed to assist or support sutures. The practice of the old Surgeons of laying broad strips of plaster along the edges of wounds, and sewing, not the wound, but these strips together, has been revived since the introduction of collodion. Pieces of wash-leather moistened with collodion have been laid on, the leather stitched, and a layer of collodion covered over all. But this is in no way superior to an ordinary strapping, so far as my experience goes.

The strapping used after plastic operations must be made of finer linen than that used for ordinary purposes. An elastic material has lately been introduced by Mr. Nickels which offers some advantages, as it may be adapted to irregular surfaces, and when once fixed is sufficiently unyielding. This material, covered with isinglass like ordinary court plaster, answers exceedingly well for fine incised wounds about the face. Where much traction, however, has to be made by plaster, the resin plaster is more trustworthy. Where the skin is very irritable, the lead plaster, or a mixture of resin and soap plaster should be used. The glazed linen upon which plaster is spread is objectionable, as the latter remains too much upon the surface, and does not penetrate sufficiently between the threads to secure it from cracking, or slipping off the linen.

The sutures employed after plastic operations are, the *common*, *twisted*, *quill*, *bead*, and *subcutaneous*, or *loop*.

The *common* or *interrupted* suture is applied by means of a curved double-edged needle bent on the flat, and a waxed double thread of twisted silk, more or less fine. The wound having been well cleaned, and all bleeding having ceased, the edges are pressed together. In some cases, as in wounds of the lip, and in many plastic operations about the face, it is not necessary to wait until bleeding ceases, as the pressure of the wounded surfaces of integument together causes it to stop at once; whereas, if the wound be left open, oozing continues for a long time. The edge of the wound through which the needle is to be passed is fixed more conveniently by forceps than by the fingers. When fixed, the needle being held in the right hand, so that the thumb lies on the concave surface, the index and middle fingers on the convex, the double thread is thrown over the radial side of the wrist, and the needle is inserted two, three, or four lines from the edge, and passed through the left side of the wound from without inwards across its base, and then through the right side of the wound from within outwards, exactly opposite. The needle is removed,



and the ends of the silk being held in the closed hand, the knots are pushed down with the index fingers, and brought a little to one or other side of the fissure. The ends of the silk are then cut off; a sponge is pressed firmly on the wound, to press out any blood still oozing, and as many more sutures are successively applied as necessary.

Some Surgeons have recommended that the sutures should be tied in bows rather than knots, with a view of tightening or slackening if necessary; but this is not to be recommended. The bow becomes fixed by coagulated blood, and the object is never attained. It is very important, however, to allow something for the swelling of the edges of the wound when tying the knots; and, of the two mistakes, it is better to tie too slack than too tight. The edges should be simply brought into apposition, not pressed together by the suture; or, when swelling comes on, irritation is set up, and the threads cut their way through the skin; or healing by first intention may be prevented.

Narrow strips of plaster may often be applied with advantage between the sutures, so as to cover the wound completely from the air. The practice of subcutaneous operations has shown how exclusion of air tends to prevent suppuration.

The distance of the puncture of the needle from the edge of the wound will vary with the size and depth of the latter. In small superficial wounds, especially about the eyelids and face, very fine silk must be used, and the needle passed close to the edge of the wound; while in such deep wounds as that made to unite a ruptured perinæum, very strong silk twist doubled is passed nearly an inch from the edge; but it is seldom that the common interrupted suture need be passed more than four lines distant.

As a general rule, it is better to pass the first suture through the centre of the wound, and proceed afterwards towards the extremities. The distance between the sutures must not be so great as to allow any gaping of the wound, nor sufficiently small to excite an unnecessary degree of irritation.

In some operations, as that for the closure of palatine fissure, it is convenient to pass all the threads before any one is tied; but this is seldom advisable on the surface of the body. The threads become moistened with blood and water, are tied with more difficulty, are apt to become entangled, and the opposed points of puncture do not correspond so exactly as when the wound has been partly closed. Some Surgeons use two needles on one thread, in order to make each puncture from within outwards. This is both useless and troublesome. One needle dangles in the air, and is apt to fall off while the first is being passed. It is convenient, however, in some operations.

When the common suture has to be applied in deep cavities, to close a palatine fissure, or a vesico-vaginal fistula for example, the needles cannot be passed with the fingers, but must either be fixed in long handles, or held in some of the many varieties of needle-holders or forceps. Nothing answers better than a pair of long-handled, short but broad-bladed, forceps, like tooth forceps. The forms of needles and holders best adapted for each operation will be described fully hereafter.

In order to secure healing by first insertion, after the sutures have been applied the part must be kept as quiet as possible, and, provided the air be excluded, not covered by bandages or compresses. These do no good, and probably produce heat and throbbing. The threads are removed at the earliest on the third day, more generally on the fourth, fifth, or sixth, in some exceptional cases being left even longer than this. Here the straps of plaster become useful, as they support the new adhesions. When the sutures are removed by means of forceps and sharp-pointed scissors, the old plaster is left, and new straps are placed between the old over the spaces occupied by the sutures.

In cases of wounds about the face, where we wish to procure a very fine cicatrix, and are especially anxious that no traces of the points of suture themselves shall remain, the best plan is, to use alternate common sutures and the twisted suture to be presently described, applying them so close together, that scarcely a line remains between them, and then cover the whole of the knots with collodion. On the following day, or as soon as eight hours after the operation, all the sutures may then be safely removed, for the threads have been so firmly fixed to the skin by the thick covering of collodion, that they form a sufficient support to the wound, and keep the edges in perfect apposition. The pins are first withdrawn carefully, substituting a narrow strip of plaster for each. Then the common sutures are cut and removed successively, their place being also supplied by strips of plaster. This being done, a layer of collodion is covered over all. In this way, after removal of all the sutures, the wound has a perfectly firm, equally compressing dressing, which, after eight or ten days, loosens spontaneously, and leaves a cicatrix which is almost im-

perceptible. We entirely avoid, by this plan, (for which I am indebted to Professor Langenbeck,) phlegmonous inflammation of the integument, which might be set up by a longer continuance of the sutures. But it must not be adopted when the wounds are in parts subject to unavoidable disturbance by movement, as in the *alæ nasi*, the upper lip, angle of the mouth, etc.; because the layer of collodion might be loosened by the movements; nor after plastic operations in males, where portions of skin covered by a growing beard are united, because the beard growing raises up the layer of collodion. For these useful hints I am also indebted to Professor Langenbeck.

## CASES OF EMPYEMA.

By ALFRED FREER, Esq., M.R.C.S.

Fellow of Queen's College, Birmingham.

### CASE OF EMPYEMA.—PARACENTESIS THORACIS.—EVACUATION OF UPWARDS OF TWO QUARTS OF PUS.—PERFORATION OF THE LUNG.—RECOVERY.

WILLIAM HOUSLAND, aged 45, a man of large frame, phlegmatic temperament, a collier, was first seen by me on January 9, 1853.

*History.*—Health good until eight weeks ago, when he was seized with pain in the left side, and in a short time with all the symptoms of acute pleurisy. After a few days a Medical man saw him, but his attendance was discontinued after a few weeks, and the patient remained without any Medical aid until I was called in.

*State when seen.*—I found him propped up in bed; countenance pale and anxious; skin cold, and sweating; extreme dyspnoea; pulse 140, weak, and small; left upper limb, scrotum, and lower extremities, enormously cedematous; the left side of the thorax larger than the right, without movement during respiration; many large veins meandering about the breast; distinct swelling, redness, and fluctuation, between the fifth and sixth, and sixth and seventh rib, to the sternal side of nipple. Auscultation revealed total silence, and percussion total dullness, over the left side, before and behind. On the right, highly exalted vesicular breathing, with tympanic resonance. The heart pushed over to right of sternum, beating feebly, its apex below, and to the right of the right nipple. The symptoms being too urgent to admit of delay, I introduced a hydrocele trocar into the most prominent part of the swelling, and drew off about three pints of "laudable" pus, by the canula. I then deemed it prudent to close this by means of a wooden plug, the whole being secured by strapping and bandage, and a large poultice applied. Decided relief followed this partial evacuation. On the next day, three pints were drawn off, and the canula closed as before. On the 11th also, between two and three pints were let out, and on the 12th a much smaller quantity, and the canula being now difficult to retain, it was withdrawn. About this time marked improvement began to show itself; symptoms of perforation of the lung, however, became suddenly apparent on this day. Air gushed out with great noise from the cavity on coughing, etc. The sputa profuse, coming up into the mouth in gushes, and without effort, are identical with the pus discharged from the side, which is now fetid. Extremely well-marked metallic tinkling, for the first time audible over the left mamma, from forty to fifty tinkles a minute; coarse breathing audible behind, heart returned as far as epigastrium.

On the 20th, obstinate colliquative diarrhoea set in, and resisted treatment until the 27th, when it yielded, after repeated doses of sulphate of copper and opium. The cedematous parts by this date had regained their natural size. The cough continued harassing and frequent for three weeks, together with profuse sweatings.

At the end of a fortnight the opening had closed, and the purulent expectoration ceased. The metallic tinkling lasted only five days.

The diet throughout was nutritious and stimulating, including wine and beer *ad libitum*.

Tincture of muriate of iron and morphia were of great use in checking the sweatings, allaying the cough, and restoring the strength.

In eight months from the operation he returned to his work; and on Jan. 7, 1854, (twelve months after I first saw him,) he came to see me, when his state was as follows: Moderately fleshy; a small scar between the fifth and sixth ribs marks the spot where the trocar entered. Right and left side nearly equal in size. Percussion gives a normally clear sound over left lung; tympanic over right. Respiratory murmur feeble, but universal on left side. Heart's apex pulsating at epigastrium; expectora-



tion natural; slight cough on first getting up from bed. The man breathes well; works at his laborious employment as a collier, and walks to and from his work, a distance of two miles.

*Observations.*—The recovery in this case was truly surprising, as the man seemed almost dying when the operation was performed. In three days, between eight and nine pints (by measure) of pus were evacuated from the chest; and on succeeding days a considerable quantity after the withdrawal of the canula. The circumstances which were most conducive to the happy result were—1st. A good constitution, and a strong frame. 2ndly. The intense character of the primary inflammation, leading to suppuration but not adhesions; so that the greatly compressed lung quickly expanded after the removal of the fluid pressing upon it, and resumed its functions. 3rdly. The long duration of the illness had given opportunity to the unoppressed lung to take on compensatory action to an extraordinary degree; however, it has suffered permanent injury by doing so, having become greatly emphysematous. Many other circumstances remain worthy to be remarked, but further detail would take up too much valuable space.

#### EMPHYEMA OF LEFT SIDE.—PARACENTESIS THORACIS.—PARTIAL RECOVERY.

*Case 2.*—Kirkes, aged 4, a strumous boy, who had been ill twelve months. On May 30, 1853, I was called in to see him, and found the left side full of fluid, with fluctuation and slight redness about the fifth and sixth rib. Between these (*le lieu de nécessité*) I introduced a hydrocele trocar into the cavity of the chest; between two and three pints of pus were evacuated by the canula in three days. At the present time (June 8th, 1854) the opening is still patent; from time to time a quantity of matter gushes out, but the cavity secreting this seems to be now separated from the pleural cavity, as the left lung has for some months resumed its work in some efficient degree; the respiration also is now free from embarrassment, and cough is but slight. The general health has much improved. The child, extremely emaciated and unable to lie down at the time of operation, has gained much in flesh, and goes to sleep in the recumbent position; he is merry, and sometimes walks to Stourbridge from his home and back. For a long time he took cod-liver oil and syrup of iodide of iron with benefit. In neither of the above cases of empyema did I attempt to exclude the air from the cavity, as, from previous experience, I do not think it possible to do so effectually. I think, moreover, the evil effects of air entering the chest after paracentesis are much over-rated. In some cases its presence may, perhaps, have a beneficial influence on the final result.

Stourbridge.

#### CASE OF LIGATURE OF THE SUPERFICIAL FEMORAL ARTERY AFTER A WOUND.

By S. S. DYER, Esq.

*CASE.*—F. A. Bioletti, aged 18, a writing clerk in a solicitor's office, of good general health and constitution, was walking at 6 a.m. on the 1st of May last, on a common about a quarter of a mile from his residence. He had in his hand an open clasp-knife, with long and pointed blade, and was eating some bread and cheese; while proceeding a few steps forward with his head half-turned, replying to a neighbour who had spoken to him in passing, he struck his foot against the stump of a post which had been broken off, and fell with great violence, the knife wounding his right thigh; blood instantly poured down the leg of his trousers and soon made a considerable pool upon the spot where he fell. He was carried into a house close by, where the flow of blood continued, and his companion ran for me. In walking with the person who fetched me I heard the nature of the case, and in a few minutes met four persons, who were carrying Bioletti in a chair to his home, my assistant, Mr. Jessop, being with them. After we had recovered him a little by brandy from the effects of loss of blood, I had the trousers, stocking, and boot taken off, which were saturated and filled with blood, and examined the wound, which had ceased to bleed, a small clot having formed, producing a tumour about the size of a walnut. The wound was about three quarters of an inch in size, over the site of the superficial femoral artery, about midway between the spot where that vessel is crossed by the sartorius and

Poupart's ligament. From so great a loss of blood, (in so short a time,) from so small an external wound and in such situation, I came to the conclusion that the femoral artery was wounded; but as external hæmorrhage had now ceased, and from the situation and relative position of textures but little blood could be extravasated, and a coagulum had formed, I thought I was justified in meddling as little as possible, so applied a compress and bandage, put the patient to bed, and left him.

At one o'clock there had been recurrence of bleeding; patient writhing and throwing himself about the bed, from severe and increasing pain, produced by pressure on the nerve from a large clot, which forms a tumour twice the size of the fist. Mr. Jessop having got everything ready for an operation during my absence, I at once proceeded in its performance, the patient first being placed under the influence of chloroform. I placed him in as good a position as I could in a small room, on the edge of a bed, and made an incision of four inches, having the wound for its centre, and running in a direction oblique to that of the artery, being just external to it above, and as little internal to it below. On dissecting downwards, and clearing away coagula and blood, I could first feel and then see the artery from a small wound, in which the blood was quickly and continuously welling up. I cleared the vessel to a very slight extent at this point, and passed the needle, threaded with strong ligature twine round it, from within. I withdrew the aneurismal needle, leaving a double string beneath the artery of equal length, having purposely put the eye of the needle to the centre of my ligature. This I now divided, and drawing one portion upwards and the other downwards, tied them, having one above and the other below the wounded point. All bleeding immediately ceased, the wound was brought together, then sutures introduced, cold water dressing applied, with a roller loosely put on, and the leg put in cotton wool and oiled silk. All pain ceased after the operation, and in the evening the patient was quite comfortable. For a few hours the temperature of the limb was below that of its fellow, but it soon rose, and in three or four days we left off the wrappings, and used a flannel bandage. The ligatures came away in the dressings (straps of adhesive plaster) on the fifteenth day. On the eighteenth the patient got up, and on the twentieth went out. The wound healed well, and there was no unpleasant symptom.

*Remarks.*—Now and then instances occur, in which, after a wound in the proximity of a large artery followed by copious bleeding, there is some difficulty in ascertaining whether the hæmorrhage proceeds from the main vessel, or from one of its branches, and consequently there must be some doubt as to the line of procedure which should be adopted for effectually staying the flow of blood. In the present instance there was some room for doubt, as when I was first called the hæmorrhage had entirely ceased; and, although I believed that the superficial femoral itself was wounded, I did not feel myself justified in cutting down upon the vessel. The recurrence, however, of internal bleeding to a great amount in a few hours, induced me, without further delay, to search for the wounded artery, whether the main trunk or a branch. The result of the operation shows that I was right in my anticipation, and that the case was just such an one as called for that mode of treatment which has been so forcibly impressed upon the attention of Surgeons by Mr. Guthrie, viz., the exposure of the part wounded, and the ligature of the vessel above and below. The result also shows that I might have tied the vessel with propriety when the patient was first seen; but, under the circumstances which then obtained, it was perhaps most prudent to try the effects of rest and firm pressure.

I cannot conclude a concise history of this interesting case, without expressing my acknowledgment of the able assistance rendered me in this and former operations by Mr. Jessop.

Ringwood, June, 1854.

**HYDROPHOBIA.**—A case of this disease terminated fatally on Tuesday evening in Elin-street, Long-lane, Bermondsey. Mrs. Holttun, a widow, aged 60, four months ago, was bitten in the foot by a strange cat; but, as the wound healed readily, she thought no more of the matter. Early on Monday morning she was seized with a difficulty of swallowing, great dread of liquids, and painful sensations of suffocation. Dr. Challice was called to her assistance, and succeeded in mitigating the symptoms, the application of chloroform being very satisfactory in relieving the woman's sufferings. She retained possession of her faculties to the last.—*Times*.



## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### CASES ILLUSTRATIVE OF THE TREATMENT OF EXTERNAL ANEURISM.

At page 501 of the *Medical Times and Gazette* for Nov. 12, 1853, we concluded a series of twenty-five cases of aneurism, in all of which, with one or two exceptions, treatment by compression had been pursued. The series excited much attention among our contemporaries in Medical literature, and was reprinted, either in full or in abstract, by several foreign journals. We now propose to conclude several of the cases mentioned in it, and the subjects of which were then left under treatment, and also to add those which have since occurred in the principal London and Provincial Hospitals.

In Case 22 of that series, (See page 500,) the patient, a man aged 28, had been for ten weeks under treatment in Guy's Hospital by Mr. Hilton. The aneurism, a popliteal one, and at first the size of an orange, had rapidly diminished and solidified during the first fortnight, after which it had remained without change. The case continued under treatment until about six weeks ago, when a cure resulted. The whole time occupied by the compression was about eight months; but during the latter seven of these the tumour had remained not larger than a pigeon's egg, and very nearly solid, subject, however, to enlargement as soon as the man resumed the erect posture. Mr. Hilton at last directed pressure to be applied to the tumour itself, by means of a compress and bandage over the knee; and it was under this plan that the final cure took place. It is worthy of note, that the same plan had succeeded in a case under the care of Mr. Hewett, in St. George's, which, like Mr. Hilton's, had been delayed for a long period under the usual treatment. The practice had, indeed, appeared useful in more than one case in that series, and, in the concluding comments, we were induced to recommend it as worthy of more attention than it has received. Very probably it might be adopted with advantage, either by means of an air-cushion or a well-graduated pad, at a much earlier stage than it is usually resorted to, if not from the first.

In Case 13, (page 476,) the patient, a man under the care of Mr. Lloyd, in St. Bartholomew's, had had ligature of the femoral performed, after a long and unsuccessful trial of compression. At the time we reported the case, the tumour was still large, and its contents quite fluid, some fears being entertained that it might have to open externally. The subsequent process of absorption was a slow one, but ultimately was complete. It was much aided by supporting the sac by bandage and compress. The man left the Hospital quite well, his knee, however, being somewhat stiff from long confinement in a half-flexed position.

In Case 17 the process of solidification, which had but little advanced at the date of the report afterwards, was favourably completed, and the man regained the use of his arm.

The cases of aneurism which have come under treatment since the conclusion of the series alluded to, have been all mentioned in our Statistical Reports, and amount to eleven, of which one is at present under care. Of these two were cases of aneurism of the femoral, so high up as to necessitate ligature of the external iliac, and put the propriety of compression treatment quite out of the question. One of them (see *Medical Times and Gazette*, for Dec. 3, page 579, detailed report), was a case of aneurism of the carotid, requiring, of course, treatment by ligature. A fourth was a tubular aneurism of the femoral, of very peculiar character, in which no operation was performed, but much benefit resulted from counter-irritation over the diseased vessel. The patient was a boy, aged 20, under the care of Mr. Hilton, in Guy's. His case is detailed at page 629 of the *Medical Times and Gazette*, for Dec. 17. In the fifth case (see *Medical Times and Gazette*, page 518, May 20), ligature of the femoral was performed on account of a large popliteal aneurism, no previous trial of compression having been made. Gangrene of the foot followed the operation, and subsequently secondary hæmorrhage from the artery at the seat of ligature. Amputation through the thigh was performed on the twenty-seventh day, and death from exhaustion followed sixteen days later. The other six cases are all examples of aneurism in the leg, and, with one exception were all, in the first instance, subjected to treatment by compression; we must, therefore, record their particulars in somewhat of detail.

## THE MIDDLESEX HOSPITAL.

### LARGE ANEURISM OF THE POPLITEAL ARTERY.— TREATMENT BY COMPRESSION.—CURE IN THIRTY DAYS.

[Under the care of Mr. MOORE.]

The following case, inasmuch as the tumour was a large one, affords an example of very satisfactory results from the compression treatment.

J. W., aged 35, a well-made, muscular navigator, was admitted into the Middlesex Hospital last March, under the care of Mr. Moore.

He had an aneurism as large as a full-sized pear in the left ham; it was larger below than above, and about five inches in its vertical, which was its longest diameter. It increased the girth of the knee by an inch, and chiefly raised the surface of the ham without much increasing its breadth. It beat powerfully, with a considerable expanding force; was tender if pressed; and diminished to two-thirds of its full size when the circulation through the femoral artery was interrupted. There was slight œdema, and some increase in the size of the limb below, but no congestion of its surface. The arteries of the two feet beat with equal power.

His general health was excellent; and until a fortnight before his admission he had been unconscious of any ailment. At that time, however, he felt a pain in his knee, for which he could not account, and a week afterwards perceived a swelling in the ham, but he had not noticed pulsation in it more than four or five days before he presented himself at the Hospital.

For a few days he was fed on a chop and bread, and restricted in his fluid diet to half a pint of milk only. He then began to take gallic acid; and when the pulse beat moderately in frequency and force, compression was commenced.

The line of the artery was covered with amadou plaster, and various instruments were tried; but the tourniquet which was found longest tolerable was the oval ring-instrument furnished with elastic pressure—the necessary conditions seeming to be that the counter-pressure should be made by means of a sufficiently broad surface, that the sides of the instrument should be far enough apart to avoid indenting the muscles of the thigh, and that the pressure should be moderated by the intervention of an elastic medium. While the compression made on the upper part of the artery by the instrument was relaxed, an Italian tourniquet was applied lower down in the thigh.

He was an intelligent man, and soon apprehended the nature of the treatment to be adopted; yet for the first two weeks he was unable thoroughly to maintain the pressure. During the night especially it was sufficient to be troublesome, without being direct enough upon the artery to be useful.

It was noticed, too, that when firm and apparently effectual compression of the artery had just been made, pulsation soon returned. After this, however, it was very well maintained; the tumour was not allowed to pulsate for three or four hours together; it diminished a little in size and much in the force of its pulsation, and on the thirtieth day from the time of commencing the pressure the pulsations rather unexpectedly ceased. The tumour was then firm, and free from pain and tenderness, but not much diminished in size. The arterial trunks below the aneurism were pulseless, but the whole of the femoral artery beat naturally. Some venous congestion of the limb had at first been occasioned by the pressure, but it was not observed for more than a day or two.

Four days after the pulsation had ceased, a feeble beat returned in the tumour, but it ceased finally in twenty-four hours after re-applying the pressure. In a week afterwards he left the Hospital, and in a fortnight more had resumed his work. The pains in the limb had disappeared, and a feeling of numbness and coldness in the leg and foot, of which he had complained, had almost ceased. There was no regular pulsation in the tibial vessels, but a feeble and occasional thrill could be just distinguished. An artery beat very plainly over the middle of the sac, and the articular branches were slightly enlarged. When he last presented himself, he had regained almost all the power of the limb, and the tumour had diminished, so as to have become quite indistinct.



## ST. MARY'S HOSPITAL.

LARGE ANEURISM OF THE POPLITEAL ARTERY.—  
TRIAL OF COMPRESSION TREATMENT FOR ONE  
MONTH WITHOUT SUCCESS.—LIGATURE OF THE  
FEMORAL.—RECOVERY.

[Under the care of Mr. HAYNES WALTON.]

David Price, aged 43, a farrier, was admitted into Thistlethwaite Ward, January 10, 1854. His account was, that, about eight months before, he had felt, when walking fast, a pain in the left calf, as if he had the cramp. Of this he took little notice, until two months ago, when a surgeon saw him, and advised him to lay up, which he did for two weeks. He got better, began to move about, and returned to work. He now perceived that the calf was larger than the other, and he felt a beating in it. He had been accustomed to live temperately, to work hard, and "strain" a good deal.

Jan. 10.—At present a swelling is observed in the calf just at the lower part of the popliteal artery; the beating is felt more distinctly on each side of the leg than over the posterior portion. The tumour is about the size of a small orange; pressure on the femoral artery stops the pulsation in it; an aneurismal whiz can be distinctly heard; the dorsal artery of the foot can be distinctly felt; pulse tranquil. The calf measures  $13\frac{1}{2}$  inches in circumference.

11th.—Two tourniquets have been applied—one over Hunter's canal, the other over Scarpa's triangle; and pressure made with these alternately.

Ordered ordinary diet.

12th.—Cannot bear the tourniquet in either place for more than an hour at a time, as it requires rather great pressure to control the vessel. He changes them himself, tightening the one before he loosens the other. There is very little pulsation in the tumour this morning; foot but slightly swollen.

15th.—Does not bear the tourniquets well; took one off last night and kept up pressure in one spot with the other, which has caused some swelling at the place; tumour still soft; pulse quiet; foot swells but little.

16th.—Only one tourniquet on. No change in the tumour yet, which is still soft; pulsation felt in the tumour distinctly, but can be easily stopped. He feels pretty comfortable in himself.

19th.—Tourniquets resumed, the lower being placed over Hunter's canal; tumour about the same, no harder. Circumference still  $13\frac{1}{2}$  inches. Has had three night draughts since his admission, but does not take them regularly; sleeps without.

21st.—Cannot bear the pressure on so long; no change.

23rd.—About the same; not the least change seems to have taken place yet; feels pretty well in himself; rather weak. Ordered porter, half a pint.

25th.—Feels pretty well in himself; no change in the tumour. Ordered porter, a pint; ferri citratis gr. v., ter die.

27th.—To all appearance does not progress at all; tumour in circumference  $14\frac{3}{4}$  inches.

30th.—Same in size; no change in the feeling; feels better in himself; more pain in leg yesterday and night before.

Feb. 1.—Much larger, 16 inches; feels tense; extends higher up; more painful, throbbing pain; a good deal of œdema about the leg; dorsal artery of foot cannot be felt.

2nd.—Last night was in great pain; felt as if the leg were going to burst; the whole leg and foot œdematous; calf in circumference 17 inches; pulse tremulous and weak; face anxious; trembles all over; the thigh and knee much swollen, the latter presenting a pale, glossy appearance. The tourniquets are now removed. Ordered lotio plumbi parti affectæ. Tinct. opii  $\mathfrak{m}$  xxx. statim.

3rd.—Less painful than it was; the œdema a little diminished; the tumour evidently increased, and seems to be more in the popliteal space, and is very painful when touched; in circumference  $16\frac{1}{2}$  inches.

4th.—Feels easier; still great swelling; thigh about the natural size; the knee still glossy, and slightly swollen.

6th.—Circumference of tumour 16 inches; it is less painful, and bulges more on the right side than it did before; knee better, less in size; he looks pale and haggard in himself, but states he feels well; foot still œdematous.

8th.—Tumour again larger; the leg seems to be threatened with mortification; it is much swollen and glossy, and the superficial veins are enlarged, and very tumid. The least pressure with the tourniquet produces great pain, and increases the œdema. Tibial vessels cannot be felt.

It was now determined, in consultation, that the femoral artery

should be tied. This was done, under chloroform, by Mr. Walton, who remarked, at the time, that he regarded the case as a bad one, and had doubt about the success of the operation.

The parts over and around the portion of artery exposed were dense and adherent, probably from the pressure that had been used; and the artery itself was so altered, being also enlarged, that the aneurismal needle, in its passage around, broke its coats. In consequence of the acquired density of the tissue intervening between the vein and artery, it was requisite to keep the instrument very close to the artery, to prevent the vein from being wounded. Mr. Walton then attempted to pass a ligature half an inch higher up, intending to tie the vessel above and below the broken artery; but even here the coats of the vessel gave way. He then made a freer dissection, and completely isolated the artery before he again passed the needle, and placed ligatures above and below the parts that had given way. During the administration of the chloroform, half of the face was in a continual state of spasmodic twitching, and blood flowed from the nostril. The wound was afterwards brought together by sutures, and a compress of lint applied.

Ordered, tinct. opii  $\mathfrak{ss}$ . statim.

10 p.m.—Feels very comfortable; is inclined to sleep; leg and foot warm. No pulsation can be felt in the tumour or in the posterior tibial or the dorsal artery of the foot. Has felt some slight pricking in the popliteal space. In other respects, there is no pain to speak of. Skin moist, perspiring; tongue clean, moist.

Ordered, tinct. opii  $\mathfrak{ss}$ . to be taken immediately.

9th.—Slept after the last draught; feels very easy this morning; very little pain in the limb; slight shootings and prickings; feels nice and warm; no pulsation can be felt below the ligature; feels sometimes as if the pressure was on; took his breakfast well; pulse 118; there is some trembling of the arm and hand.

10 p.m.—Going on well; slept a good deal in the afternoon; does not feel sleepy now; had an extra chop for dinner to-day, and enjoyed it much.

10th.—Had a good night; pulse 120; no particular pain, but complains of jumping in the leg sometimes; foot and leg warm and moist. Ordered porter half pint; simple water-dressing to the wound; omit the opium.

11th.—There is a thin discharge from the wound; feels well in himself; leg doing well.

13th.—Going on about the same; wound still in the same condition; discharges freely; sleeps well without the opiate; appetite good. Ordered porter one pint.

14th.—Much the same; no particular change.

16th.—Slept well last night; wounds look healthy and discharges freely; leg quite warm; measures  $14\frac{1}{2}$  inches.

20th.—Slept well; feels and looks much better; leg a little more painful about the knee, and complains of twitchings and prickings in this part, and at the back of thigh and calf of the leg; leg measures still  $14\frac{1}{2}$  inches; had a slight pricking in the wound yesterday, which is now gone; appetite good.

22nd.—Mr. Walton removed the ligatures from the wound; slept well last night; not quite so much of the pricking sensation in the leg this morning; pulsation not felt in the dorsal artery of the foot, and but faintly in the anterior tibial.

23rd.—Less discharge from the wound, less pain in the leg, sleeps well.

27th.—Looks much better in appearance; still has the twitching pain over the knee and the calf of the leg; tumour is much smaller and harder; leg much the same in size as the opposite one.

March 11th.—Wound very nearly healed; the aneurismal tumour is very much smaller, and is very solid; measures about 14 inches; there is no pulsation in it; the leg is warm.

15th.—The wound has healed; slept better last night than he has done since admission; got up on Sunday, and walked about with a crutch.

25th.—Discharged. The calf measures 13 inches, within an inch of the size of the opposite leg. No pulse could be felt in either of the tibial arteries, or in the articular vessels around the knee-joint.

LARGE DIFFUSED ANEURISM OF THE POSTERIOR  
TIBIAL.—TWO MONTHS' TRIAL OF THE COMPRES-  
SION TREATMENT.—LIGATURE OF THE FEMORAL.  
—DEATH.—AUTOPSY.

[Under the care of Mr. HAYNES WALTON.]

William Jessup, aged 29, a coal porter, rather stout, but pale and sallow, was admitted on January 10, 1854. His right leg was swollen, and hotter than natural; just below the popliteal space was a strongly pulsating aneurism, about three inches in



length, and nearly the same in breadth. The circumference of the leg, around the tumour, was fourteen inches and a half. There did not appear to be any solid contents in the tumour, which felt everywhere soft, and as if distended with fluid. Both tibial arteries pulsed strongly, but the flow of blood through them, as well as through the aneurism, might be effectually checked by pressure on the femoral. The pulse was 123, large and soft, and in all the superficial arteries of the body it was attended by a remarkable thrill (back stroke?) The countenance was pale and anxious, and a degree of restlessness and loquacity was present, which bordered on delirium tremens. It appeared that he had been a hard drinker, according to his own statement, seldom taking less than two gallons of beer and a considerable quantity of gin daily. He had been accustomed to lift great weights, and referred the present disease to an occasion about a month ago, when, during the effort to raise a heavy sack of coals, "he had felt something give way behind the joint." Pain had followed within a few days of the accident, and not long afterwards the swelling was noticed.

Mr. Walton commenced the pressure treatment on the same day that the man was admitted. It was effected by means of two clasp tourniquets applied over the femoral, and tightened alternately. The following mixture was prescribed:—

R Tincturæ digitalis ℥i xij.; spirit. æther. nitrici ℥ss.; tinct. opii ℥v.; aquæ ℥j., ter die sumend. V.S. ad ℥xii.

Ordinary diet, with an allowance of beef-tea and milk.

11th.—The tumour does not alter much in size under the influence of the pressure. The leg is stated to feel numb, but it is not swollen. The pulse is perhaps not quite so jerking. The dose of tincture of digitalis is increased to ℥ss.

12th.—Did not sleep well, although he took at bedtime an opiate draught. On the whole, however, he bears the pressure well.

14th.—The pulse is much less jerking to-day; it is still 120, and very compressible. The tumour has not materially altered. He complains of feeling weak and hungry. To have a pint of porter daily, and to take in place of the sedative draught one containing fifteen minims of ether and twenty of the tincture of hyoseyamus.

16th.—The tumour feels harder at its posterior part. The pulse is more quiet.

18th.—The tumour is acquiring firmness at its upper part, and when the pressure is removed, its pulsations are not so strong as they were before. Pulse 100, and not so compressible as it was. The dorsal artery of the foot may be easily felt. He still complains of feeling weak. To have an extra mutton-chop daily.

20th.—Has had a good deal of throbbing and shooting pain in the calf, which kept him awake in the night, but feels pretty well in his general health. The circumference of the tumour is the same as at first.

21st.—Slept badly. The calf measures fourteen inches and a half in circumference, and much pain is complained of in it. Numbness, and also tingling sensations, are complained of in the foot. He cannot sleep, and is in a rather excited state. The tourniquets are to be removed altogether, and a full dose of laudanum administered.

22nd.—Much better. There is but slight pulsation in the tumour, although the pressure is laid quite aside. Leg slightly œdematous. Circumference of tumour fifteen inches. The tourniquets are re-applied.

23rd.—Tumour still moderately firm, pulsation being felt more distinctly on its outer side than behind. The pulsation in the anterior tibial artery is much more distinct than that in the tumour.

25th.—The tumour remains the same in size, but is becoming softer again. Pulsation can also be again felt over its posterior part. There is some œdema of the front aspect of the leg.

30th.—The tumour remains nearly *in statu quo*, except that its circumference is half an inch less than at the last measurement. On account of diarrhœa, an ounce of chalk-mixture is ordered to be taken three times daily.

Feb. 1.—Through the night he suffered much from throbbing pain in the swelling. The calf again measures fifteen inches.

4th.—The tumour is much softer than it was, and pulsates more freely.

10th.—The œdema of the front of the leg increases, and the whole calf now measures fifteen inches and a half. The pulsation is stronger than it was.

16th.—No material alteration since last report, excepting that the circumference of the calf a little increases, and that the leg feels hotter than it did. To take a draught containing ten minims of the tincture of sesquichloride of iron three times daily.

19th.—The calf now measures sixteen inches, but in spite of

this increase the tumour feels a little harder. The man retains fair health, and sleeps and eats pretty well.

20th.—A little blood was brought up this morning during a coughing fit. The skin of the thigh where the pressure has been applied is becoming chafed.

22nd. The leg is considerably more swollen, and its circumference around the tumour is now seventeen inches. The tumour feels softer. Some aching is complained of in the knee.

25th.—The swelling of the leg has again a little subsided, and less pain is complained of. The tumour measures but sixteen inches and a half. The cough is frequent and troublesome.

March 15th.—Has continued since last date in much the same condition, but during the past night there has been decided increase in the swelling. The calf measures seventeen inches and a quarter. Pulse 100. He complains of feeling very weak.

From the above notes the reader will perceive that with no permanent benefit a patient trial of compression treatment had been protracted over more than two months. The man had meanwhile become irritable, the skin of his back was sore from so long lying, and, as there appeared no better promise of a cure than there had been at first, it was the unanimous opinion of Mr. Walton's colleagues and himself, that the time had come for the adoption of a more radical procedure. It should be observed, that this question had on previous occasions been repeatedly discussed, and there had been the greatest unwillingness to abandon the compression plan unnecessarily. On the 18th of March a ligature was applied to the femoral artery in the usual manner, and without any mishap. The tourniquets had been removed for two days previous to the operation in order to allow the œdema of the part pressed upon to subside. After the application of the ligature all went on well, the pulsation in the tumour entirely ceased, a little diminution in size followed, and the man appeared in quite usual health. On the 11th day, however, while sitting up in bed and engaged in conversation with a nurse, he suddenly became pale, sank back, and died.

Respecting the cause of death, more need not be said than that it resulted from organic disease of the heart, and had no connexion with the aneurism or the operation for its cure. The heart was found much enlarged, and the aortic semilunar valves most extensively diseased, being grown soer by fibrinous incrustations. In one of the latter an extensive laceration existed, apparently of quite recent date, and probably having occurred immediately prior to death. The following account of the dissection of the aneurismal tumour, and of the parts concerned in the operation, is from a report upon the specimen drawn up by Mr. William Adams, under appointment of the Pathological Society, before which it had been exhibited.

*Femoral Artery.*—The femoral artery at the seat of ligature was in a healthy condition, both extremities being firmly sealed; the upper portion was filled by an adherent clot, half an inch in length and partially decolorised. The lower portion contained no coagula, being free; its end being closed only by a layer of new material in a membranous form.

*The Tumour.*—The aneurismal tumour was seven inches in length by four in diameter in its greatest dimensions; it was situated behind the bones, commencing a little below the head of the tibia, and protruding anteriorly between them. The interosseous space was increased by the very perceptible bending outwards of the fibula, and also by a slight inward curve of the tibia. The posterior surfaces of both bones were superficially eroded. The tumour was not situated in the position of the posterior tibial artery, behind the deep muscles, but had the flexor longus pollicis entirely superficial to it, and was surrounded in all parts by expanded fibres of the tibialis posticus. It was impossible from the condition of the parts to say where the aneurism had commenced, but it appeared probable that blood escaping either from a ruptured artery or sac had passed down between the heads of the tibialis posticus muscle, separating its fibres and advancing towards the interosseous membrane. The walls of the sac were in all parts very thin, and lined only by a thin layer of laminated fibrin. It was filled with soft and recent clot.

*Distribution of Arteries, etc.*—The posterior tibial artery entered the sac at its upper part, three quarters of an inch below the origin of the anterior tibial, and just above that of the peroneal. It entered the sac abruptly, and did not exhibit any aneurismal enlargement above this point. The lower part of the posterior tibial had been accidentally cut away from its connexion with the tumour; its cut end was, however, found about three inches below where its upper extremity entered the sac. At that part it lay superficially on the posterior aspect of the



tumour; its walls, for about an inch and a quarter, were soft, pulpy, and atrophied, and it did not appear to have transmitted blood; at that point a branch entered it, and below it seemed in a healthy condition. Dissecting from below upwards the peroneal artery was traceable into the walls of the tumour, where it became obliterated and lost, but a little below its obliteration a branch nearly as large as itself entered it. The anterior tibial artery was considerably enlarged, but normal in all other respects. The posterior tibial nerve passed over the posterior surface of the aneurismal sac, in a flattened and expanded condition, but occupied its normal position with respect to the artery and vein where those vessels could be traced. The popliteal vein was obliterated for two inches of its length above the upper border of the aneurismal sac by old adherent clot, above which a recent and free clot, about an inch long, existed. The vein below was lost in the aneurismal sac.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### DURHAM COUNTY HOSPITAL.

#### CASES OF AFFECTIONS OF JOINTS.

[For these cases and remarks we are indebted to Mr. R. W. Gillespie, House-Surgeon.]

*Case 1.*—Jane S., aged 22, unmarried, lymphatic temperament, was admitted into the Hospital, under Mr. Shaw, February 9th, 1852. She states that a fortnight ago she first noticed swelling of the right knee, for which she can assign no cause, not being aware of having caught cold or received any injury. Her attention was first attracted by feeling the knee painful when she attempted to kneel for scouring. The joint is much swollen, especially above the condyles, but with little pain except on pretty firm pressure. The knee was ordered to be blistered with a saturated solution of iodine in spirits of wine, and three grains of iodide of potassium were prescribed, to be taken twice a-day. She progressed but slowly under this treatment, and on the 1st of March a fly-blisters was ordered instead of applying the iodine, but still the swelling diminished very little, and she complained of pain on pressure over the patella and sides of the joint. On March 12th she was ordered to rub in the ung. antim. tart. night and morning, but in four days most distressing vomiting ensued, probably from absorption of the tartar emetic, to allay which effervescing draughts, hydrocyanic acid, creasote, brandy, etc., were tried without effect. On the 21st one grain of calomel was prescribed to be taken twice a-day, which, in a few days, succeeded in allaying the sickness, but on the 27th salivation was produced, and the calomel dropped.

29th.—The salivation is most severe; the tongue and sub-maxillary glands are dreadfully swollen, so that the patient cannot open her mouth to the slightest extent.

30th.—The same.

31st.—With difficulty we managed to introduce to the back of the mouth a little thin arrow-root and brandy, which she swallowed. Thirteen or fourteen days elapsed before we got rid of the salivation.

April 12th.—Salivation gone and the knee very much improved; no pain, and the swelling diminished one-half; she suffers from pyrosis and flatulence, which are relieved by bismuth and a simple tonic mixture. Day by day she continued improving, and was dismissed, May 8th, quite free from pain, the affected knee of the same size as the other; she is, in fact, quite well, and so she continued when seen fourteen months after her discharge.

*Case 2.*—William G., aged 59, a veteran who served at Waterloo in the Cavalry, of sanguineo-nervous temperament, was first seen by me at his own house March 20, 1853. He has been suffering for five months from rheumatism, which, for the last seven weeks, has fixed itself in his left knee. The joint is a good deal swollen, but without much deformity; and he experiences constant deep-seated pain, worse at night and on movement of the knee. He had been gently brought under the influence of mercury before I saw him, and had been taking the iodide of potassium.

The knee was covered with ceratum [hydrargyri co. thickly spread on lint, and was then tightly strapped with the empl. cerati saponis; and the patient was ordered to take twice daily the following draught:—

R Potassii iodidi gr. iii., decoc. sarzæ co. ʒi. M. ft. haust.; and pills with morphia at bedtime.

This treatment was continued for five weeks, when the knee was found somewhat diminished in size, and the pain a good deal relieved.

May 10.—The knee continues improving; pain much less, except in one spot deep in the joint, which is very annoying, especially at night. He seems a good deal reduced in his general health, and has only an indifferent appetite.

To have two grains of quinine twice a-day, and to apply a blister to each side of the knee at night.

15th.—Has received great benefit from the blisters, which have nearly removed the pain.

24th.—Appetite and strength better, but some return of the pain.

Repeat the blisters.

June 1.—The pain is gone, and he seems altogether better. From this date he continued improving; the empl. lyttæ or the strong iodine solution always removing any fresh attack of pain.

At the end of July he complained only of weakness and stiffness of the joint, and was in very tolerable health.

To have an emollient liniment, and to envelope the knee in flannel.

Aug. 10.—Discharged.

I have often met him walking about, and he complains only of slight stiffness, perhaps a very trifling ankylosis of the joint.

*Case 3.*—William E., aged 19, a stonemason, of strumous appearance, was admitted into the Hospital under the care of Mr. Shaw, June 7, 1852.

Six weeks before admission, a stone fell against his knee and caused some pain and swelling, for which, after a few days, he went to a bone-setter, who, telling him his knee was out, pulled most vigorously at it till he made it crack, after which manipulation the poor fellow could not walk, on account of the excessive pain.

There is considerable swelling all about the joint, with intense deep-seated pain, much aggravated on motion. His general health is greatly impaired. To have an anodyne at night, iodide of potassium twice a day, and to apply counter-irritation over the joint. He continued under this treatment for some time, but without any improvement, and the fluid showed evident signs of making for the surface. His health continued declining, and he was ordered to take quinine and cod-liver oil, and to have two glasses of wine daily.

Aug. 15.—The matter has found vent two or three inches above the inner condyle.

20th.—Matter still flowing from the opening; health not much worse than at the last report, but still so unsatisfactory as to render it improbable that he could bear up under the long-continued irritation of the disease. Amputation was therefore proposed to him, but he refused to entertain the idea. From this time till the 10th of October the symptoms grew more and more unfavourable; he suffered from hectic and night sweats, and could not bear to be moved; and now, when almost too late to expect a favourable result, he consented to undergo the operation, which, as affording the only chance of recovery, was immediately performed. He did pretty well for a few days, but on dressing the stump there was no union, and a nasty fetid discharge; and he died from exhaustion on the 20th.

The knee-joint, on being examined, showed that destruction and absorption of the cartilages had taken place, and the ends of the femur and tibia were carious.

*Case 4.*—Phoebe S., aged 45, of leuco-phlegmatic temperament, was admitted an out-patient April 7, 1853, and attended at her own house.

For some weeks she has had flying pains about her shoulder and elbow; but ten days ago they became fixed in the right elbow, which is now very much swollen, and exquisitely painful. The swelling extends from three inches above the elbow to the middle of the forearm, and seems to consist of serum effused into the tissues external to the joint. The elbow had been leeches previous to my seeing her, and she was taking a febrifuge mixture, with vinum colchici. She was ordered to continue the mixture, and to take this pill every night.

R Calomel gr. i.; pulv. opii gr. i.; M ft. pil. i.; and to apply warm fomentations to the joint. 15th. Mouth slightly affected; pain considerably relieved; strength much reduced; to omit the mercury, and take a simple anodyne at night, iodide of potassium, and cod-liver oil twice a-day, and to apply a blister all round the elbow. This treatment was continued with marked success; and, on the 12th of June, she was discharged, the elbow being perfectly ankylosed.

*Case 5.*—Ann G., aged 23, married, of strumous diathesis, was admitted into the house under Mr. Green, Nov. 3, 1851.



Four months ago she first experienced pain in the left knee, rapidly followed by swelling, and does not know of any cause to which to attribute the seizure. On admission her left knee was found very much swollen, with considerable pain and uneasiness increased on movement or pressure. To have twelve leeches applied to the joint, followed by warm poultices, and the following medicine:—

R Potassii iodidi ʒss.; liq. morphiae ʒi.; mist. camph. ʒviij. M. ft. mist. ʒi. bis die sumend.

R Hydrarg. chloridi gr. xii.; pulv. opii gr. vj.; extract. hyosc. ʒii. M. divide in pilulas xii., ii. o. n. s.

At the end of the first week the pain was considerably abated, though little change was perceptible in the swelling. To continue.

18th.—In every respect improved; the swelling evidently subsiding a little. Slight symptoms of salivation. To take the pills every second or third night, according to circumstances. Blister the knee with strong solution of iodine. Cont. alia.

28th.—Still improving. The iodine to be again applied; drop the pills, and substitute quarter grain of morphia each night.

Dec. 3.—Pain and swelling much relieved.

15th.—Very little pain, except on movement of the joint. The swelling, though much abated, is still considerable. Feels weak. To have full diet, and to take a teaspoonful of cod-liver oil twice a day along with the mixture. Scott's strapping and ointment to be applied to the knee.

This treatment was continued with vast benefit till a few days before her dismissal on the 13th Feb., 1852, when a starched bandage was applied over the joint. The pain is gone; very little swelling remains, and she complains chiefly of weakness. To take a supply of medicine with her, and to be careful in keeping her leg laid up. She was discharged at this time in consequence of being within a few weeks of her accouchement. When seen several months afterwards she was in excellent health, walking about with comfort and readiness and very little halt in her gait, though the joint is almost immovable.

*Remarks.*—In No. 1, a case of chronic synovitis, the use of mercury is very evident. Under the original treatment, upwards of a month elapsed, with very slight improvement, whereas the calomel (hitherto withheld, from her appearance leading us to infer that she would bear it badly) has no sooner been given, almost as a *dernier ressort* to restrain the vomiting, and produced its characteristic effect, than the swelling rapidly subsides, and the patient is soon well. Had the mercury not been given, from the slow and languid efforts of a scrofulous constitution to absorb the fluid and restore the lesion, the disease might have insidiously crept on to affect the cartilages.

*Case 2* appears to be one of rheumatic synovitis, also implicating the fibrous tissues. Having been previously gently brought under the influence of mercury, the perfect rest, and uniform pressure of Scott's strapping, wonderfully favoured the restoration of the joint, while counter-irritation from time to time, and general tonics, completed the cure.

No. 5, a case of acute synovitis, in a strumous subject, going on to affection of the cartilages, also fully corroborates the benefit of the strapping, when applied after active symptoms have abated. From the time of its application the patient was fully conscious of the benefit she derived from it.

*Case No. 3* is painfully interesting, from the lamentable results of the bone-setter's manipulations. Had it not been for this, the poor fellow would probably have had an attack of synovitis only, or, at most, a case that would have terminated like the last-mentioned.

No. 4 appears almost a primary affection of the cartilages of the elbow, or, at any rate, a simultaneous affection of the synovial membrane and cartilage. But for recollecting Case 1, I should, from the woman's appearance, have been afraid of administering mercury; but it acted most kindly, and though the joint is ankylosed, I am quite satisfied with the result.

#### MORTALITY IN PUBLIC INSTITUTIONS for the week ending July 1:—

	Males.	Females.	Total.
Workhouses...	46	57	103
Military and Naval Asylums	7	...	7
General Hospitals	71	25	96
Hospitals for Special Diseases	2	...	2
Lying-in Hospitals	1	1	2
Lunatic Asylums	3	5	8
Military and Naval Hospitals	8	...	8
Hospitals for Foreigners, etc.	1	...	1
Prisons	16	...	16

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## Medical Times & Gazette.

SATURDAY, JULY 8.

#### THE VACCINATION AMENDMENT ACT.

WE have printed the Amendment upon Lord Lyttelton's Act entire in another part of this Number. It has passed the House of Lords, and was brought from the Lords on the 26th of June, and ordered by the House of Commons to be printed on the following day. It has already passed the second reading in the Lower House. It was not opposed by Mr. Brady, as this gentleman informs us, because he thought that certain alterations required by the Profession might be introduced in Committee. The Bill will be considered in Committee on Wednesday next, and Mr. Brady will then point out certain particulars in which the amended Act requires still further amendment.

We entered so fully into the whole subject of compulsory vaccination and the practical operation of the new Act in our last Volume, that we need now scarcely do more than point out where the Amended Act is still unsatisfactory.

As the first Clause of the Act now under consideration does not repeal that of the original Act, its operation is still left under the control of the Poor-law Board. This is a radical error. Again, the appointment of vaccine stations in each Sub-Registrar's District is postponed until next February, very improperly, as the want of such stations is daily felt.

In the fourth Clause, Mr. Brady intends to propose that the certificate of vaccination should be sent to the Registrar of the district in which the Medical officer resides, rather than to the Registrar who recorded the birth, supposing the place of residence between birth and vaccination to have been changed.

It will be perceived that the 5th Clause contains a very important improvement, which we have repeatedly insisted on, namely, that any duly qualified Medical Practitioner may vaccinate, and demand remuneration, under the Act, although not appointed a vaccinator by the Guardians or Overseers of the poor; but the remuneration for vaccinating, inspecting, and giving duplicate certificates, is fixed at the munificent sum of ONE SHILLING! We need hardly say that Mr. Brady will not allow such an insult to his Professional brethren to pass without remonstrance. Even the Registrars, under this Act, are much better paid than the Medical men. We are glad to see that the fees of the former have been raised. Surely equal consideration might have been given to those upon whom the successful operation of the Act, and the protection of the Public from Small-pox, entirely depend.

We have not advocated opposition to this Bill, because we



trust it will be amended in Committee. Even if it should pass as it stands, it will be of some little service, and in the present state of the House of Commons the Profession are obliged to be content with very gradual reforms. But it is surely lamentable that measures affecting the sanitary condition of the people should be bungled in this manner. First an Act, then an amended Act, and this so imperfect, that the necessity for further Amendments is evident to every one who knows anything of the operation of the measure. This is another of the many proofs that the Profession cannot obtain proper consideration from the State, or good sanitary measures for the people, without an increase of Medical Members in the House of Commons.

#### RESTORATION OF THE DUBLIN HOSPITAL GRANTS.

It is now many months since we urged the importance and necessity of obtaining a renewed Parliamentary inquiry into the claims of the Dublin Hospitals to partial support by grants from the public funds. We fully exposed the injustice of the procedure, by which these institutions, on the most unsubstantial and unfounded recommendations of a Committee who examined but one witness, were, in the year 1848, placed under the operation of a system of annual retrenchments in the funds allocated to them by Government, with a view to the ultimate final cessation of this means of support. As an economic experiment, this system of retrenchment was attended with the most signal failure. Hospital accommodation became proportionately diminished as the annual decimation of this means of support proceeded. In several instances wards were obliged to be closed; and in one instance, that of the Whitworth Chronic, the Hospital had to be entirely closed in April, 1849. The then Lord-Lieutenant (the Earl of Clarendon) was induced to visit the Institution, and so struck was he with the impropriety of closing the wards of such an establishment, that, on his own responsibility, he ordered it to be at once opened again, which was accordingly done.

To the indefatigable exertions of Mr. Grogan, M.P., the Irish School, and the citizens of Dublin generally, are indebted for the full, careful, and laborious investigation which the Committee of the House of Commons, appointed at his instigation, has made into the claims of the Irish Hospitals; and the Report of that Committee, now just issued, shows most convincingly, that it only required an impartial inquiry to establish the reasonableness and justice of continuing the support which these institutions had so long enjoyed, and which, it must be admitted, they so well deserved, when we take into account their great efficiency and their importance, not only to the poor of Dublin, but to the permanent welfare of the Irish School of Medicine. It is with great pleasure, therefore, that we observe that the Committee recommend, not only the continuance of these grants, in their present amount, but their restoration to the sum originally voted at the period when the first retrenchments were recommended.

The Hospitals which receive grants are seven in number, varying in amount of sick accommodation from 90 to about 300 beds.

After going *seriatim* through the condition, history, and claims of these several Institutions, stating the grounds on which they consider each to be entitled to public support, the Committee proceed to make the following recommendations. They state, that the total sum required, if Parliament determines to maintain these Institutions, will be about 16,000*l.*, (exclusive of the Incurable Hospital, which they propose to be supported out of the Concordatum Fund). This sum, for all Hospital purposes in Dublin, scarcely equals half the revenue of some of our great London Hospitals. For the supervision of

the Dublin Hospitals, the Committee recommend that the Lord-Lieutenant should appoint an unpaid Commission, to inquire into and report annually on the general state and efficiency of the Institutions receiving aid from the public funds, and that such reports should be annually presented to Parliament. The Committee are of opinion, that these Hospitals should not be placed under the control of the Poor-law authorities. The following important considerations are urged as reasons why the Committee earnestly recommend these Institutions to the consideration of Parliament:—"From the year 1188 till the Reformation, a large amount of Medical relief was afforded to the poor of Dublin through the medium of monastic institutions, particularly that of the Priory of St. John's, in Thomas Street. When religious houses were generally suppressed, the property belonging to the Dublin monasteries was sold, while that of St. Bartholomew's and St. Thomas's, in London, was re-granted by the Crown, and now forms the ample endowment of those noble Institutions." For this highly valuable and interesting historic matter, the Committee are indebted to the evidence of Mr. Wilde, the distinguished Ophthalmic Surgeon of Dublin, Assistant-Commissioner of the Irish Census.<sup>(a)</sup>

The peculiar position of the city of Dublin, as compared with other towns, is also well put forward by the Committee as a reason for the continuance of the grants. It has been shown, that the ability to support Charitable Institutions is less now than when the Commission of 1842 made its report. Almost every witness has stated his conviction that it would be impossible to raise by subscription a sum sufficient to keep the Hospitals in an efficient state; the experience of the last five years amply confirms this opinion. In connexion with the Irish Medical School, whose labours are so honourably known in the annals of Medical science, the maintenance of the Dublin Hospitals in their full efficiency is a matter of the most vital moment. Sir Benjamin Brodie stated, in his evidence, that the continuance of the Irish School in full efficiency was to be regarded "as a national object."

We must not omit to notice, among the recommendations of the Committee, that for the restoration of the Westmoreland Lock to its position as a Clinical Hospital. We have already, on a former occasion, called attention to the importance of having in the Irish Metropolis, itself the seat of a large garrison, a good school for the study of syphilitic disease.

In conclusion, we trust that this able Report will meet with that reception and support in the House of Commons to which the great importance of the interests it involves so well entitles it; and we hope to see the Hospitals of Dublin securely placed on a permanent basis. Whatever the issue, all honour to those who have so nobly pleaded the cause of those Charitable Institutions.

#### THE UNIVERSITY OF DURHAM.

It will be seen in another page that a Memorial has been presented to Lord Palmerston against a proposed measure in favour of the Medical Graduates of the University of Durham. It appears that this University favours exclusively one of the two Medical schools now existing in the town of Newcastle-upon-Tyne, to the manifest injury of the other; and further, that the University of Durham has lately attempted to create a new class of Practitioners, under the name of Licentiates in Medicine, having equal privileges with those accorded to the members of the Royal Colleges of Physicians and Surgeons. As we are among those who do not desire to see the privileges of the

(a) For much interesting information respecting Alured Le Palmer, the Founder of the Hospital for the Sick in connexion with the Priory of St. John, in Dublin, about the end of the twelfth century, see Mr. Wilde's "Report on the Status of Disease—Census of Ireland," Part III. p. 90.



Universities more extended than they are at present, nor approve any system of Medical education which confines to one particular school of Medicine advantages which ought to be common to all, we hope that Lord Palmerston will take the Memorial into his serious consideration.

## REVIEWS.

*Lectures on Histology, Delivered at the Royal College of Surgeons of England, in the Session 1851-52.* By JOHN QUEKETT Resident Conservator of the Museum of the Royal College of Surgeons of England, and Professor of Histology.—Vol. II. *Structure of the Skeleton of Plants and Invertebrate Animals.* Illustrated by 264 Woodcuts. 8vo. London.

WE cannot recommend in too strong terms this excellent work, whether we regard the interest attached intrinsically to the subject, or the masterly way in which it has been treated by the Author. The first chapter is devoted to the structure of the skeleton of recent fresh water and marine sponges; and especial attention is drawn to the most remarkable forms of calcareous and siliceous spiculæ imbedded in the horny substance. In the second chapter the position of these spiculæ is brought under consideration. The mode in which the silica and organic matter are disposed in the individual specimens is as follows:—Each frustule may be regarded as a cell, in which occasionally a nucleus and a nucleolus are contained. By boiling in nitric acid, or by the action of fire, all the organic matter will be removed and the silica left; but if hydro-fluoric acid be employed, as was first done by Professor Baily, the silica will be dissolved, and a flexible internal membrane, probably composed of the same hornlike material as the skeleton of the Desmidiæ, will remain, retaining the general form of the frustule, even to the delicate markings. It is this organic structure that selects the silica from the water, and deposits it as a thin film upon the external surface.

The skeletons of the Diatomaceæ, which existed in ages long antecedent to the creation of man, form no unimportant part of some of the strata of the crust of our globe. We are told by Professor Rogers, that at and near the city of Richmond, in Virginia, there is a stratum twenty miles in length and several feet in depth, composed almost entirely of fossil Diatomaceæ.

Connected with the account of the skeleton of the Diatomaceæ is a full description of guano, the excrement of sea-fowl, and particularly of the penguin; illustrated by most accurate representations of the actynocyclus-senarins, coscinodiscus-lineatus, and other forms familiar to those who have examined this manure under the microscope.

Oolites were formerly supposed to consist of the remains of organised beings of a globular figure, like the roe or eggs of fishes, but they are usually nothing more than grains of sand, each surrounded by a globular deposit of carbonate of lime, and cemented together to form masses of limestone rock. The Oolites make up no inconsiderable part of the strata of this island; according to Ure, they form a zone thirty miles broad in England.

In the chapter on Polygastrica, Mr. Quekett observes, "much outcry has been ignorantly raised, and much disgust aroused in the public mind within the last two years, by representations of the plants and animals, to say nothing of the filth of all kinds, in the water supplied to our houses by the Metropolitan Water Companies. This outcry, so far as the filth is concerned, is well and good; but that the presence of healthy animalcules, or plants, is injurious, I am prepared to deny, since they actually perform the office of scavengers to the water; removing all dead and putrefying organic matters, and rendering the water pure, bright, and inodorous."

We recommend to the reader the chapters on the "skeleton of zoophytes-asteroida," and especially the remarks upon the development of the calcareous axes, viz., that the axis of certain of the asteroid zoophytes is at first composed of a mass of cells, which secrete and deposit the carbonate of lime in their interior. In some species the cell-walls are persistent, in others they are absorbed, and disappear, leaving a solid mass of carbonate of lime, in which little or no traces of structure can be distinguished.

While examining the horny calcareous skeletons of zoophytes, Mr. Quekett has noticed that they possess the power of repairing accidental injuries. In a specimen of gorgonia flabellum, there has been an extensive fracture nearly across the centre, and the line of it is indicated by a large rough cicatrix.

The work proceeds as far as the skeletons of Insecta. We shall hail with pleasure the coming volumes, by which the subject will be completed. It is impossible to impress too strongly upon the minds of all, and especially of the young, that investigations into the minute structure of the invertebrata not only teach more than any other the secret workings of nature, but prepare the mind to receive those higher and more correct ideas of our own and other closely-allied structures, which are yet wanting to raise human anatomy to the rank it ought to hold in science.

We trust, therefore, that the volume now before us will find its way into every library, and become a text-book in all large schools for Medical instruction.

*Notes on Diseases in Turkey, in Reference to European Troops* London. 8vo. Pp. 84. 1854.

This pamphlet is scarcely a subject for review, as it is not printed for publication, but for distribution among the Medical Officers of our forces in Turkey, by order of the Director-General of the Medical Department. It contains a copy of the Report of Dr. Bryson on the Prophylactic Influence of Quinine, which we published in our last volume, Reports by Drs. Ridge and Schulhof upon the Diseases of the Countries now the Seat of War, and a short communication by Dr. Drummond on the Use of Strychnine in the Treatment of Intermittent Fever. A few extracts may prove interesting to our readers. The first is from Dr. Schulhof's essay:—

"With the exception of Lesser Wallachia, the roads throughout European Turkey are very inferior; during winter and in the beginning of spring they are often quite impracticable. In Bulgaria the main roads run between Varna, Silistria, Schumla, Trnova, Turtukai, Rustschuck, Nicopolis, Widdin, etc.; these places communicate again with smaller localities by very indifferent highways. Considering the great difficulty of transit, hospitals ought to be established in those towns only which command the easiest communication. Among these, the towns on the western shore of the Euxine, such as Varna, Bourgas, etc., will be constantly accessible. Next to them come the towns just mentioned, which are comparatively healthy. The low situation of Widdin is rather against it, but half a mile south the air is good. With the exception of Schumla and Trnova, all these places are situated on the right bank of the Danube, and have the advantage of navigation during the greater part of the year. They are much healthier than the localities on the opposite shore; but below Silistria it would not be advisable to establish hospitals at all, unless for the most cogent reasons. For a dépôt-hospital, Rustschuck commands greater advantages than any other place. It is very healthy, has a large population, and offers ample accommodation; it is, moreover, easy of access, even for vessels of 500 tons burden, and lies opposite the important Wallachian town of Giurgevo, which, being in a direct line with Bucharest, renders it an important place for provisions. Rustschuck is likewise the nearest frontier town to Schumla, and draws supplies of every description from Trnova and other places which flank it to the right and left; and, as it is situated on the main road of the land route between Constantinople, Adrianople, Schumla, and Bucharest, and is one of the principal stations of the steam navigation on the Turkish Danube, the facilities of transport are greater there than anywhere else. In case of need, some of the smaller localities situated on the above-mentioned main roads, *e. g.* Bashardshick, might be eligible for temporary hospitals. In Roumelia, Adrianople is certainly the most convenient place for Hospital purposes. By a tolerably good road it communicates with Constantinople, by another with Schumla; and the Maritza, which is navigable by small craft, connects it with Enos Bay. The Russians were encamped in 1829, some distance below the town, and there, of course, they suffered; but Adrianople itself is healthily situated, and has a good supply of water."—Pp. 42, 43.

Dr. Ridge, after alluding to fever arising from local causes, narrates the following interesting facts. He says:—

"The records of our naval service, likewise, afford many similar illustrations. An instructive one of the kind happened on board the Hellas, flag-ship of Lord Cochrane, in the Greek Archipelago. In the summer of 1827, cruising off the Morea, we encountered weather sufficiently rough to cause the closing of the main-deck ports for three days. A great deal of rain fell too. The capote formed the dreadnought by day, the blanket by night, of the native crew of 600. A few days after the clearing up of the weather, the temperature high with a calm, dropping cases of inflammatory remittent fever appeared among



the men. Sagacity to detect on the instant the cause of this sudden outbreak was wanting by me; and it was not until eighty-three persons had been struck down in less than a week, that I seized upon the source of our visitation, and was taught a lesson which instructs me now. Bad smell from bilge water, and its daily increasing offensiveness, first directed inquiries to this possible source of evil, and, fortunate in a commander, whose rare philosophic spirit is only equalled by his naval achievements, I was enabled to institute a thorough overhauling of the lower regions of the ship. On the cable-tier, immediately under the main hatchway, was found a layer, some inches thick, of biscuits, olives, fish-bones, pieces of salt and fresh meat, etc., the remains and refuse of the men's dishes cast into this receptacle. The active decomposition going on in this pestiferous hot-bed engendered an atmosphere that, once inhaled, satisfied the most sceptical on board of its noxious character. The remedy applied was prompt and successful. Plugs were opened to let in a deluge of sea-water, and which was immediately cleared out by powerful pumps. A few hours sufficed for this cleansing operation; simultaneously with which the men carried aloft and spread out their traps; decks and sides were washed down and scrubbed, hold fumigated, fires burnt, and hot shot placed below. His Lordship was pleased to adopt my suggestion to have the sick, capable of removal, put on shore under canvas, and the consequence was, that a fever, which had assumed an alarming aspect, disappeared as by a charm,—a result attributable, in my opinion, to one physical condition, namely, the removal of the pollution from the ship's people."—Pp. 57—59.

The following fact is important with reference to the type of fever being changed by evident alterations in the emanations from the soil.

"A marshy plain outside the fortress of Silistria, the scene of many fierce encounters in 1828, became covered and charged with carnage. Its surface ceased to produce its ordinary mild remittent fevers; but, instead, one of a malignant character appeared, wherein an apyrexial interval was scarcely distinguishable. At a late, though proximate, period, it was observed the Hospital tents and sick hovels furnished a vast proportion of the deaths. The fever speedily acquired a more continued form; and, more fatal still, Hospital attendants of all grades were scared from their duties; a panic, with its thousand-handed gripe, seized upon the troops; the presence of a veritable pestilence was proclaimed."—P. 64.

The short extract which follows contains Dr. Drummond's communication.

"I have also to notice, that, in two cases of most intractable quotidian ague, which had for several months resisted every mode of treatment, I had at last recourse to the use of strychnine, and had the satisfaction to witness both my patients freed from ague in ten days from the commencement of the new remedy.

"The dose was the one-twelfth of a grain, increased to one-eighth three or four times a-day. Both patients have been well for two and three months, and continue so."—P. 84.

*The Baths of France, Central Germany, and Switzerland.* By EDWIN LEE. Third Edition, with Considerable Alterations. Pp. 207. London, 1854.

This is the third edition of Mr. Lee's work, which is now well known as a very useful guide to the principal Continental watering-places. It is full of information conveyed in a pleasing and perspicuous style.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### ALCOHOLIC INTOXICATION, FOLLOWED BY DEATH. —MILITARY HOSPITAL OF TOULOUSE.

In the Number of the *Gazette des Hôpitaux* for October 20, 1853, Professor Champouillon relates three observations, to illustrate the accidents which ensue from the use of adulterated alcoholic drinks. The Number of the same Journal for October 25 relates an example of furious drunkenness, furnished by a whole military post at Cambrai, consisting of five men and a corporal. A fatal case occurred at the military hospital at Toulouse, which shows the necessity of the surveillance of the authorities over those public-houses which are mainly the resort of soldiers.

Labernade, a robust artilleryman of the 3rd Regiment, was brought to the Hospital, January 5, 1854, in a state of profound coma. There was no movement in the limbs; the mouth was frothy; face livid; pupils dilated; sensibility extinct. His body emitted a strong alcoholic odour.

This man, who had arrived a few days before as supernumerary, suffered greatly from *ennui*, and told his comrades, the previous evening, that, to distract his mind, he intended to drink himself to death. He did not come to his quarters all the day of the 4th, and, on the morning of the 5th, some countrymen found him in a narrow street, where he had probably passed the night. He was conveyed to the hospital at the moment when M. Chastagnié, Physician-in-Chief, was making his visit. The diagnosis was asphyxia, the consequence of drunkenness. An attempt was made to bleed him, but a very small amount of blood flowed. Leeches were applied over the mastoid processes; blisters were raised upon the lower extremities by the application of boiling water. All was equally unavailing; the patient died upon the evening of the same day.

*Autopsy Thirty-six Hours after Death.*—The cerebral sinuses, the veins of the dura mater, and the vessels of the pia mater, were gorged with blood. The brain was highly hyperæmic, and, at every cut, drops of dark blood oozed from the cerebral substance. The cerebellum presented nothing remarkable. The lungs, quite sound, were slightly fuller of blood than usual in the lower parts. The left side of the heart was full of black clots, which, when broken, emitted a strong alcoholic odour. The stomach contained some fluid, emitting a similar odour; the mucous membrane presented red patches towards the pyloric extremity. The rest of the intestinal tube was healthy.—*L'Union Médicale*, June 6, 1854.

#### LARGE TUMOUR RESULTING FROM EXTERNAL VIOLENCE.

NEGATIVE RESULT FROM SEVERAL OF THE USUAL PLANS OF  
TREATMENT.—ENTIRE CURE FROM INJECTIONS OF IODINE.

By M. ABEILLE.

A man, named Serres, living at No. 23, de la Rue de la Pépinière, age from 48 to 50, of hereulean strength, conductor of a wagon, started from Rouen, September 3, driving a three-horse van heavily laden. Being extremely tired, he fell asleep upon the shaft, where, losing his balance, he fell, and was severely injured by the wheels, both of which passed over the anterior and outer part of the left thigh, while the right limb received a violent blow from a hamper hung at the axle-tree. The bones, however, were not broken. On the 12th, Serres was conveyed to Paris, suffering great pain. The left thigh presented at the upper half a swelling to twice the normal size; the skin was black from ecchymosis; the articulations were sound. The right limb was black and discoloured, but to less extent.

For three days pressure was tried, but without effect. On the 16th, a puncture was made by a trochar, which gave issue to about two pints of bloody fluid. At the end of twenty-four hours this liquid was not coagulated, but separated into two parts, the red particles subsiding to the bottom of the vessel. Cold and pressure were applied to the limb, which presented an irregular surface when handled, as if the muscles were torn; but, at the expiration of five days (21st), the tumour was reproduced. A second puncture with a trochar was followed by the escape of nearly the same amount of bloody fluid. On the 25th the tumour was again full, and then it was determined to employ iodine injections.

A new puncture gave issue to a pint and a-half of the same coloured fluid. Then rather less than half a pint of a solution of iodine, diluted  $\frac{1}{6}$ , with two grains of iodide of potassium, was injected into the tumour. In ten minutes, three-fourths of the fluid were squeezed out, and a simple roller was applied. No unfavourable symptoms ensued. On October 3 the tumour was reduced more than two-thirds. The fluid part seemed surrounded by a denser substance. Direct puncture with a bistoury was followed by the escape of a few ounces of serum coloured by tincture of iodine. A second injection of iodine, of a dilution  $\frac{1}{4}$ , was then employed. Three-quarters of an ounce were allowed to remain. On the 7th there was still some fluctuation. On the 14th the thigh had re-acquired its form and ordinary volume. No fluctuation could be detected. Pressure detected slight induration, such as might result from the effusion of plastic lymph in the cavity formerly occupied by the blood. The patient was able to walk about; and, on the 20th, he left Paris, sufficiently recovered to resume his accustomed habits.—*Gaz. des Hôpitaux*, June, 1854.



GENERAL CORRESPONDENCE.

SIR JOHN FORBES'S SCHEME OF MEDICAL REFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—As Sir John Forbes has politely offered to consider any suggestion which may be made to him with reference to his Medical Reform Bill, I desire, through the pages of your Journal, to avail myself of this privilege.

As an individual member of the Profession, I am gratified with the Bill as a whole; but I also agree with your opinion, that it would be better, instead of annihilating the London Society of Apothecaries, to give it some share in the preliminary examinations of the Medical students; but I would go further and say, not only in the preliminary, but in the final examinations also.

I have twice before been favoured by you with an opportunity of expressing my opinion upon the subject of Medical Reform, and feel rather diffident in bringing forward my plan a third time; but, as fathers are fond of their own offspring, perhaps you will allow me to introduce my pet to Sir John! I will quote from the *Medical Times* for August 9, 1851:—

“That this qualification (for practice) be double, and consist: 1st, of an examination in surgery, anatomy, and physiology, (like the present one in the London College of Surgeons,) and that the holders of the diploma granted after such examination be styled members of the Royal College of Surgeons of England, Scotland, (not Edinburgh,) or Ireland, as the case may be; and 2ndly, of an examination in medicine, midwifery, etc., or of those branches of study omitted in the surgery examination, and that the holders of the diploma granted be called members of the (Royal?) College of Medical Practitioners of England, Scotland, or Ireland. The fees to be paid for these diplomas to be uniform in the three Kingdoms. Now, with respect to the Surgeon's examination, the present Colleges in London, Edinburgh, and Dublin would conduct the examination as heretofore, confining the examination to those subjects only which are now the basis of the London College examination. And then for the second or Medical examination. We must put in use those institutions already in existence, by changing their names, and, to a certain degree, their constitution, so as to render them uniform. What I propose for England is, that the Apothecaries' Company of London should undertake this duty; in Ireland that the Irish Apothecaries' Company should do the same; and for Scotland, my plan is to confer this honour on the Glasgow Faculty of Physicians and Surgeons, seeing that there is no distinct Scotch Apothecaries' Society; and this would destroy the rivalry between the Glasgow and Edinburgh Surgeons; each of these Corporations to change its name to that of a College of Medical Practitioners, or such like appellation.”

I do not think the above plan would be felt as a grievance by the Colleges of Physicians, for they would still take their part in the preliminary examinations, and Sir John gives them the duty of examining all who desire to be registered as Physicians. My plan besides would rectify two anomalies in the new Bill,—first, that of causing a candidate to be examined by the College of Physicians before he could be called a Surgeon; and secondly, that of having two sets of final examinations in Scotland, and only one in England and one in Ireland.

I do not intend to trespass further on your space by making any other comment, but most respectfully submit the above to Sir John Forbes and the Profession at large.

I am, &c.

WM. DEAN FAIRLESS, M.D. and M.R.C.S. Eng.

Crieff, Perthshire, July 1, 1854.

TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA.

[To the Editor of the Medical Times and Gazette.]

SIR,—In connexion with this subject, alluded to in this week's *Medical Times and Gazette*, I send you the following description of a plan which has proved successful in maintaining perfect apposition of the fragments in cases where, through the kindness of Mr. Erichsen, I have been enabled to employ it at University College Hospital.

It consists chiefly in so applying successive strips of adhesive plaster that each shall gradually bring the displaced fragment nearer to its proper position, and shall use powerful extending force without that chance of dangerously constricting the limb which the ordinary methods of applying plasters, figure of eight

rollers, etc., involve. To go more into detail. Inflammation having subsided or not threatening, the patient reclines on a bed-rest, and the limb is raised on a simple inclined plane, so as to form an acute angle with trunk. The upper fragment is then steadily coaxed down, as near to the other as it conveniently can, care being taken not to draw down the superjacent integuments at the same time. An assistant holds it firmly in its new situation, while the centre of a strip of good, properly heated adhesive plaster, (width, one inch; length, equal to three-quarters of circumference of limb,) is firmly applied, immediately above the upper margin of fragment, and the ends drawn tightly in an obliquely downward direction towards posterior aspect of limb. Another strip of the same size is then applied in a similar way, but so as to overlap the lower two-thirds of the first, the pressure used in its application drawing up the skin over the patella, and so assisting to force it down, the assistant of course still maintaining traction on it. This proceeding is repeated three or four times, till the fractured patella measures, from upper to lower margin, as nearly as possible the same as opposite. This I have hitherto succeeded in doing, even in cases where the displacement was five or six inches. A last piece of adhesive plaster is applied over the lower margin of the bone in an opposite direction to and over the others, so as to completely fix the patella. The leg having been bandaged up to the knee, two lateral wooden splints are applied for some distance above and below the joint, and the limb enveloped in a simple roller, which also keeps in position a large soft pad in front of and above the patella. The apparatus seldom requires interference for four or five days, when any effusion existing at the time of the application will have been absorbed, and an additional strip be required above the bone. Softened pasteboard splints are then substituted for the wooden ones, and retained by a dextrinated bandage. When the apparatus is set, the patient may generally get up without injury, the limb being supported in a sling.

Much of your valuable space as this description may fill, the application does not take more than twenty minutes, reckoned by the watch. In two cases (both from muscular contraction with considerable retraction) which I have had the opportunity of observing at periods of respectively four and six months from the date of discharge, the fragments were still in perfect apposition. I may add, that I have treated a case of ruptured ligamentum patellæ in the same manner, and with a similar result. The advantages which I am inclined to attach to this plan are, firstly, the materials being always at hand, and cheap; secondly, the attainment of perfect co-aptation without any painful pressure or constriction, the resistance to the drawing up of the integuments being the counter-extending force; thirdly, the shortness of the necessary confinement to bed.—I am, Sir, &c.

JAMES TURLE,

Late House-Surgeon to University College Hospital.

Richmond Terrace, Holloway, July 4, 1854.

UNION MEDICAL OFFICERS' CLUB.

[To the Editor of the Medical Times and Gazette.]

SIR,—As most of my brother Union Medical Officers have ere this, I presume, received a Minute from the General Board of Health relative to the arduous duties which will devolve on us should cholera be let loose among us, and as I perceive the remuneration of the ordinary parochial Medical Officers is left entirely to the tender mercies of the various Boards, which most of us know are very notorious, I think we ought to determine how and to what extent our labours are to be required.

The present time appears a fitting opportunity for constituting a Club for the protection of the rights of Medical men, and as a means for the securing to ourselves adequate remuneration from the various Boards.

To effect this, I would suggest the formation of a Club, designated “The Union Medical Officers' Club,” to be governed by a Committee formed by the senior Medical Officer in each Union district. That such Committeeman shall convene a meeting (when necessary) in the most central town in each district, and act as chairman. That the junior Medical Officer in each district act as secretary and treasurer.

That every Union Medical officer, as he may be appointed, guarantees to become a member within three months, under a penalty.

That each member subscribe ———

That every member pledge himself to concur with the resolution of the majority, or be expelled.

This sketch may suffice for some of my brethren to improve



upon. A club, well arranged, with good rules, would, I believe, be a boon to the much-injured class of a noble Profession to which I belong as  
A UNION MEDICAL OFFICER.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27, 1854.

Dr. COPLAND, F.R.S., President.

#### CASE OF DISTORTION OF THE SPINE, WITH OBSERVATIONS.—ROTATION OF THE VERTEBRÆ AS A COMPLICATION OF LATERAL CURVATURE.

By Dr. HODGKIN and Mr. W. ADAMS.

The early history of this patient, the well-known Gideon Mantell, and the symptoms of the disease from which he suffered so long, were given by the first author. It appears that considerable doubts existed in the minds of Dr. Mantell's professional friends as to the exact nature of the affection; but about ten years before it was supposed to be a lumbar abscess, connected in all probability with caries of some of the vertebræ; others, feeling a prominent swelling, partly hard and partly fluctuating, in the lumbar region, concluded that there was a tumour of doubtful character. The patient used to suffer most excruciating agony. After death it was ascertained by Mr. Adams that there was no disease either of the bones or the intervertebral substances; that there was no trace of an abscess, all the surrounding tissues being healthy; but the vertebræ were twisted in such a way, that, with considerable lateral curvature, there existed a backward projection of the lumbar transverse processes, to an extent sufficient to form a prominence. The spinous processes were in their proper relations to one another. A very accurate description of the dissection was followed by general remarks upon this form of disease.

#### ON THE PATHOLOGICAL CHANGES OCCURRING IN CERTAIN DEVITALISED TISSUES.

By GEORGE ROBINSON, M.D., etc., Newcastle-on-Tyne.

In this communication the author offered some observations on the general character of those pathological changes denominated softening, contraction or diminished bulk, induration, fatty degeneration, and calcareous degeneration. The subordination of ordinary chemical laws to the superior controlling power of life was one of the most interesting and important principles of physiology; and modern pathology had now established the converse of this proposition, by demonstrating that the partial or complete destruction of their inherent vital powers again subjected to the general laws of matter the structures thus morbidly affected. Having detailed the ordinary features of the pathological changes above enumerated, the author referred to some researches of his, published in the "Transactions" for 1843, having for their object an investigation into the immediate effects of obstructed circulation in the kidney. He then proceeded to describe the effects produced by ligature of the renal vein or artery. The kidney became enveloped in a cyst, formed by the surrounding cellular tissue, infiltrated with blood and lymph. In the interior of this cyst, the kidney, deprived of vitality, underwent a process of liquefying or softening. He found that, under certain circumstances, this protecting cyst was not formed; while, in some instances, the kidney, which had undergone congestion, and unsurrounded by a cyst, exhibited merely atrophy, or contraction and induration. In some experiments, where the kidney had thus become atrophied, fat-globules were detected, exhibiting the character of fatty degeneration. Calcareous degeneration had also been noticed as the effect of ligature of the renal artery. Some experiments made on rabbits, by tying the renal vein and artery, were then detailed, and the results illustrated by some models. The effects produced by these ligatures were referred by the author to an impaired vitality; and he thought them strictly analogous to those pathological conditions above enumerated, which were characteristic of a devitalisation of the tissues.

#### CASE OF DEFORMITY IN AN INFANT.

By C. J. B. ALDIS, M.D., etc.

This was the case of a double hare-lip, complicated with cleft palate. The infant only survived eleven hours, and died con-

vulsed. The dissection was made by Mr. Cooper, student of anatomy at the College of Surgeons, and was very carefully and minutely detailed. The case was illustrated by a drawing. The central pendant lobe was found to consist of two separate portions of bone, connected in the centre, and each contained well-formed incisor teeth. These teeth had particularly well-marked the three small "cusps" which usually distinguish the incisor teeth in the infant; a small second tooth on the left side of the central lobe had them also. The two lateral incisors had not a perfect alveolus in the superior maxillary bone; but their existence at all in connexion with that bone was highly singular, and, unless considered altogether as an exceptional case, the fact would seem to throw some doubt on the assumed separation in man of an inter-maxillary bone corresponding to that found in mammalia generally.

#### ON THE DEVELOPMENT AND SIGNIFICATION OF VIBRIO UREOLÆ, BODO URINARIUS,

AND ON CERTAIN FUNGOID AND OTHER ORGANIC PRODUCTS GENERATED IN ALKALINE AND ALBUMINOUS URINE.

By ARTHUR H. HASSALL, M.D., etc.

The author having first given a description of the vibriones of the urine, enumerated the causes and conditions under which they were developed. The following were the conclusions arrived at:—

1. That vibriones are not developed in strongly acid urines so long as these retain their decided acidity.
2. That so soon as such urines have lost a considerable part of their acidity, and have become but feebly acid, vibriones begin then to appear. It is thus that the occurrence of both torulæ and vibriones in the same urine is explained. While the urine is strongly acid the torulæ are formed; but, as soon as the acidity becomes greatly reduced, the vibriones make their appearance.
3. That vibriones are invariably developed in different proportions in all those urines which are either feebly acid, neutral, or more particularly alkaline.
4. That the greatest development of vibriones takes place in all those urines which contain most animal matter, as mucus, epithelium, and albumen, and which, at the same time, are decidedly alkaline. Hence, although not an exact test of the degree of alkalinity of any one sample of urine, or of the amount of animal matter (especially albumen) present, yet, by their early appearance and by the quantity developed, to a certain extent vibriones may be regarded as affording valuable information on both these heads.
5. That vibriones are most freely developed when the urine is exposed to the air.

But vibriones are not the only kind of animalcule found in urine. A second species not unfrequently occurs in great abundance, entirely different in size, form, and structure; this is the bodo urinarius. The author gave a minute description of this animalcule, showing that they multiplied by *fissiparous* reproduction. Some carefully executed drawings illustrated the characters of this animalcule. The author's investigations had led him to the discovery of a third kind of fungus developed in alkaline urine, entirely different from the two which had been described in a former communication. Like them, this recently discovered fungus presented three distinct stages of growth—sporules, thallus, and aerial or perfect fructification. These were severally described. The author abstained from giving this fungus a distinctive name, wishing, before doing so, to ascertain whether it had heretofore been described by any other observer.

#### AN EXAMPLE OF THE CONCURRENT DEVELOPMENT OF CANCER AND TUBERCLE.

By SEPTIMUS WM. SIBLEY, Registrar to the Middlesex Hospital.  
[Communicated by Mr. ARNOTT.]

This was the case of a woman, aged 48, admitted into the Middlesex Hospital, with a sloughing cancerous sore in the left breast; there was a hard tumour on the inner side of the size of an orange, and several small nodules of cancer at its edges. In the course of five days after her admission nearly the whole remaining portion of the tumour sloughed away, leaving a clean-looking surface, which immediately began to cicatrise. Subsequently, pulmonary symptoms became developed, profuse expectoration followed, and she sank and died three months after her admission. On making a section of the structure of the left breast, it was seen to be an extremely dense form of infiltrating scirrhus, traces of breast tissue, such as ducts, being very apparent. In the thorax, large masses of tuberculous lung tissue were observed. Tubercular cavities existed in the apices



of both lungs; a part of the lower lobe of the right lung was in a state of grey hepatisation, and the bronchial tubes were thickened and dilated. In the left pleura were numerous crude tubercles. On examining the dates of this case, positive proof was obtained that a cancerous tumour was increasing in the breast simultaneously with the increase of tubercular disease of the lungs, and that for a period of at least six weeks. The author thought that a single instance of the concurrent existence of these diseases was sufficient to destroy the doctrine of the absolute incompatibility of tubercle and cancer with each other. The paper concluded with some appropriate remarks on the constitutional diathesis tending to the concurrent development of these two diseases.

#### ON GOUT AND RHEUMATISM—THE DIFFERENTIAL DIAGNOSIS AND THE NATURE OF THE SO-CALLED RHEUMATIC GOUT.

By A. B. GARROD, M.D., Professor of Materia Medica at University College, etc.

The object of the author in this communication was to demonstrate the distinctive character of gout from rheumatism. He thought each disease had its own special pathology. The name "rheumatic gout" was but a cover for our want of knowledge of the precise affection under which a patient might be labouring. The characters of the acute forms, whether of gout or rheumatism, were distinctive enough; but the case was different when, from repeated attacks, the symptoms had lost all their pristine characteristics. In another paper the author had thrown out the suggestion that the diagnosis of gout and rheumatism might, in doubtful cases, be determined by an examination of the blood. He then referred to the "uric acid thread experiment," and proceeded to lay before the Society a series of four tables, the object of which was to determine the pathological differences of these two morbid conditions. The plan adopted was to divide the cases into four different classes:—

1. Articular affections, in which was demonstrated the presence of an abnormal amount of uric acid in the blood.
2. Articular affections, in which the absence of uric acid in the blood was shown.
3. Articular affections, proved to be closely connected with urethral disorders.
4. Affections non-articular in character.

The result of this investigation was, that in every case of genuine gout an abnormal amount of uric acid was found in the blood, while in acute rheumatism such was not the condition. The tables contained 177 examinations of the blood, taken from 148 separate patients.

#### ENGLISH STATISTICS OF HOOPING-COUGH.

By EDWARD SMITH, M.D.

(Communicated by Dr. BENICE JONES.)

This was a statistical inquiry into the frequency, age, sex, temperature, and mortality of hooping-cough, as deduced from the Registrar-General's returns. The following are the author's conclusions:—

1. *In reference to its Frequency.*—In the London district, the diseases which are more fatal are phthisis, pneumonia, bronchitis, typhus, convulsions, and scarlatina, in their order. In all England, in 1847, diarrhoea was added to this list, and their order varied. There was greater diversity in the great registration divisions, both as to the precedent diseases, and their order of mortality. The proportion to the total mortality in London is 1:29.6; in all England, in 1847, 1:45.7; and varying, in the great divisions, from 1:28.1, in the eastern, to 1:94.8 in the south-western: it is as 1:181.4 of the total population. The most fatal years from 1844 to 1853, in London, were 1849 (45 per week) and 1853 (50 per week); and, although both these years had high general mortality, the mean mortality from hooping-cough was not due to that circumstance. The lowest mortality was observed in 1844 (25 per week), and that did not correspond with the general mortality.

2. *In reference to Age.*—It is a disease essentially of dentition of the first series, and, under one year, is the most fatal of all diseases. It thus differs from all other members of the zymotic class.

3. *In reference to Sex.*—The mortality is more prevalent in females at every period of life, and this prevalence increases as life advances; but it does not thence follow that the disease itself is more prevalent in that sex; but if it be so, it is probably due to the susceptibility to impression, and the power of passive endurance, which characterize the organization of females.

4. *In reference to Temperature.*—The degrees of temperature,

and the number of deaths, are in the inverse ratio to each other. The greatest mortality is observed in the first quarter, and also in the winter half of the year; and the least mortality in the third quarter, and the summer half-year. The maximum mark is about April, and the minimum about August, and the mortality passes from the latter to the former in uniform waves. The highest temperature precedes the lowest mortality by about a month. The line of temperature separating high from low mortality is 48°. The waves of the greatest intensity of mortality occur every second year, being then 76 and 74 cases per week, in contrast to 47 and 52 cases per week observed in the highest mortality in the alternate years, or those of recession. After a severe outbreak of the disease, there is diminished intensity, and lessened temperature does not then produce its ordinary effects. As the year of recession leads into that of intensity, the intensity becomes so great as to move in advance and not in the rear of the lines of temperature, contrary to the established rule. The deductions in reference to hooping-cough do not correspond to the general mortality; they are directly opposed to the zymotic class, and have little relation to the nervous class, but exhibit a remarkable correspondence with the pectoral class, (excluding phthisis.) This latter fact indicates a close analogy between fatal cases of hooping-cough and chest affection.

#### A PATHOLOGICAL INQUIRY INTO THE EFFECTS OF SYPHILIS UPON THE UTERINE ORGANS, AND THE RELATION AND PRACTICAL IMPORTANCE OF VARIOUS UTERINE ABNORMALITIES.

PART II.

By F. W. MACKENZIE, M.D. Lond.

This was a continuation of Dr. Mackenzie's communication read to the Society at the last meeting on June 13th. The former paper consisted of a detailed history of the several uterine lesions following syphilitic infection; the present comprised an account of their several pathological relations, and their practical importance.

#### TWO CASES OF ANEURISM OF THE OPHTHALMIC ARTERY, CONSEQUENT ON INJURY OF THE HEAD, CURED BY LIGATURE OF THE COMMON CAROTID ARTERY.

By T. B. CURLING, Esq., F.R.S., Surgeon to the London Hospital.

The first case related by the author was that of a man aged 19, admitted into the London Hospital under the care of Mr. Scott, in 1834, labouring under the symptoms of concussion from a fall down a ship's hold, which was followed by a pulsating projection of the right eye-ball, and loss of vision. About a month after the injury, violent arterial hæmorrhage occurred from the nose, and Mr. Scott, who was in the Hospital, at once cut down upon and tied the carotid artery. The patient recovered favourably, but vision remained lost. The second case was that of a labourer, aged 49, admitted into the Hospital under the care of the author, in March, 1854, on account of a fall, attended with symptoms of severe concussion and hæmorrhage from the right ear. This was followed by a serous discharge from the ear and deafness, and subsequently by paralysis of the right side of the face. About six weeks after the accident, the conjunctiva of the right eye became inflamed, and the globe gradually protruded, and was shortly observed to pulsate. The patient also suffered from throbbing pain in the head. As soon as vision began to fail, June 2, the author placed a ligature on the right carotid artery, which at once arrested the throbbing pain, and removed the pulsating projection of the eyeball. Vision, however, instead of improving, was entirely lost on the second day after the operation, and the cornea had become dull and hazy, the pupil being widely dilated. In about a week the cornea became clear again, and vision returned, but remained imperfect, owing to the preternatural dilatation of the pupil. The patient otherwise did well. The author remarks that the history of these cases clearly shows that a severe injury of the head had been the occasion of the formation of an aneurism of the ophthalmic artery. He noticed certain points of difference in the two cases, and considers it probable that in the first case the aneurism was the result of a severe concussion, and in the second that the petrous portion of the temporal bone was fractured, and that by the extension of the fracture to the optic foramen the ophthalmic artery had been wounded by a splinter or detached fragment of bone. The author ascribes the loss of vision shortly after the operation in the second case to changes consequent on defective nutrition from the arrest of the circulation through the carotid artery; but as the proptosis subsided



and the circulation became re-established, the eye recovered its nutrition, and sight returned. The preternatural dilatation of the pupil, which continued after the recovery of vision, he considers to be due to the aneurism pressing on the ciliary nerves, and destroying their functions as respects the motions of the iris, producing, in fact, hydriasis. The author concludes by remarking that these cases establish the great danger to vision arising from a traumatic aneurism of the ophthalmic artery, and indicate its sources to be threefold:—

1. From pressure on, or traction of, the optic nerve.
2. From interference with the nutrition of the eyeball.
3. From injury to the ciliary nerves.

They also show, that to avoid these dangers a ligature should be applied to the common carotid artery at an early period, or soon after the detection of the pulsating projection of the eye.

Dr. Copland made a few remarks on the conclusion of the session, recommending members to bring papers forward earlier for the future, as none were prepared for the early meetings, while now many were obliged to remain unheard.

### THE HARVEIAN ORATION.

THE customary Annual Oration in honour of Harvey, the immortal discoverer of the circulation of the blood, was pronounced on Saturday, July 1, in the Royal College of Physicians, Pall-Mall. Many of the most distinguished members of the Profession, including Sir Benjamin Brodie, Sir Henry Holland, Dr. Southey, Dr. Mayo, Dr. Bright, and others, were present, and among the general company were the Earl of Yarborough, Lord Beaumont, the Bishop of Oxford, the Bishop of Bangor, Mr. Baines, M.P., etc. Dr. Paris, President of the College, presided. The Orator of the day was Dr. Alderson, whose address was considered remarkable for its pure and elegant Latinity. The following is a rapid and condensed translation of the speech in its most important features:—

After some complimentary allusions to the early benefactors of the College, the lecturer spoke of Baillie, Hunter, Denman, and Croft. Though by birth a Scotsman, Baillie sought the benefit of Oxford training. His great success in practice, the largest ever known, must, however, be ascribed chiefly to his indomitable industry. His great pursuit was pathological anatomy. He left his large collection to the College, and, better still, his example in his devotion to that formerly neglected study. Happy is it for Medical discovery that it has been so followed and improved. Harvey presented to the College their former habitation. During the Commonwealth, at which time he flourished, the property had been wrested from the Church, and it was sold to him by public auction. The building stands yet, near St. Paul's Church, no mean specimen of the architecture of the times. Gulston and Croone founded lectureships in the College. Caldwell, also, in conjunction with Lord Lumley, founded a lectureship. Lord Lumley was a Fellow of this College, and studied Medicine, as was then sometimes the custom, for knowledge's sake, without intent to practise. It was in these Lumleian lectures that Harvey first announced his great discovery of the circulation of the blood. In Harvey's honour, greatest of discoverers, the founder of this day's observance, and a pecuniary benefactor, having presented to the College his patrimonial inheritance of land in Kent, let us dwell in longer panegyric. Where, let us inquire, was this great mind prepared for such exertions? What spark of truth lighted up the torch which dispelled such confused shades of error? Cambridge claims him as her Alumnus, and Padua furnished his chosen science. Padua was then the first of schools of medicine. How many illustrious spirits still hover around her now deserted halls! So it is with seats of art and learning as with imperial cities—they rise, they flourish, and decline. Thus our northern Athens—once preferred to all among our schools of medicine, now gives place to this Metropolis; wherever industry and talent throng, there science loves to join them. Harvey's Cambridge training, however, or his Paduan teaching, or even his own bright perception, would have failed to raise him to his pinnacle of fame, had he wanted his amazing perseverance; he was modest, also, and loved truth—not for his own preferment, but for her sake alone. His discoveries had to bear the test of factious opposition; claiming erroneously his bright example, many a false and vain discoverer is ready to attribute each counter argument to envy—that hanger-on of virtue, and to appeal to Harvey's persecution, as if

it proved the truth of their pretensions. Miserable boasters! Opposition does not prove the truth; the final triumph only shows where it exists. Were it not so, the most ridiculous absurdities would, merely because controverted, seem most true. Let not our order yield to fallacies which require such vain arguments for their support; and let not mesmerists, table prophets, homœopaths, mountebanks, or any of the tribe, pollute the honoured name of Harvey, by claiming his example to favour their presumption. Truth is indestructible, and cannot be extinguished by oppression; therefore Harvey triumphed finally. He lived to see his discoveries acknowledged by his generation. Linacre closes the list of benefactors. He was the first person who taught Greek in Oxford, and he founded professorships in medicine at both the ancient Universities. By his influence this College was instituted; and he obtained from Henry VIII., to whose elder brother he had been not only Physician but preceptor, the Royal Charter by which it governs. Till that time, medicine had been cultivated in the cloister, and Physicians, licensed by the Bishop of the Diocese and the Dean of St. Paul's Church, were united only as a Society. Well have the laws, framed after Linacre's suggestion, worked out their object! Witness the literature which has adorned the College—the science which it has improved! Witness the men among its members—Sloane, Addington, Denman, and others, whose descendants are now numbered with the aristocracy of the land! Witness such men as Friend and Radcliffe, who to professional labour added their services in Parliament! Were their example followed now, the task of legislating for the immense body of Medical Practitioners would not, as at this moment, be abandoned. Justice and expediency alike suggest that this should not remain the only unrepresented one of all the learned bodies of the Kingdom. Have, then, these chartered privileges fostered so much excellence? Let us guard them; and if changing times require that our laws be modified, let us at least seize the spirit of the ancient Charter, and perpetuate in a new one what is good. To recur once more to Harvey. This College voted him a statue; yet no honours were bestowed upon him by his country. Let us regret this. It is vain to say that such rewards are valueless. Titles are not mere decorations, but encouragement for general merit. Let them be given sparingly, but justly. Were the man, whose office places him at the head of the Physicians of this country—of the only Profession whose members give a large portion of their labour freely and unreservedly for a needy public,—were the man so distinguished to be decorated, would it not be a just and fitting compliment to the general body? But if we speak of living merit, there is one that I should like to single out, whose labours have enriched the store of new discoveries, and who has won no less the public favour than his brethren's applause,—Bright, whose well-earned fame is not restricted to the shores of England. Neither let us fail to greet with honourable acclaim those fellows of our College on whom, since last we met to celebrate this institution, the Sovereign's favour has descended. To Holland, learned, accomplished, energetic, let us wish a lengthened period to enjoy his prosperous career. Let Bardsley and Forbes also receive our willing congratulations. Would that those public honours, showered freely on all other callings, were to ours more frequently accorded! Falling thickly on the legal robe, why do they so seldom rest on men who, in the academic grove, have walked in equal honour, and whose after course has added charity to learning? Let us, however, call to mind, that whether our worthier members be neglected or rewarded, it is ours to raise our intellectual and moral standard, for the sake of doing good. Let us not forget that it is the office of this College, whose founders we have now extolled, to guide opinion throughout the Profession. Let us in all reforms listen to the general voice, and yield to varying circumstances; but let us yield so that we may not cede our special mission to widen and improve the portal through which talents and learning are to enter, and for the service of the public become accredited.

After the Oration, at half-past seven o'clock, a most sumptuous dinner in honour of the occasion was given by the President and Fellows to a number of distinguished visitors, among whom were the American Minister, the Earl of Yarborough, the Bishop of Oxford, the Lord Justice Turner, the Right Hon. Spencer Walpole, M.P., Mr. Baron Alderson, Mr. Justice Coleridge, Mr. Justice Cresswell, Mr. Justice Wightman, Sir John Hanmer, Bart., M.P., Sir Benjamin Brodie, Bart., Sir H. Ellis, Mr. Sergeant Thompson, Mr. Roundell Palmer, Q.C., the President of the Royal College of Surgeons, the Director-General of the Army Medical Board, Mr. Travers, Mr. Stanley, Mr. Green, Mr. Caesar Hawkins, the Master of the Society of Apothecaries, etc. etc.



## THE VACCINATION AMENDMENT ACT.

A BILL INTITULED AN ACT FURTHER TO EXTEND AND MAKE COMPULSORY THE PRACTICE OF VACCINATION.

NOTE.—The clauses and words printed in italics are proposed to be inserted in the Committee.

WHEREAS an Act was passed in the sixteenth and seventeenth years of the reign of Her Majesty, intituled "An Act further to Extend and make Compulsory the Practice of Vaccination:" and whereas it is expedient to amend the same, and to still further extend the practice of vaccination: be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

I. That within one month from and after the first day of January next, and within one month from the first day of January in every subsequent year, the guardians of every parish or Union in England or Wales, and the overseers of every parish in England or Wales, in which relief to the poor shall not be administered by Guardians, shall appoint at least one convenient place or station for vaccination and subsequent inspection thereof, in manner provided by the first section of the said recited Act, in each Registrar's sub-district, which shall have been duly constituted for the registry of births and deaths under the Act now in force; and shall also publish a list of such places or stations, with the days and hours, at which the Medical Officer or Practitioner contracted with or duly appointed, will attend at such place or station for performing such vaccination and inspection; *and such Guardians and Overseers are hereby empowered to pay the necessary expenses incurred in providing such stations and places for the performance of vaccination and subsequent inspection thereof as aforesaid, in like manner as they are authorised to pay the fees and expenses incurred in execution of the provisions of the said recited Act by the several Acts now in force concerning vaccination.*

II. That the Third Section of the said Act, and so much of the Ninth Section as imposes a penalty on the father or mother or person having the care of any child vaccinated according to the provisions of the said Act, who shall not, on the eighth day after the vaccination has been performed, take or cause to be taken such child for inspection according to the provisions of the said Act, be and the same is hereby repealed.

III. That upon the seventh day following that on which any child has been vaccinated (as in the said Act prescribed), the father or mother, or other person having the care, nurture, or custody of the said child, shall again take or cause to be taken the said child to the Medical Officer or Practitioner by whom the operation was performed, in order that such Medical Officer or Practitioner may ascertain by inspection the result of such operation; and any such person who after notice as provided in the ninth section of the said Act shall not so take or cause to be taken the said child, shall forfeit a sum not exceeding twenty shillings.

IV. That the fourth section of the said Act be and the same is hereby repealed; and that upon and immediately after the successful vaccination of any child, the Medical Officer or Practitioner who shall have performed the operation shall deliver or send to the father or mother of the said child, or to the person who shall have the care, nurture, or custody of the said child, a certificate under his hand according to the form of schedule in the said Act inserted marked (A), that the said child has been successfully vaccinated, and shall also transmit a duplicate of the said certificate to the Registrar by whom the birth of the child so successfully vaccinated shall have been recorded, and by whom the notices required by the ninth section shall have been given, *and such Registrar shall be entitled to the fees for such certificate of successful vaccination made payable by the said Act;* and such certificate shall, without further proof, be admissible as evidence of the successful vaccination of such child in any information or complaint which shall be brought against the father or mother of the said child, or against the person who shall have had the care, nurture, or custody of such child as aforesaid, for non-compliance with the provisions of the said Act.

V. That the Eighth Clause of the said Act shall be and the same is hereby repealed; and that every Registrar of births and deaths who shall have received a certificate or certificates of successful vaccination as hereinbefore provided shall keep a register of the persons of whose successful vaccination he shall have so received the certificate, and shall at all reasonable times allow searches to be made of any such register-book in his keeping,

and shall give a copy certified under his hand of any entry or entries in the same, on payment of the fee of one shilling for each search, and sixpence for each certificate.

*Any duly qualified Medical Practitioner who shall not have been appointed by the Guardians of any Union or Overseers of the Poor aforesaid to vaccinate under the provisions of the said Act, and who shall have successfully vaccinated and inspected any child, and shall duly certify the same in manner and according to the provisions of the said recited Act, shall be entitled to a fee of one shilling after he shall have so duly certified as aforesaid, to be payable to such Medical Practitioner out of the same funds and in the same manner as the fees payable to the Medical Officers or Practitioners duly appointed by the Guardians or Overseers, as the case may be, for the vaccination of persons under the provisions of the said herein-before recited Act are directed to be paid.*

*Every Registrar shall be entitled to be paid a fee of sixpence for each child vaccinated in respect of which he shall have performed the duties required by this Act, in lieu and in substitution of the fee of threepence now payable under the tenth section of the said recited Act.*

VI. And whereas by the twelfth section of the said recited Act it is provided that all penalties thereby imposed shall be recoverable before any two Justices of the Peace for the county, city, borough, or place where the offence may have been committed, and that the provisions of the Act of the twelfth year of Her present Majesty therein recited shall be applicable to the recovery of such penalties; and by the thirteenth section of the said recited Act it is provided that all penalties recovered under such Act shall be applied in aid of the funds applicable to the relief of the poor in the parish or place maintaining its own poor wherein the offence may have been committed: Be it enacted, that it shall be lawful for the guardians and overseers as aforesaid, to order and direct any prosecutions, or other necessary proceedings, for the recovery of the penalties imposed and payable by the said recited Act, and by whom all such prosecutions or other proceedings shall henceforth be commenced and carried on in the name of such guardians or overseers; *and the costs, charges, and expenses of, and incidental to, any such prosecutions and proceedings, shall be charged and paid by the Guardians and Overseers as aforesaid upon and out of the common fund of the union, parish, township, or hamlet, and instead of the penalties so recovered being applied in the manner directed by the said recited Act, the said Guardians or Overseers as aforesaid shall be entitled, if they shall see fit, to apply and appropriate any sum not exceeding one moiety thereof as a gratuity to any person or persons giving such information to the Guardians and overseers as aforesaid as may in their judgment and opinion, enable or facilitate a prosecution or proceedings for the recovery of such penalties; and the remaining portion of such penalties so recovered shall be applied in aid of the common fund of the union or parish.*

## THE UNIVERSITY OF DURHAM.

(Copy.)

TO THE RIGHT HONOURABLE LORD VISCOUNT PALMERSTON, G.C.B.,  
HER MAJESTY'S SECRETARY OF STATE FOR THE HOME DEPARTMENT.

The Memorial of the Undersigned Lecturers in the Medical Department of the Newcastle-on-Tyne College of Practical Science

Humbly sheweth,

That your Lordship's Memorialists have had their attention directed to a Bill now before Parliament, by which it is proposed to grant certain privileges to the Medical Graduates of the University of Durham, which concessions, in the opinion of your Memorialists, would operate to the general disadvantage of the Medical Profession in England, and be productive of considerable private injury to your Memorialists.

That the only means of affording Medical education possessed by the University of Durham is a school or college in Newcastle, maintained by that University in opposition to your Memorialists.

That attendance on the lectures delivered in that school is enforced by the existing statutes of the University of Durham, as an essential preliminary to Medical graduation in that Institution; and that, as yet, there are no Graduates in the University of Durham who have obtained a Medical degree by examination.

That the conduct of the University of Durham, in recently



attempting to create a new class of Medical Practitioners, with inferior qualifications, under the title of "Licentiates in Medicine," and in announcing that those Licentiates could practise on equal terms with the members of the Royal Colleges of Physicians and Surgeons, was a violation of the rights of those national Medical institutions which would probably be revived were the Legislature to recognise the claims to a quasi independent Medical jurisdiction now put forth by the University of Durham.

That the authorities of the University of Durham, taking advantage of a temporary difference among Members of the Medical Profession resident in Newcastle, have endeavoured to obtain a degree of ascendancy over Medical education, which your Lordship's Memorialists believe to be incompatible with the honour and independence of their Profession, and calculated to retard the advancement of Medical science in the north of England.

That the interference of the University of Durham with the institutions of Newcastle has also been productive of considerable injury to the inhabitants of the latter town generally, by prolonging discord, by impeding the progress of industrial education among the working-classes, and by forcing into a position of antagonism to an important church institution many who, like your Memorialists, are members of the Church of England, and warmly attached to its principles.

Under these circumstances, your Memorialists humbly hope that your Lordship will be pleased to oppose the Bill now before Parliament, and adopt such further measures as may appear to your Lordship necessary for the protection of the interests of the Medical Profession and for the general welfare of the community of this district.

(Signed by) Sir JOHN FIFE, Dr. DAWSON.  
Mr. PATER, Mr. PAYNE,  
Dr. ROBINSON, Mr. FURNESS.  
&c. &c.

(Copy.)

Whitehall, June 14, 1854.

SIR,—I am directed by Viscount Palmerston to acknowledge the receipt of your letter of the 9th inst., enclosing a Memorial from the Lecturers in the Medical Department of the Newcastle College of Practical Science.

I am, Sir, your obedient Servant,

H. WADDINGTON.

Sir John Fife, Newcastle-on-Tyne.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF COMMONS.—FRIDAY, JUNE 30.

Petitions were presented by Lieutenant-Colonel Dunne, against the County Hospitals and Infirmaries Bill (Ireland), from the Surgeons of the county hospitals and infirmaries, from Lord De Vesci and other governors of the Queen's County Infirmary, from the ratepayers of the Queen's County, from the Board of Superintendence of the Gaol of the Queen's County, and from the Medical Association of Ireland.

### TUESDAY, JULY 4.

A Petition was presented by Mr. I. Butt, from Dr. Francis Barker, of Dublin, stating that he had been for thirty-two years Secretary to the Board of Health in Ireland, that the office had recently been abolished, that the Lords of the Treasury had refused him all superannuation, although the Irish Government had recommended his claim, and praying the House to institute an inquiry.

### WEDNESDAY, JULY 5.

A Petition was presented by Mr. Macaulay, from the Royal College of Surgeons at Edinburgh, against the Medical Graduates Bill.

## MEDICAL NEWS.

UNIVERSITY OF CAMBRIDGE.—At a Congregation held July 1, the following Degrees were conferred:—

Doctors in Medicine: HENRY JAMES HAVILAND, Pembroke College; ADAM BEALEY, Queen's College; JOHN WYCLIFFE GOODWIN, Caius College; THOMAS TATTERSHALL ROSCOW, Downing College.

Bachelor of Medicine: THOMAS TROLLOPE, Pembroke College.

And on July 3, the Degree of Bachelor of Medicine was conferred on FRANCIS HARRIS, Caius College.

UNIVERSITY COLLEGE, LONDON.—The annual distribution of prizes in the Faculty of Arts and Laws at University College took place on Friday, June 30, and was presided over by the Bishop of St. David's.

ROYAL COLLEGE OF SURGEONS.—The annual election of Fellows into the Council took place on Thursday afternoon, and from the fact of there being no opposition, not more than fifty Fellows attended. At one o'clock the President entered the library, and explained to the Fellows the objects of the meeting; and then called on the Secretary to read those sections of the bye-laws and Charters relating to the election. The Fellows then proceeded to vote, and the Chairman declared the election to have fallen on Messrs. Hodgson, Kiernan, Hilton, and Quain. Among the distinguished Fellows present from the provinces were Messrs. Teale, of Leeds; De la Garde, of Exeter; Hatton, of Manchester; Norman and Soden, of Bath; and Professor Mouat, of the Bengal Medical College. The annual festival took place in the evening at the Freemasons' Tavern, under the able presidency of Edward Stanley, Esq., when upwards of 100 gentlemen sat down to dinner.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 29:—

CARTER, ROWLAND WIMBURN, Army.

MORGAN, SAMUEL, Warminster, Wilts.

WILLY, THOMAS VALENTINE STAPLE, Somerset.

### DEATHS.

BROOKS.—May 28, at Spanish Town, Jamaica, of malignant cholera, George Brooks, M.D., in his 45th year.—(*Times*).—On the 27th of May, at five o'clock in the afternoon, Dr. Brooks paid his last visit to a person dying of cholera. At that time, the premonitory symptoms that were on him during the early part of the day had so far increased as to render him unable to stand up any longer. With great reluctance he then went home, and at two o'clock next day he died. Spanish Town was then left with but one Medical man—Dr. Turner, and he had already worked night and day for five weeks. In the week in which Dr. Brooks died, there were 78 cases of cholera in the town, 15 of which proved fatal; there were also 96 cases which went no further than premonitory symptoms. Other Medical assistance was obtained after two or three days.

DEARSLY.—June 27, Henry Hanson Dearslly, Esq., of Shenfield, Essex, aged 75.—(*Times*).

GILL.—June 26, at Belmont, Shrewsbury, in his 44th year, George Philip Gill, Esq., Surgeon.—(*Times*).—M.R.C.S.E. 1833; L.S.A. 1834; Surgeon to the Dispensary, Shrewsbury.

### APPOINTMENTS.

SHEFFIELD PUBLIC DISPENSARY.—On Wednesday, July 5, Dr. J. C. Hall, Dr. Joseph Law, and Dr. C. Elam, were elected, at a General Meeting of Governors, Physicians to this Institution.

### TESTIMONIAL.

A TESTIMONIAL, consisting of an elegant silver vase, with a salver, has been presented to Dr. Mouat, Professor of Medicine in the Medical College of Bengal. On one side of the vase was embossed the southern view of the New Medical College Hospital, with the following motto: "Homines ad Deos nulla re propius accedunt quam salutem hominibus dando." On the reverse side of the vase was the following: "Presented to FREDERIC J. MOUAT, Esq., M.D., F.R.C.S. Eng., Professor of Medicine, Medical College of Bengal, etc. etc. etc., in grateful acknowledgment of lasting benefits conferred on themselves and their Alma Mater, and as a testimony of high respect for his professional talents and esteem for his private worth, by the Graduates of the Medical College of Bengal. Calcutta, April 17, 1854." Dr. Mouat was one of the most amiable, popular, and distinguished Professors of the College, and also one of the most indefatigable and zealous friends of "native education." For a period of nearly thirteen years, Dr. Mouat has invariably supported every measure which tended to elevate in public estimation the educational institutions of the Bengal Presidency, and more particularly that of the school with which he was more intimately associated. His departure for a brief period from the scene of his active labours is universally regretted, as his long course of active and arduous labours in the East has been directed towards the melioration of the condition of the natives of India.



**ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.**—On Saturday last, the Annual Meeting of the Governors and friends of this Hospital took place in the Board-room, the Marquis of Westminster in the chair. The Medical Report stated, that the number of persons admitted to the benefits of the charity during the year was 5659. Of these, 137 were received into the Hospital, and 5522 treated as out-patients, of whom 2000 were children under 11 years of age. Of 88 operations for cataract, 81 were completely successful, and 6 partially so; of 12 operations for the formation of an artificial pupil, 10 succeeded in restoring sight, and in the other 2 cases eyesight was much improved. The other operations were equally successful. The Address of the Committee stated, that since the year 1817, to January, 1854, 98,859 had availed themselves of the benefits of the Charity. Of these, 2137 had been restored to sight; the appearance of 4298 persons altogether improved; and the remainder obtained, some a reasonable, and others an excellent sight. The number of in-patients had been augmented from 16 to 24; but there were still two wards, capable of containing 10 other persons, closed from want of funds. The Hospital had been supported for the year at an expense of 1623*l.*, leaving a deficiency of assets for the current year of 66*l.* 6*s.* The Chairman said he thought great praise was due to the Surgeons for the skill evinced by them.

**DOCTOR CHAPMAN** has arrived at Scutari, and is now the principal Medical officer; he is much liked, and deservedly so. Staff-Surgeon Reade, Second Class, acting as principal apothecary, has most laborious duty to perform, and little or no assistance; as dispensers of Medicine, Mcintosh and Kersey have been sent to Varna. Staff-Surgeon Reade, from his long service in the Peninsular and other countries, knows the wants of the service in the field.

**THE CHOLERA IN FRANCE.**—The cholera is making serious ravages in several parts of France, and especially in the departments of the Aube and the Upper Marne. There are no less than 15 departments affected with the disease. In Paris itself the number of cholera cases is increasing. The weekly return of the Parisian Hospitals for the week ending June 21, gives 261 admissions, 48 discharged cured, and 135 deaths.

**ANOTHER CASE OF CHOLERA** has occurred on board H.M.S. Duke of Wellington, in the Baltic. Death took place in eighteen hours. This is the fifth case that has occurred. Two recovered, and three died.

**CHOLERA IN THE WEST INDIES.**—By the last West India Mail, it appears that cholera prevailed in some of the rural districts, and interfered with the labour of the estates. At Spanish Town, Dr. Brooks, one of the most eminent and humane Physicians of the island, has died, as will be seen by our Obituary. The disease, however, was abating when the steamer left, and Kingston was healthy. A few sporadic cases had appeared at Up-park camp. At Barbadoes the cholera had assumed a most malignant type; nearly 700 persons had died of the disease in eleven days in Bridge-town, and great panic existed among the people. It had also attacked several of the soldiers in garrison. The epidemic was almost entirely confined to the lower orders, —few white persons had been attacked. The neighbouring islands had issued proclamations stopping all communication with infected places, and quarantine regulations were enforced with great rigour. George-town was tolerably healthy, although cases of dysentery of mild type were frequent. The authorities had established a quarantine against ships arriving from Barbadoes.

**CHOLERA** has broken out in Castle Douglas. Up to the 26th ult. there had been 4 deaths.

**THE CHOLERA** had made its appearance in New York, and, as usual in the confined and dirty districts, about 60 deaths had taken place in the week ending June 17, in the city limits, and it was on the increase.

**SICKNESS IN THE BLACK SEA SQUADRON.**—The sick in the French fleet, according to our last letters, did not average more than 3½ per cent. Our own was a fraction under 5. Scurvy had begun to show itself in both fleets; but as, since their return from Odessa, and a cruise along the coast of Circassia, they have had a good supply of vegetables, it has now nearly disappeared.

**NUISANCES REMOVAL BILL.**—A Bill to consolidate and amend the Nuisances Removal and Diseases Prevention Acts of 1848 and 1849, has been sent down from the House of Lords to the House of Commons, and stands for second reading next Monday. It proposes to provide that the local authority—in some places Town Council, in others Trustees, Commissioners, Highway Board, or, in the absence of all these, the Poor-Law

Guardians—may appoint a sanitary inspector at a proper salary. Nuisances may be abated and removed in the following cases:—Where any dwelling-house, etc., is in such a filthy or unwholesome condition as to be a nuisance to or injurious to the health of any person; where there is a ditch, etc., so foul, or so kept, or where any animal, or any refuse, or offensive matter, is so kept, as to be a nuisance to or injurious to the health of any person. The form of proceeding is to be by a hearing before a magistrate. If the Sanitary Inspector has reasonable ground to believe that a nuisance exists upon any private premises, he may demand admission to inspect them at any time between nine and six, and, if admission be refused, a magistrate may order it, under a penalty. When an Order in Council is made with respect to measures for the prevention of disease during an epidemic visitation, the local authority, on sufficient evidence that a house is overcrowded by more than one family, are to have power to regulate it as a common lodging-house.

**THE ATTENDANCE OF WITNESSES.**—On Saturday, the Bill, amended by the Lords, was issued, to compel the attendance of witnesses in the United Kingdom,—from Ireland to England, and *vice versa*. The parties need not attend unless they have their expenses defrayed in coming and returning from the place where they reside.

**MORTALITY NOTABILIA.**—In the week that ended last Saturday, the total number of deaths registered in the Metropolitan districts was 1290. In the ten corresponding weeks of the years 1844-53 the average number was 990, and if this is raised in proportion to increase of population, it becomes 1089. There is, therefore, an excess in last week's return of 201 above the estimated amount. At the end of the quarter the registration of many coroners' cases that occurred previously, was completed, and to this circumstance the heavy return of last week is, in great measure, due. Scarletina appears to be gaining ground. Six children died of syphilitic disease; a man of hydrophobia.

**Births.**—Last week the births of 920 boys, and 844 girls,—1764 children, were registered. Average, 1453.

**Meteorology.**—The mean height of the barometer in the week was 29.618 in. The mean temperature of the week was 57.9°, which is 3.5° below the average of the same week in 38 years. The highest temperature of the week was 80° on Sunday, the lowest was 45.5° on Friday. The mean dew-point temperature was 52.4°; between this and the mean temperature of the air the difference is 5.5°. The wind blew mostly from the south and south-west. Rain, 0.52 in. Horizontal movement of air, 445 miles.

#### DEATHS REGISTERED in the Metropolis for the Week ending Saturday, July 1, 1854.

CAUSES OF DEATH.	JULY 1.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	606	457	221	1290	9890
SPECIFIED CAUSES .. .. .	600	457	221	1281	9854
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	195	44	10	249	2205
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Dis- eases of uncertain or variable seat .. .. .	1	29	22	52	462
3. Tubercular Diseases .. .. .	82	115	3	200	1869
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	67	48	35	150	1204
5. Diseases of the Heart and Blood- vessels .. .. .	7	31	19	57	325
6. Diseases of the Lungs and of the other Organs of Respiration ..	79	26	31	136	984
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	21	23	14	58	653
8. Diseases of the Kidneys, etc. ..	..	9	7	16	105
9. Childbirth, Diseases of the Uterus ..	..	15	..	15	112
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	3	2	..	5	89
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	1	2	..	3	20
12. Malformations .. .. .	3	..	..	3	20
13. Premature Birth and Debility ..	19	..	..	19	246
14. Atrophy .. .. .	19	..	12	31	218
15. Age .. .. .	..	..	35	35	367
16. Sudden .. .. .	33	31	14	79	280
17. Violence, Privation, Cold, and In- temperance .. .. .	70	82	19	173	735
CAUSES NOT SPECIFIED .. .. .	6	..	..	9	45



## BOOKS RECEIVED.

- Blaine's Outlines of the Veterinary Art. Sixth Edition. London: Longmans. 1854.  
 The Diseases of the Fœtus in Utero. By H. Madge, M.D. London: Renshaw. 1854.  
 Orr's Circle of the Sciences. No 27.  
 Introductory Lecture on Military Surgery. By Sir G. Ballingall. [Reprint from the *Monthly Journal of Medical Science* of an interesting Lecture.]  
 Annual Report of the Royal Edinburgh Asylum for the Insane for 1853.  
 Ranking and Radcliffe's Half-yearly Abstract of the Medical Sciences. July, 1854. London: Churchill.  
 Braithwaite's Retrospect of Medicine. July, 1854. London: Simpkin and Co.  
 The Opening of the Eustachian Tube Limited to the Act of Deglutition, now First Rightly Explained. By James Jago, A.B. Cantab., etc. Truro. 1854.  
 Anatomical and Physiological Observations. By James Struthers, M.D. Part I. Edinburgh: Sutherland and Knox. 1854.

## TO CORRESPONDENTS.

## THE GREAT C QUESTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—As I am about to undergo my examination in classics, and do not wish to commit a fault in pronunciation, may I ask you to inform me in what cases C and CH should be pronounced hard or soft? I see that Lord Campbell decided that the C in pharmaceutical should be soft; and I have been told that an article has been written in one of the Medical Journals to prove that the C and CH should *always* be soft. If followed, this decision would lead to such a revolution in our language, that I am anxious to know what rule I should adopt. I am, &c.

A STUDENT.

[As to the C, Lord Campbell probably remembered the general rule of English pronunciation, that c is soft before e, i, and y, hard before a, o, and u, and he decided accordingly, without any reference to derivation from the Greek. The Journal alluded to by our Correspondent made the astounding assertion last week, that the Italians "pronounce the 'c,' by which they render the Greek 'κ' and 'χ', soft; so do the French as a rule." We need hardly say, that the Italians *invariably* pronounce c hard before a, o, and u, and that the French and Spaniards do the same. Every schoolboy knows this.

As to the CH, the learned Editor of the Journal in question says, it is a "gratuitous assumption, that the 'κ' and 'χ' are hard sounds in the original Greek;" and that "all analogy goes to prove, that the ancient Greeks gave a *soft* sound to both 'κ' and 'χ'." He goes on to support this opinion, which certainly has the merit of originality, in the following manner. He says: "In the first place, the modern Greeks, who, in all probability, are better exponents of the spoken language of their forefathers than we can pretend to be, pronounce these letters, before α, ε, ι, and υ, soft. Thus, χείρ is *cheir*, and καί is *chai*." This is really a gross blunder. There is no word in the modern Greek dictionary in which the modern Greeks pronounce either κ or χ soft. The κ is invariably hard like the English k, and the χ still harder, like a kh, having the guttural aspiration of the German ch, or the Spanish i, almost as strong as the Arabic ghain. Having passed many months in Greece, we can say positively, that anyone who pronounced χείρ or χείρουργικός otherwise than kheirourgos or kheirourgikos, would either be laughed at or not understood. So with χημαί, or χημικός, καρδία, κεφάλι, κεφαλαλγία, and every word in the language.

The other assertions in the article in question in favour "of the original soft sound of 'κ' and 'χ' are equally erroneous. Then we are told, that, in pronouncing English words, we must conform to English rules, and the Council of the Medico-Chirurgical Society are recommended to "reconsider the mode of designating their Society;" in other words, to say "Shirurgical" or "Tchirurgical," instead of "Kirurgical." Of course, if this were done, the parallel must be carried on, and we should have to talk of Tchেমistry, Tchamomile, Tcholera, Tchasm, Tchyle, Etcho, Tchoir, Tchorus, Tschylosis, Tcheloid tumours, Tcholesterine, Entchondroma, Tchondritis, Tratcheotomy, etc. etc.!!

There is really no authority whatever for any such absurd innovation. We can appeal to nothing higher in English pronunciation than Smart's last edition of Walker. Here with regard to the C it is said, "C before E, or I is equivalent to S, otherwise to K;" again, "C before E, Æ, Œ, I, and Y, must, according to the general rule, have soft sounds." As to the CH, the words in the dictionary beginning thus, are arranged in three groupes, according to their pronunciation, TCH, SH, and K. Among the latter we find, of course, Chirurgon, Chirurgial, and Chirurgery, and are told, "*CH in Greek words is always sounded K.*"—(Prin. 161.)

The combination of C and H is found in words both of Saxon, Greek, and French origin. In words from the Saxon it has what may be called the regular sound, as in child, much, which, etc. In those from the French it is sounded as SH, as in chaise, cartouch, etc., while in "words of Greek and Italian origin it is sounded K, as in chasm, scheme, ache, epoch, baldachin." According to the same authority, as the χ is supplied in our orthography by CH, which is "necessarily identified with K," and as our language does not allow extra aspiration to consonants, the general pronunciation of schism and schedule is a "striking inconsistency;"

but here, as in other cases, "we must give way to usage, or incur the effect of opposing it."

We trust we have shown our young Correspondent that he has no authority for opposing general usage in the pronunciation of any word derived from the Greek.—ED.

## THE FLUID POUND.

[To the Editor of the Medical Times and Gazette.]

SIR,—You were kind enough, some time since, to insert a letter in your Journal from me relative to the "Fluid Pound." The *Pharmaceutical Journal* of this month contains the same, appended to which is an extract from a letter of Mr. James Mordock, of Glasgow, and runs as follows:—"It would seem that formerly the fluid pound and the fluid pint were identically the same, but from an alteration the fluid pint was altered from 5xvj. to 5xxx., but the fluid pound remained *in statu quo*, until some person made the matter worse by reducing it to 5xij." It would appear, then, by this statement, that the 5xvj. avoirdupois is correct; but a moment's consideration must pronounce it to be wrong, and I am very much surprised that the *Pharmaceutical Journal* should have taken notice of such a letter, when they must be aware that 5xij. constitutes the lbj. Apothecaries' weight, and every deviation from this weight is a decided error. It is true that there are some Medical men who, when they write the word lbj., conclude that it will be dispensed as 5xvj.; but I think that the majority certainly mean it for 5xij., and it is not an unusual remark for a dispenser to make—"I suppose he means 5xvj." In doing so it must be palpable he commits an egregious mistake. Suppose, for instance, that the prescription is as follows:—℞ Tinct. cinchonæ ʒj., dec. cinchonæ ad lbj. In the first article, in tincture, Apothecaries' weight would be observed, and in the second article, the decoction, avoirdupois. What can be more inconsistent than this mode of dispensing; and if this is to be admitted, the whole system is founded on the most absurd basis possible to be conceived. It is so opposed to uniformity, and so apt to produce serious consequences, that Medical men should never write the word lbj., for if it is written it will be always liable to mistakes. It is really disgraceful in these days of enlightenment that there should exist the slightest doubt on such an essential point as weight and measure; and while the Pharmaceutical Chemist is receiving an education of a semi-professional man, in learning Botany, Chemistry, etc., etc., I do not think it would be out of place nor an ill-timed suggestion, for a course of lectures on the more important subjects. Why should not the pill, the mixture, the powder, weights and measures, the modes of preparing extracts, and particularly the concentrated infusions of which chemist at the present time is so ignorant, of the tincture and the infusion, be fully discussed. I am satisfied it would be very beneficial to the rising Chemist, who merely receives his tuition in a very imperfect manner during his apprenticeship, and is very often left to his own discretion.

Trusting, for the benefit of the Medical fraternity, you will give space for this, I am, &c.

AN EXPERIENCED DISPENSER.

Mr. Stevens.—The Dundee Royal Asylum accommodates about 204 patients.

M. B.—A Medical certificate in lunacy may be amended any time within fourteen days after the reception of the lunatic; but the amendment must have the sanction of one or more of the Commissioners. (16 and 17 Vic. c. xcvi. s. 11.)

Dr. H. G.—The following is the favourite prescription of Dr. Graves in cases of habitual constipation:—℞ Electuarii Sennæ ʒij, Bitartratis Potassæ ʒss, Carbonatis Ferri ʒij, Syrupi Zingiberis, quantum sufficit ut fiat electuarium.

A Country Doctor.—When tannin is ordered as a gargle, about a scruple is prescribed, with two or three drachms of spirit and six ounces of water. In cases of spongy bleeding gums a little of the tannin, in substance, may be rubbed in with the finger.

B. W.—Dr. Beale's recent work on the Microscope, or the Micrographic Dictionary, of Griffith and Henfrey, when completed.

Mr. Jones.—The principal results of the last Census may be had in the "Penny Census," published by Groombridge.

Dr. Leared's reply to Dr. Lindsay arrived too late for insertion this week.

Mr. Bakewell's note shall appear next week.

Mr. Ward's report on cases of hernia in the London Hospital shall also appear in the next Number.

## ADVERTISING QUACKERY.

[To the Editor of the Medical Times and Gazette.]

"C. J.—Cancer is considered incurable, but Dr. Marsden and the other surgeons attached to the Hospital for the special treatment of that disease, by their skill and perseverance manage to arrest the progress of, and alleviate the sufferings of those afflicted by, this frightful malady."

SIR,—I enclose the above paragraph from a penny paper called *Reynold's Miscellany*, of, I believe, immense circulation. Messrs. Marsden, Cooke, &c., cannot, it is true, cure cancer, because nobody can do that; but they can arrest it, which is the next best thing, and nobody but themselves can do so! The old quackery was to write a book to tell the world that the author was more skilful in the disease treated of than any other body; but that manoeuvre is stale and now the plan is to go about begging for money to build special hospitals, and spend two-thirds of the money so collected in advertising. Hardly does a *Times* appear without such artful advertisements. If the Profession do not rise as one man, and put down such impudent artifices, they deserve that they should fall as a body in public estimation. I am, &c.

M. D.

COMMUNICATIONS have been received from—

Dr. RANKING; Mr. ATHOL JOHNSON; Mr. WILKINSON; Mr. JONES, Jersey; Mr. HAYNE, Island of Ascension; ASSISTANT-SECRETARY TO THE ROYAL INSTITUTION; Dr. SHAW, Calcutta; Mr. SMALL, Teignmouth; Dr. SCHULHOF; Dr. BALMER, Southampton; Mr. TUCKER; Mr. OWEN; Mr. BRADY, M.P.; A STUDENT; AN EXPERIENCED DISPENSER; Dr. E. A. PARKES; Mr. PRICE; Mr. HAYNES WALTON; Mr. MAJOR GREENFIELD; Mr. T. DIXON; Mr. BINDLEY; Mr. WALTERS; Dr. LAMBERT; Dr. SLOANE; Mr. STEVENS; M. B.; Dr. H. G.; A COUNTRY DOCTOR; B. W.; Dr. LEARED; Mr. BAKEWELL; Mr. WARD; M.D.



ORIGINAL LECTURES.

CLINICAL LECTURE

ON

A CASE OF PLEURO-PNEUMONIA,

AND ON AN

ERYSIPELATOUS AFFECTION OF THE THROAT.

DELIVERED AT

King's College Hospital (a).

By ROBERT B. TODD, M.D., F.R.S.

Physician to the Hospital.

GENTLEMEN,—I shall call your attention to-day to two cases. The first is one of pleuro-pneumonia. The attack was ushered in with the symptoms of pleurisy, but afterwards pneumonia came on, with well-marked signs. This is one way in which pneumonia manifests itself,—the characteristic symptoms of this affection becoming developed upon an attack of pleurisy; or the morbid change may take an opposite course, and the pneumonia may appear first, and be succeeded by the pleurisy.

Now, I bring this case before you, not so much for the sake of diagnosis, to impress upon you the signs and symptoms of a disease which every man should be able easily to recognise, as because it affords a good example of how pneumonia may proceed favourably, and terminate in a very satisfactory manner, under a mild plan of treatment. The case to which I refer is that of a boy in Sutherland Ward, named W. Reddin, aged 11, well known, I hope, to many of you. (Vol. XXXVII., p. 174.) On the 6th of the present month (November) he was seized with shivering and severe headache, which symptoms he attributed to having got a severe wetting a fortnight before. He was admitted on the 10th, that is, four days after the occurrence of the shivering. When he came in, he had a hot, dry skin, flushed face, and pain in the side; his pulse was 116, and his respiration 45. Besides these symptoms, there was cough, with sore throat, but the patient did not expectorate. I need not dwell upon the importance of attending to the expectoration early, for, as you know, the particular characters of the sputa afford us important information with respect to the condition of our patient. Those viscid sputa, of a rusty-red hue, which adhere so firmly to the containing vessel that it can even be inverted without the escape of the contents, are, in general, characteristic of a sthenic pneumonia. In the less sthenic, or the typhoid forms, there will either be no sputa at all, or they will be less viscid, less adherent, and the colour will be much darker, and exhibit what has been described as resembling prune-juice. The colour of the pneumonic sputa is due to the presence of blood, which is very intimately mixed with the mucus, and the variation in the colour is doubtless due to variety in the quantity and in the colour of the intermixed blood.

In the present instance there was no eruption, and the tongue was covered with a white fur. The patient did not complain of headache.

On the 11th, the following physical signs were noted in the record of the case kept by Mr. Liveing:—Dulness on the right side posteriorly, reaching as high as the scapula, with diminished vocal vibration, as compared with that found in the corresponding position on the opposite side. This led us to inquire, whether fluid was not poured out into the cavity of the pleura in the situation above indicated. Upon carrying the hand down quite to the base of the right side of the chest, I found vocal vibration totally absent—tolerably certain evidence of the presence of fluid. Bronchial breathing was also audible behind, and a modified condition of bronchophony, which may be called "œgophonic bronchophony." Œgophony is induced by the presence of a layer of fluid between the lung and walls of the chest. Bronchophony may be also induced by the same cause; but, I believe, where you have a decided bronchophony having an œgophonic or bleating character, you have pretty strong evidence of the existence of consolidated lung, with tolerably open air-tubes, and of the presence of a layer of fluid in the pleura. The evidence of the presence of fluid becomes certain when, with the above characters of the voice, you have complete absence of vocal vibration.

From all these signs, then, we inferred that the lower third of the right lung was consolidated, as the result of pneumonia, and that a layer of fluid had been effused into the corresponding part of the pleural cavity, consequent on pleuritis in that position.

Upon listening higher up, we heard crepitation; and, a little higher still, pure vesicular breathing became audible. On the left side of the chest the breathing was puerile throughout the whole lung. Hence it was plain that we had to deal with a case of pleurisy accompanied with pneumonia and consolidation of a certain portion of lung. As I just now mentioned, pleurisy alone may give rise to similar signs, but not of the same intensity. In pleurisy you may have bronchial breathing and bronchophony, due to the condensation of the lungs by the pressure of the effused fluid.

Such, then, was the condition of our patient on the 11th. The treatment pursued was of the simplest kind; turpentine stupes were ordered to be applied to the affected part of the chest three times a-day, and half an ounce of the liquor ammoniæ acetatis was given every two hours; beef-tea and milk were allowed as diet. This plan you have now seen me follow in many cases with decided success. Bleeding and all kinds of depletion have been carefully avoided. The bowels have been moderately acted upon; but we have been anxious rather to avoid pulling down the patient, the influence of the morbid process being quite enough for that purpose. A principal object of the treatment, as regards physiological effect, was to procure sweating, and to promote the free action of the kidneys. Large doses (from four to six drachms) of liquor ammoniæ acetatis, given at short intervals, almost always operate beneficially in these ways. The cases which we find do not do so well, on this plan, are those, in which a large portion of one or both lungs is affected; but these do not get on better under any other plan that I have yet seen adopted, and certainly an antiphlogistic course (so called) is not by any means more successful. When only half or a third of one lung is affected, the patients do very well on the plan I have just referred to.

I have said, that we avoid pulling down our patients—not only so, but, on the other hand, we endeavour to uphold his strength; by giving him, at short intervals, moderate quantities of nourishment, such as his stomach may easily digest; and, if signs of exhaustion or debility show themselves, we often add to these brandy or wine, in small quantities likewise, and carefully adjusted to the patients' digestive organs.

In this treatment of pneumonia no attempt is made to cut short the disease. It is founded upon the observation of the way, in which the disease is often spontaneously cured, through critical evacuations of sweat or urine, or of both, and consists in an attempt to promote both these secretions. I am not, indeed, aware of any mode of treatment which can be said to cut short the disease; the plan by bleeding and tartar emetic does not do so certainly. I have heard it stated, that large doses of digitalis will sometimes cut short the pneumonia. Digitalis is an uncertain drug, not always possessing an equal amount of power, and sometimes not very controllable. Moreover, there are certain idiosyncracies which do not bear the use of digitalis; nevertheless, it is not undeserving of trial in cases chosen with judgment. I hold, that if the treatment is of a simple kind, and at the same time efficient, we cannot wish for more; and I believe we do more good in pursuing such a plan of treatment, than in endeavouring to cut short the disease by remedies whose action is at most uncertain, but which may under certain circumstances actually do harm. By following the plan I have just mentioned, if the patient dies it will be rather from a negation of treatment than from any other cause. The treatment will prove unsuccessful simply because the disease went on unchecked by it, and in such cases it is often a question if, by any known plan of treatment, such a result could have been averted.

So far as I have tried it, I have no reason to be dissatisfied with the simple plan I have described.

On the 11th, or the fifth day of the disease, the treatment was commenced. On the 12th the physical signs were of much the same character. On the 13th the respiration had fallen from 44 to 30; and this, I may remark, is one of the best signs that you can find of improvement in a patient suffering from pneumonia. When the pulse comes down in frequency, it must likewise be looked upon as a favourable sign. On the 12th the pulse was 90, and on the 13th, 84, while on the day of his admission it was 116, and on the day after 112.

On the 13th the skin was cool and moist, and the tongue was clean. Vocal vibration had returned, and the bronchial breathing was less intense; but it had spread a little higher

(a) Lecture XLII. Delivered Nov. 30, 1852. Reported by Dr. Lionel Beale.



up, while at the same time crepitation was beginning to return in the lower part. With the returning crepitation, a slight pleural friction sound was noticed.

On the 14th the increased vocal vibration had entirely disappeared, and vesicular breathing was heard in the lower part, mixed with large crepitation. Upon placing the ear to the back of the chest, the vocal resonance was found to be natural, showing that the fluid had been absorbed. The pulse had fallen to 74 and the respiration to 24, and he was perspiring very freely. From the 14th there had been evidence of rapid improvement, and the patient has now been convalescent for some time. On the 11th there was evidence of hepatisation; on the 14th the hepatisation had resolved; and since this time the lung has been rapidly recovering its healthy condition. If now in this case I had taken blood, it would have been said that this good effect was to be attributed to the bleeding. Under the treatment, however, which we have been adopting, the patient had done perfectly well, and we have the satisfaction of knowing that his constitution is unimpaired by any treatment, to which he has been subjected by us. Thus this patient passed through a severe inflammation of a considerable portion of one lung in nine days; but he might be said to have been safe in seven days. The morbid action began on the 6th with rigor, which had reached its height in five days, probably in less time, and the time which elapsed from the adoption of the treatment up to resolution, did not exceed three or four days (from the 11th to the 14th or 15th.)

Let me, next, allude to a very interesting point which has been noticed in these cases of pneumonia. It may now be looked upon as an established fact, that in this disease there is either a great diminution in quantity of the chlorides in the urine, or these salts are altogether absent from that fluid. Upon following up this subject, Dr. Beale(a) has made out, that while there is a deficiency of the salt in the urine, there is a corresponding excess in the fluid poured out into the lung; in fact, that the chloride appears to be drawn from different parts of the system to the inflamed lung.

The amount of chloride in the urine gradually diminishes up to the period of hepatisation, at which time, in the majority of cases, not a trace is to be detected. As soon as resolution commences, the chloride gradually re-appears until the normal quantity is found. Now, the method of testing for the presence of this chloride is so simple that you should always ascertain for yourselves the accuracy of this statement wherever an opportunity occurs. All you have to do is to add a few drops of nitric acid to a portion of the urine in a test-tube, and then a few drops of a solution of nitrate of silver. If chloride be present, a dense white precipitate of chloride of silver, which is insoluble in acids, will fall. If chloride of sodium be altogether absent, no precipitate whatever will occur.

What appears somewhat contradictory of the above statement is, that on the 11th we tested this boy's urine, and found evidence of the presence of much chloride; but on the 12th there was a diminution, and on the 14th the quantity had again increased; so that in this case there was no total absence at any period; and from this circumstance alone we might infer that the hepatisation of the lung was not very extensive. The disease began as pleurisy, and when hepatisation took place, the chloride in the urine diminished in quantity. I may contrast this with the case of Mary Coley, which was one of simple pleurisy of an acute form. The rubbing sound was very loud and well-marked. She was treated with opium and large doses of liquor ammoniæ acetatis, and recovered rapidly. At no period of the case did we find any diminution of the quantity of chlorides in this patient's urine. In this case of pleurisy, then, the chlorides in the urine did not appear to be affected, while in pneumonia the quantity of these salts is observed to undergo a marked diminution. At present, however, we must not generalise too quickly on these interesting points.

The second case to which I am anxious to draw your attention to-day is one of a very important class, which you will not find described in books on medicine. At the same time, you will do well to pay particular attention to the characters manifested in this disease, as instances may occasionally come under your own notice. And as the affection runs its course often very rapidly, you should be well acquainted with the plan of treatment to be pursued. Your method of dealing with these cases must be decided at the first outset. If the treatment be vacillating, you will probably lose your patient; but if you have decided upon the right line, and pursue it promptly and steadily, you need scarcely ever lose a case.

In a lecture published in the *Medical Times and Gazette*,

for June 5, 1852, I called attention to a particular form of sore-throat, in which the prominent symptom was difficulty of swallowing. This difficulty arose not, as in the case of enlarged tonsils, from any mechanical impediment to the onward progress of the food. There is, in fact, in cases of this description, no obstruction at all, for when you look into the patient's throat you find the fauces quite open, and the channel free. The mucous membrane is of a red colour, with more or less of a dusky hue. When you stimulate the membrane with the end of the spatula, you gain at once an explanation of the difficulty of deglutition. You cannot excite the several muscles to contract; they seem to be paralysed. The inflamed mucous membrane deprives them of their contractile power. I refer you to the lecture, which I have mentioned, for a more detailed account of this affection, for it has fallen to my lot to have met with several cases, most of which occurred in private practice.

Our present patient is a man named Covey, in Sutherland Ward. He is sixty years of age, and therefore not a good subject for acute disease. From Mr. Liveing's notes (Vol. XXXVIII., p. 77) we learn the following history:—His health had been pretty good until Wednesday last, (Oct. 27th,) when he was seized with shivering, which was followed by fever and loss of appetite; at the same time he experienced some difficulty in swallowing. This last symptom had gradually increased up to the time of his admission on Nov. 2nd.

I shall read to you the description entered in the case-book on this day (Nov. 2), immediately after his admission:—

"The patient breathes with some difficulty, as if there were a collection of mucus in the larynx and trachea. He suffers a good deal of pain, increased by pressure beneath the angles of the jaw, but not much in front over the anterior surface of the larynx. There is no enlargement of the glands of the neck apparent externally. His chief complaint is of difficulty of swallowing. When he attempts to swallow anything, it seems to go the wrong way, and appears as if it would suffocate him. He can swallow a little arrow-root, but even that with considerable difficulty. When the food or fluid which he attempts to swallow gets to the back of the tongue, instead of being guided by the action of the faucial muscles into the pharynx, it seems to fall by its own gravity towards the glottis, and then excites a spasmodic state, which produces a feeling of suffocation, and is forcibly ejected, partly through the mouth, partly through the nose. There is no actual impediment to the passage of the food into the pharynx. The tonsils are not at all enlarged, and the pharyngeal mucous membrane looks red and very slightly swollen, and there is a good deal of mucus upon it. When touched with the finger or spatula, the pharynx is not, as in health, thrown into action, apparently in consequence of paralysis of the pharyngeal muscles. The peculiar state of the mucous membrane extends to the larynx, for the epiglottis feels slightly swollen, and he spits up a good deal of mucus. He is very restless, and sleeps badly at night. Bowels confined; pulse 96; respirations 30; urine acid, containing much blood, which, under the microscope, is seen to consist of numerous scattered blood-corpuscles, with casts which consist entirely of blood, or of the result of rupture of the Malpighian vessels.

The condition of this man's throat appears to me to be that of erysipelatous inflammation, the poison having fallen with its whole intensity upon the fauces. It is not uncommon to meet with slighter cases of erysipelatous inflammation of the fauces in connexion with erysipelas of the head and face. Sometimes the erysipelas begins in the throat, and spreads outwards through the nose and mouth. A patient will first complain of sore throat, and in a day or two afterwards the face will be affected. At other times the sore throat appears to come on simultaneously with the external erysipelas.

In the class of cases to which we must refer that of our patient, no tendency to spread outwards has manifested itself, so far as my experience goes. It does, however, show a tendency to spread to the laryngeal and bronchial membrane, as was particularly observed in Covey's case. Many of the fatal cases of œdema of the glottis commence in this way.

Our patient was promptly treated in the manner I have indicated in the lecture already referred to. The throat was freely washed with a solution of nitrate of silver (gr. xx. ad. 3j.) A mustard poultice was applied to the throat externally. He was ordered two drachms of brandy in arrowroot every three hours, and carbonate of ammonia with chloric ether was given freely.

On the 3rd there was no improvement; prostration very great; pulse 90, and very compressible; can scarcely swallow anything; the attempt to do so nearly suffocates him; has scarcely swallowed any of the brandy and arrow-root; the

(a) "Medico-Chirurgical Transactions," Vol. XXXV.



mucous membrane of the throat is red, and secretes a quantity of muco-purulent fluid, and uvula slightly swollen.

The solid nitrate of silver was now applied freely to the mucous membrane of the fauces; and he was ordered to have an enema, consisting of ten grains of quinine in three ounces of strong beef-tea, every three hours; the rectum having been first cleared out by an enema of warm water. He was allowed brandy if he could swallow it.

The next day (Nov. 4) the report was more satisfactory; the pulse is better; he has had the enemata regularly, and retained them all; swallows much better, and gets down at least nine-tenths of what is offered to him.

November 5.—Still improving; throat less sore externally; secretion much diminished; swallows all that is brought him; continues the enemata and the brandy; pulse 80. He was now ordered chloric ether, ammonia, and bark, and the enemata were discontinued.

From this date our patient rapidly improved. On the 6th his pulse had fallen to 70, and all difficulty of deglutition had disappeared; the urine assumed its natural condition; but the patient continued weak for a long time, and did not leave the Hospital till the 27th.

This is a good example of this peculiar affection of the throat; it is analogous to the scarlatina sore-throat; but in the latter affection you always meet with more or less of swelling, and mechanical impediment, with a tendency to, or actual ulceration.

In the lecture to which I have alluded, you will see an account of some fatal cases, treated by leeching and other antiphlogistic means. If left to themselves, or if not actually supported by a method such as I have described, most of the patients will die; but, on the other hand, the disease yields readily to a prompt stimulating treatment; and in all the cases which I have seen, the local application of the solid nitrate of silver has been followed by the happiest results.

The diphtherite is an analogous affection of the throat, and sometimes accompanies erysipelas, or carbuncle. It differs from the affection, which I have described, in there being a much less amount of dysphagia in diphtherite; and in the absence of any plastic effusion on the surface of the membrane, such as characterises the latter affection.

## ORIGINAL COMMUNICATIONS.

### MENORRHAGIA

#### CONNECTED WITH UTERINE DISPLACEMENT.

By EDWARD RIGBY, M.D., etc.

Senior Physician in the General Lying-in Hospital; Examiner in Midwifery in the University of London.

ANOTHER cause of menorrhagia is displacement of the uterus. This acts simply by obstruction to the returning circulation. Whether it be a case of ante- or retroversion, or of prolapsus, the uterus swells from distension with blood, exactly as a finger does when a string is tied round it, only that in the present instance a discharge of blood from the inner surface of the uterus will relieve the congestion from time to time, especially at the menstrual periods, when it frequently becomes very profuse.

I must beg to refer to an interesting case of anteversion which appears in the *Medical Times*, Vol. XIX., page 582, (May 19, 1849,) where great uterine congestion and severe menorrhagia, besides other affections, were produced by anteversion of the uterus. I am the more desirous of referring to it, as I added several observations on these cases which I otherwise should have to repeat now.

I shall merely give one case of menorrhagia arising from retroversion, because I shall treat of these cases more fully when I come to speak of uterine displacements.

In stating that the following is a case of menorrhagia from retroversion, it might be justly urged, that the retroversion and the menorrhagia were both results of the constipated condition of the bowels; that either of them was capable of causing the other; and that in the present instance they at any rate tended to aggravate each other. The pressure of the loaded bowels upon the uterus would be likely to induce retroversion; the same cause, acting on the returning circulation of the pelvic viscera, would be capable of bringing on menorrhagia.

The uterus when thoroughly retroverted would, as I have already shown, be capable of producing an amount of congestion sufficient to cause menorrhagia. Menorrhagia, after a while, would

have caused so much flabby relaxation of the uterus and other pelvic contents as to produce retroversion.

This explanation will, I trust, justify the expression which I have used as the title of this report, viz., "*Menorrhagia Connected with Displacement*," instead of saying that it was *caused* by it. Indeed, I could scarcely venture to quote the following case without such an explanation, as there can be little doubt that, however much the menorrhagia was aggravated by the retroversion, they were both caused by the loaded state of the bowels.

Mrs. F., aged 34; married nine years; never pregnant.

Feb. 23, 1851.—Stout, pale, sallow, much exhausted; constant bloody discharge, which has lasted ten weeks; it is rather profuse and with clots. Pain at the lower part of her back, with a sense of bearing-down when in the erect posture. States that the abdomen has latterly increased in size; it is full and doughy; assures me that the bowels are well opened.

*Examination per Vaginam.*—Uterus completely retroverted. I replaced the uterus. Let her keep in the prone position.

R Acidi sulph. dil. ʒi., infus. rosæ ʒviii. Sumat cochl. magna ii. ter die.

Aug. 2.—Severe menorrhagia. I now find that the bowels are exceedingly unhealthy and offensive.

R Pil. hydrarg. gr. v. per tres noctes, et deinde alt. noctibus.

R Magnesiae sulph. ʒiiss., acidi sulph. dil. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒviiss. M. ft. mist. Sumat cochl. magna ii. primo mane, et repet. si opus sit.

14th.—The medicine brought away a large quantity of dark and very offensive faecal matter. On the 9th the discharge began to diminish; it stopped on the 10th, and has not returned since. She has still sacral pain unless she uses the prone position.

Rep. pil. tertius noctibus.

R Ferri sulph. gr. xvi., magnes. sulph. ʒj., acidi sulph. dil. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒviiss. M. ft. mist. Sumat cochl. magna ii. primo mane.

23rd.—No discharge; occasional sacral pain, which she relieves by the prone position.

Rep. med.

August 13, 1852.—I have been again called to see her. She states that the catamenia continued healthy until February. The period in March was more profuse than usual, and she took the mixture of magnesiae sulph. which I prescribed August 2, 1851. In April the catamenia were again profuse, lasting ten days, but coming at the right time. In May the discharge did not return until after an interval of five weeks, but it continued for ten days very profusely. Her Medical man in the country gave her some calomel, with much relief. The catamenia returned at the end of June, again, after an interval of five weeks, but have continued since. Pulse feeble; tongue pale and furred in the middle.

R Pil. hydr., extr. coloc. comp., extr. hyosc. aa. ʒi. M. ft. pil. xii. Sumat ii. o. n.

R Sodæ potassio-tart. ʒiiss. primo mane ex aquâ.

R Acidi hydrochlor. dil., acidi nitrici dil., aa ʒi.; liq. taraxaci ʒi., infusi cinchonæ cordifol. ʒvii. M. ft. mistura. Sumat cochl. magna ii. ter die.

23rd.—Menorrhagia continues. The bowels have not been moved satisfactorily.

R Hydrarg. chloridi gr v., ext. hyoseyami q. s. ut ft. pil. ij., h. s. s. Rep. mist. magnesiae et ferri sulphatis.

The bowels were largely and effectually moved with complete relief, and I saw her some time afterwards much improved in health and strength, not having had a return of the menorrhagia.

In my first report of this case my treatment cannot fail to strike the reader as being very feeble. The powers of the patient were greatly exhausted, and she assured me that the bowels were open, so that I felt the more convinced that retroversion was the sole cause of the flooding, and, in the hope that I should produce great relief by replacing the uterus and maintaining it in the natural position by keeping my patient in the prone posture, I simply ordered the infusion of roses, with an additional proportion of sulphuric acid, not wishing to aggravate a state of considerable debility by the needless action of a purgative.

Some time elapsed before a second visit was requested. The menorrhagia had continued unabated, but the bowels were satisfactorily proved to be in a very unhealthy condition. A five grain blue pill was given every night for three doses, and ordered to be afterwards continued every other night. She took the mist. menthæ sulphurica of the Pharmacopœia of St. Bartholomew's Hospital, to which I usually add two grains of ferri sulph., which greatly improve its activity, but feared that



a preparation of iron in the present instance might tend to increase the loss.

For several days the bowels continued to be relieved of a large quantity of unhealthy, offensive faecal matter; the discharge soon diminished, and then stopped. The uterus was evidently more movable, as she could now relieve the sacral pain by turning upon her face. And having thus satisfied myself that the state of the bowels had been the chief cause of this profuse menorrhagia, I felt less scrupulous in adding the usual dose of ferri sulph. to her medicine.

The relapse which she experienced the following year was still more evidently connected with the state of the bowels; no note of sacral pain was made, nor was any examination deemed necessary. I erred in giving her too mild a purgative at first, and failed to relieve her, but a five grain dose of calomel, followed by the combination of ferri et magnesiæ sulph., produced the desired effect.

Mrs. F., aged 53, widow; ten children.

Feb. 10, 1849.—Darting pains in the hips and thighs; catamenia are still regular in occurrence, but irregular in their duration, lasting from three days to nearly two weeks, leaving her very weak and nervous. Tongue pale; pulse weak; bowels are relaxed before the periods; feels better when the bowels are slightly confined; palpitation occasionally.

*Examination per Vaginam.*—Os uteri, close behind the symphysis pubis, fundus forms a large and firm tumour behind. Uterine sound passes three inches backwards and downwards. Uterus replaced. Let her use the prone position.

R. Acidi hydrochlor. dil., acidi nitr. dil., aa. ʒi.; liq. taraxaci ʒi., Infusi aurant. co. ʒvii. M. ft. mist., cujus sumat cochl. magn. ij. ter die.

March 25.—Has been twice unwell since last report; the discharge lasted six days, but was copious and deep-coloured only during two. Bowels irritable, urine turbid. Has been using the prone couch, and always sleeps on her face. I cannot ascertain that she has any symptoms of present retroversion, but she is merely passing through London, and, therefore, it would not be possible to make an examination. Although I have not noted when the two catamenial periods occurred between my reports of her, it is evident that, as the interval was nearly seven weeks, they could not have been very far from the regular time. The use of the prone couch in cases of retroversion was satisfactorily illustrated here, and has enabled me, in the majority of instances, to dispense with all mechanical means for keeping the uterus in its right position.

Mrs. T., aged 35; married sixteen years ago; two children; became a widow; has been married a second time two years and a-half.

Jan. 27, 1850.—Pale, thin; has slight cough. Complains of dull, heavy pain at the sacrum, increased on sitting; painful defæcation; bowels rather confined; catamenia present; suffered from severe menorrhagia for several months after an abortion at the fourth month two years ago; suffered very much from sacral pain during her first pregnancy fifteen years ago, but she lost it after awhile, and went her full time; she had no return of it until shortly before the miscarriage two years ago, since which it has continued more or less. Over-exerted herself at a dance on the 8th of the present month, by which she considerably increased the sacral pain, and had attacks of vomiting for several days afterwards.

*Examination per Vaginam.*—Distinct retroversion of the uterus. I replaced it with great ease. Let her use the prone position.

R. Pil. hydr. chloridi comp. gr. v., alt. noctibus.

R. Ferri sulph. gr. ij., acidi sulph. dil. m̄viii., magnesiæ sulph. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒi. M. ft. haustus primo mane sumendus.

Feb. 3.—Looks better, less pallid; tongue and pulse improved; sleeps badly; feels depressed; urine very thick. The morning draught appears to irritate the bowels.

R. Ferri sulph., quinae disulph., aa. gr. ij., extr. hyosc. gr. vi. M. ft. pil. ij. o. n. s.

R. Pulv. guaiaci, magnesiæ, aa. gr. x. M. ft. pulv. primo mane ex aquâ sumendus.

R. Acidi hydrochlor. dil., acidi nitrici dil., aa. ʒi., liq. taraxaci ʒi., infusi gentianæ comp. ʒvii. M. ft. mistura. Sumat cochl. magn. ij., bis terve die.

Feb. 12.—Looking pale and weak. The prone position has given complete relief; she has had no more sacral pain. The catamenia appeared on the 6th, (three days before the time,) with sensations "quite different" to what she had felt on former occasions. Formerly she had exactly the feeling as if the discharge came from the bowel; now it was quite natural. The

discharge was of a bright colour, and lasted rather more than two days. On the second day it was inclined to come in gushes. Bowels quite natural; urine clear.

Rep. pil., mistura, et pulv.

The occurrence of sacral pain in the early part of the first and third pregnancies of this patient almost leads one to suspect that a degree of retroversion had occurred then; that the uterus spontaneously righted itself in the first pregnancy as it gradually increased in size, but that in her last pregnancy a severe abortion had come on soon after the accession of the sacral pain. Of course this is a mere surmise on my part, but the period at which the abortion occurred is just about the time at which retroversion in pregnancy would be likely to have taken place, and the loose half-contracted state of a uterus after such an event would have tended not a little to keep up the displacement.

In describing her symptoms she unconsciously bore testimony to the value of the prone position in cases of retroversion. On my asking her if the sacral pain abated occasionally, she said, "You will think me superstitious, but such is the fact, the pain abates every evening as soon as I say my prayers." Of course it was not difficult to explain to her how the position of kneeling forward against the side of her bed would diminish, if not remove, the displacement of the uterus, and furnished me with a good argument in favour of the prone position, which I was anxious she should make trial of.

## CASE OF FACIAL ANÆSTHESIA, WITH SIMULTANEOUS DESTRUCTION OF THE EYE.

By R. TAYLOR, M.D.

Surgeon to the Central London Ophthalmic Hospital.

ELIZA MARTIN, aged 46, became an out-patient of the Central London Ophthalmic Hospital, March 17, 1853.

Six months previously, after exposure to cold and wet, she had been confined to bed for a fortnight with a violent cold, and pains all over the body. On awaking one morning, she felt her left eye painful; on putting her hand to the part, she found that the feeling of the whole of that side of the face was gone, and on examining further she discovered that the features were drawn to the same side, the eye blood-shot, and the vision impaired. The pain soon became very severe, radiating all over the side of the head and face, and in a few days the sight of the eye was completely gone. She was then received into St. Bartholomew's Hospital, where she overheard her case—so far as the eye was concerned—described as one of abscess of the eye-ball. She remained in the Hospital for six weeks, during which the pain completely left her, and the eye, which had been very prominent, returned nearly to its proper position in the orbit; the sight, however, did not return, and the eye looked, she said, as if there was something white in it. In the beginning of March the eye again began to protrude, but painlessly, and in a few days it burst, discharging a quantity of matter.

I found the left eyeball enlarged, filling up the orbit to its margin, and protruding considerably; the eyelids were swollen and livid in colour, and the conjunctiva was chemosed, pale, and flabby; the lower half of the cornea was gone; the upper, with a sharp and clean-cut edge, overlapped what appeared to be the remains of the iris; the opening into the eye was blocked up by a soft scab, on detaching which, and pressing gently, pus and discoloured vitreous humour flowed out; a probe was introduced through the opening, and moved freely about without being felt in the slightest degree; on examining microscopically what adhered to it, it was found to consist of pus and broken fibres of the lens.

The whole of the left side of the face supplied by the fifth nerve was insensible to such a degree, that she could merely tell when she was roughly touched, but felt no pain when pinched or pricked with the point of a pin; even this amount of sensibility she represented as being of recent occurrence; and on the forehead she had no feeling whatever. The anæsthesia affected equally the nostril, inside of the cheek, gums, roof of the mouth, and tongue of the left side. The skin of the upper lip at the entrance of the nostril was raw and excoriated, apparently by the thin mucous secretion which trickled over it.

The features were drawn to the left side decidedly, but not to a great extent; she said that a considerable improvement had taken place in this respect. She could not close the right eye; when she attempted to do so, the eye rolled upwards and inwards, so as to conceal the cornea, while rather more than a quarter of an inch of the sclerotica remained exposed. Neither could she



close the lips, from the left corner of which, owing to its being rather more depressed than the other, there was a constant dribbling of saliva. The left temporal and masseter muscles remained perfectly passive during mastication; on the right side they acted in the usual manner. She was unable to use the left side of the mouth in eating. The food accumulated between the teeth and the cheek, and remained there till it was pressed out purposely; and as, from the absence of sensibility of the parts, she was unconscious of its presence, it was sometimes allowed to remain until it became offensive. There was no accumulation of food in the right cheek in eating. The left side of the tongue was much atrophied, being not more than half the size of the right; it was protruded towards the left corner of the mouth. Neither the uvula nor the soft palate appeared to be implicated in any way.

As the patient unexpectedly discontinued her attendance at the Hospital, the opportunity was lost of examining minutely into the state of the senses of taste and smell; the former, she said, was completely gone on the left side, except towards the back of the mouth, and as she was in no way prompted, this answer may be considered as satisfactory to a certain extent; the sense of smell, though blunted on the left side, was never altogether lost. The hearing of the left ear was not at all impaired, and this was the more evident, as she had been completely deaf on the right side for several years. Her speech was very indistinct, apparently from her inability to articulate the labial sounds, owing to the paralysed state of the lips.

I had another opportunity of seeing her very recently. The eyeball had shrunk into a small stump, marked by the action of the muscles; she had severe neuralgic pain in it some time ago, which lasted for about ten days, but, with this exception, it has been free from uneasiness. The sensibility of the face is slowly returning in parts; on the eyelids it is perfect; on the lower part of the cheek it is little inferior to that of the right side; on the forehead and side of the nose it is not at all improved. The skin of the upper lip is still excoriated and slightly ulcerated; the sensibility of the nostril is much improved, and the sense of smell is nearly as acute as on the other side. There has been no change in the state of the mouth, except that the gums are somewhat swollen and unhealthy, and the left side of the tongue has, if anything, slightly increased in size. The sense of taste was more carefully inquired into, and her former statement found to be correct. The features are now quite straight, but the lips and the right eyelids remain paralysed as formerly; when she attempts to close the former, the muscles of the chin, on the left side, are seen quivering under the skin. When she uses the jaws in mastication, the temporal and masseter muscles of the left side are now felt to swell under the finger, but less firmly than those of the right side, and not quite synchronously with them; the muscles of the right side act first, and then, after an appreciable interval, those of the left.

The suddenness with which the paralysis occurred, and the fact that the nerves of both sides were affected simultaneously, render it probable that the cause was an effusion of blood at the base of the brain. The situation of the lesion, whatever may have been its nature, is accurately pointed out by the symptoms which it produced, which indicate that both roots of the fifth, and the hypoglossal nerve of the left, and the seventh nerve of the right side, were the parts implicated. The complete paralysis of the orbicularis oris might at first sight lead to the idea that the seventh nerve of the left side was also involved; but, as this was the only muscle under its control whose power was at all impaired, some simpler explanation will probably occur to those who are conversant with nervous pathology.

Of the various points of physiological and pathological interest which this case presents, the most remarkable is the occurrence of the destructive inflammation of the eyeball simultaneously with the first appearance of the facial anæsthesia. In the well-known experiments of Magendie, which have since been carefully repeated by Valentin, complete division of the fifth nerve within the cranium, in rabbits, was followed by inflammation of the eye within twenty-four hours; but, in the human subject, where the anæsthesia is the effect of disease, the interval is much longer; in some instances, even when the paralysis of the nerve is complete, the eye remains totally unaffected; in others, the immunity lasts for many months, and it is very rarely that the interval is less than several weeks. These remarkable differences, which are as yet wholly unexplained, have led several eminent physiologists to maintain, that the disease of the nerve exerts no direct influence in producing the inflammation of the eye, but that the organ suffers secondarily from the irritation of dust or other foreign particles, the presence of which is unfelt, from the loss of common sensibility, or which, as Sir Charles

Bell suggested, may remain unremoved, owing to concurrent paralysis of the eyelids. The fallacy of the latter suggestion is strikingly shown by the case under consideration, in which the fifth and seventh nerves were paralysed upon opposite sides, the right eye escaping all injury, though its eyelids could not be closed, while the left, that on the side where the fifth nerve was diseased, was destroyed. In an able paper, in the twenty-eighth volume of the "Medico-Chirurgical Transactions," Mr. Dixon has adduced much valuable evidence in favour of the correctness of Magendie's conclusions; still, in every case which has hitherto been recorded, so far as I am aware, the long interval which has elapsed before the eye was affected, has afforded some countenance to the opposite opinion. So far as a single case bears any weight, the one now reported appears conclusive; for, taken in connexion with what has been already observed, it is impossible to consider the inflammation of the eye as merely a coincidence, and the rapidity with which it occurred excludes the possibility of its having been occasioned by any external irritation.

## PRACTICAL ESSAYS ON PLASTIC SURGERY.

By T. SPENCER WELLS, F.R.C.S.

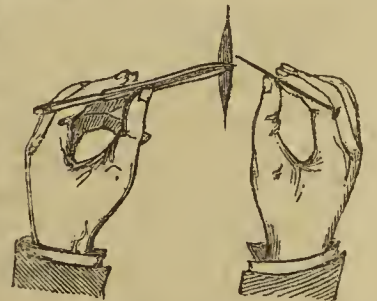
Surgeon to the Samaritan Hospital.

(Continued from page 33.)

THE *twisted* suture is applied by passing a pin or needle through both edges of the wound, bringing the edges together, and keeping them so by twisting thread, silk, or cotton around them and the needle. Numberless varieties of needles have been made for this purpose, some of silver with moveable steel points; others of gold, platina, brass, or steel plated to prevent rust. Some are carried through tubes, and the tubes are allowed to remain; but the disadvantages attending their use are very great. They are too thick, make too large punctures, excite inflammation, and, by suppurating through the skin, cause transverse cicatrices more disfiguring than the wound itself. As their ends project, they are apt to be displaced by the pillow or bed-clothes, especially in children, and the practice of fixing plaster, leather, or lint, in strips or compresses beneath them, to protect the skin, increases the heat and irritation of the wound. The kind of hard pin known on the Continent as the Carlsbad Insect Needles are very far better. They have all the appearance of our ordinary pins, but they are more elastic and sharper. The best I have seen are procured from Lütter, of Berlin, who obtains them of all the needful lengths and degrees of fineness, and, on the suggestion of Langenbeck, has obviated the only objection to their use,—their bluntness,—by grinding the ends to a spear point, so that they pass with the greatest ease. They are sold according to number,—number 0 and 1 being finer than the surgeon can require, and likely to cut through the skin. Number 2 and 3 are suitable for delicate operations. Those most generally useful are 6 and 7, the numbers up to 12 being adapted for uniting stumps after the larger amputations. A few of different sizes should be placed before the operation, in a sort of pincushion, formed by a box of cerate, or, according to Dieffenbach, in a tallow candle, in order that they may pass with perfect ease. Some Surgeons use the ordinary fine sewing needle, but these easily break off, and will not bend if we wish to turn their ends off the skin; nor can they be easily snapped off.

The best material for twisting round the pins is ordinary stocking cotton, fine in proportion to the size of the pin. This is soft, and less likely to bruise the skin than silk or thread. Dieffenbach used the twisted cotton known as cotton-wick for candles.

The suture is applied in the following manner:—One edge of the wound is fixed, and turned somewhat outwards, by forceps held in the left hand. It is then transfixed by a pin passed by the right hand from without inwards. The point is carried across the base of the wound, and the opposite edge being fixed by the forceps, this is now transfixed from within outwards, and the pin carried onwards until its centre lies in the wound. In the annexed cut it is seen so passed, but the punctures have been made rather too near the edge for a wound of that length. There should be from one to six lines between the puncture and the edge, according to the size of the wound. The edges of skin are





then brought together, as seen over the central pin, and the cotton is twisted round it. The first turn of the thread forms a circle between the pin and the skin, and encloses a portion of the integument, across which several other turns of the two ends of the cotton are made, in the form of a figure of 8. When several turns have been made the ends are tied together. The cotton must be twisted in this manner sufficiently tight to keep the edges of the wound in apposition without any pressure, or the subsequent swelling would cause the pins to cut through the skin. At the same time, it is to be borne in mind, that the turning up of the end of the pins, to keep them off the skin, will rather loosen the thread, so that this must be allowed for. This bending upwards of the head and point of the pin not only prevents the ends, when snipped off, from injuring the skin, but facilitates the snipping off, and tends to make the apposition of the edges of the wound more exact, while it also renders the pins less likely to be displaced by accident.

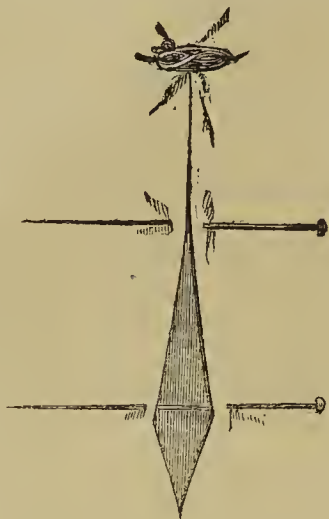
The ends having been thus bent, they are snipped off by a small pair of cutting pliers. The most convenient instrument for this purpose is exactly twice the size of that shown in the cut. The pendant threads are taken in the left hand, in order to raise the pin while it is cut through about a line from the cotton. When the ends of the pin have been snipped off, the threads are also cut off close to the knot.

Dieffenbach insists very much upon the twisting of the cotton round the pin in the manner just described. He says, that other modes of passing it are less efficacious, as the pressure is not so equally distributed over a large surface of skin in any other way. If the circular turn be alone employed, a sort of island of skin is formed, which swells and projects like a bean, and easily sloughs or suppurates. The simple crossing of the threads again as a figure of 8 falls into the opposite error, presses the portion over the needles too strongly, and brings about its death, subsequently causing a suppurating transverse fissure.

It is generally more convenient to pass the central pin first, because the wound is thus less disturbed by passing the others, and the opposite sides correspond better than when the first pin is placed near one end of a wound, and the others in succession towards the other end.

Each pin should be separately passed, twisted, bent, and snipped off, and the threads cut, before another pin is passed. Some Surgeons pass all the pins before they apply the thread around any. In this way the points of puncture are less likely to correspond exactly, and the threads are apt to become entangled. In some of the most modern of our Surgical works,—in those of Mr. Fergusson and Mr. Erichsen, for example,—we are told to tie all the pins by one thread, carrying the thread from one pin to the other. This leads to additional disadvantages, as the withdrawal of one pin is apt to loosen the others, so that all must be left or all withdrawn; whereas it is often desirable to remove one only. If loose, the turns between the pins are useless. If tight, they draw the pins together, and may lead to gaping of the edges of the wound in the spaces between the pins. The tendency is also, by drawing the pins at either end of the wound towards each other, to shorten the cicatrix, and this shortening, in many cases, would produce deformity, as in harelip, a transverse wound of the eyelids, or division of the *ala nasi*. In harelip, this shortening is sometimes produced to such a considerable extent that doubts are entertained if the operation had been perfectly performed or it is thought to have partially failed. The healed eyelid does not close perfectly, and the *ala nasi* is drawn up in a very disfiguring manner. All this may be avoided by making each pin independent of its fellows.

In some wounds alternate twisted sutures and strips of plaster answer exceedingly well. In others, the pins and ordinary sutures



may alternate, and collodion be used in the manner described at the conclusion of the last paper. If the wound be in a situation where it would not be safe to trust to the collodion, the pins should be left until union appears to be tolerably firm. Generally the first pin may be removed on the third day, and the last on the fifth. If there be much inflammation, they may be removed on the second day, and bleeding encouraged from the punctures. They are drawn out more easily from the side on which they were introduced. The cotton should not be previously moistened, as it would then swell, contract, and impede the removal of the pin. With a little care, the removal may be effected without disturbing the wound in the least, simply by fixing the end of the pin in a pair of forceps, turning it round once or twice, and withdrawing it in the direction of the curve.

The action of the ordinary and twisted sutures differs considerably. In the one case, a ring of thread surrounds a small portion of skin, weakens the circulation through it, and, when tied tightly, strangulates and cuts through it. In the other, the edges of skin are not bound together by a ring of thread, but two broad surfaces of skin are pressed together by the reciprocal action of the pin and the thread, the circulation being unimpeded if the suture be properly applied.

**SICKNESS IN FRIENDLY SOCIETIES.**—At the last ordinary meeting of the Institute of Actuaries, held at the rooms of the Institute in St. James's-square, John Finlaison, Esq., President, in the chair, a paper was read entitled "Observations upon the Sickness and Mortality experienced in Friendly Societies," by Henry Tompkins, Esq. The author commenced by urging the importance of correct data as to the law of sickness. It was more difficult to determine than the law of mortality. Mr. A. G. Finlaison, in his recent report made by order of the House of Commons, upon the sickness in Friendly Societies, in which associations nearly three millions of persons were enrolled, had determined the ratio of sickness with a greater approach to accuracy than had ever been accomplished before. Previous investigations had included claims made on account of old age with those of sickness. This had led to erroneous results. Thus at age 60 every man had been stated to be ill on an average one month in the year; at 70, two and a-half months; at 75, four months; at 80, five months; and at 85, six months. In consequence of the promulgation of this erroneous data, it was supposed by many that Friendly Societies in general were in an insolvent state. The author proceeded to analyse Mr. Finlaison's report, from which it appeared, that between the ages of 20 and 30 each person had on an average nearly 7 days' illness a-year; at 40 it increased to 8 days; at 45, to 9; at 50, to 11½; at 55, to 14; at 60, to 18½; at 65, to 27¼; at 70, to 43½; at 75, to 66; and at 80, to 97½. It was stated that the total amount of the sickness experienced by each person in the 32 years elapsing between 18 and 50, was 260 days; in the 10 years between 50 and 60, 147 days; between 60 and 70, 299; and between 70 and 80, 712. Locality had very little to do with the ratio of sickness. It had also been found that the duration of sickness was in the inverse ratio to susceptibility of attack, as shown in the proportion of persons attacked with sickness. Thus in the northern parts of England nearly 20 per cent. were yearly attacked with illness, while in the midland districts 30 per cent. were so attacked; but, on the other hand, the proportion of sickness to each sick man in the north amounted on the average to 50 days, while in the midland districts it reached only to 36 days: the liability to attack being balanced by the duration, thus making very little difference in the amount of sickness experienced in one part of England when compared with another. With regard to the mortality experienced in Friendly Societies, it was very light, there being at age 20, only 1 death in 135; at 30, 1 in 130; at 40, 1 in 97; at 50, 1 in 67; at 60, 1 in 38; at 70, 1 in 18; and at 80, 1 in 8. This part of the inquiry coincided with previous investigations almost to repetition. The report divided labour into two classes—viz., light and heavy labour; and each of these again into the two sections—labour in the open air, and labour under shelter; and the results showed a great difference in their ratios of sickness and mortality. The most healthy condition of existence appeared to be "light labour in the open air." The author concluded by enunciating the theory, that the duration of sickness was in direct proportion to the vital power. Thus, let *Sx*, the sickness, be multiplied into the numbers out of which one will die, or intensity *Ix*, it should produce a constant number *C*. It was stated that tables of payments required in Friendly Societies, calculated from the report by Mr. Finlaison, were in the press.



TABLE OF CASES OF AMPUTATION PERFORMED IN THE YEAR 1853.

NO.	AGE.	SEX.	OCCUPATION.	WHAT LIMB AMPUTATED, AND WHETHER CIRCULAR OR FLAP.	WHY AMPUTATED.	DATE OF OPERATION.	RESULT, AND AT WHAT PERIOD.	REMARKS.—IF FATAL, MORBID APPEARANCES, ETC., ETC., ETC.
120	M.	M.	Clerk.	Thigh. Flap.	Ulceration of cartilages of knee, after chronic synovitis.	Jan. 20.	Cured. 40 days.	
267	M.	M.	Pensioner.	Thigh. Circular.	Abscess in knee-joint.	Jan. 20.	Died. 17 days.	<i>Post-mortem</i> appearances—Pyæmia, phlebitis of femoral and iliac veins. ( <i>Post-mortem</i> and Case-book, 1853, p. 27).
352	M.	M.	Knifegrinder.	Arm. Circular.	Compound fracture of the fore-arm, followed by gangrene.	Feb. 9.	Cured. 56 days.	Secondary amputation. ( <i>Vide</i> Compound fractures, No. 5).
412	M.	M.	Schoolboy.	Leg. Circular.	Strumous disease of tarsus.	Feb. 17.	Cured. 34 days.	
518	F.	F.	Milk woman.	Thigh. Circular.	Abscess in knee-joint, from ulceration of the cartilages consequent on synovitis.	Mar. 2.	Cured. 77 days.	The articular extremities of the bones of the knee-joint were affected with caries. After the amputation, a portion of the stump of the femur became carious, for which disease she was re-admitted in the course of the year. A necrosed piece separated, and the stump then healed.
614	M.	M.	Groom.	Thigh. Circular.	Strumous disease of knee; abscess.	Mar. 17.	Cured. 54 days.	He had been in the Hospital for the same disease before, at which time it was relieved, and he was provided with leather splints. These he neglected to wear; the disease became worse, abscess formed, and he was re-admitted Dec. 8, 1852. The abscess was opened by incisions, but as his health was sinking under the process necessary for anchylosis, amputation was indicated.
76	M.	M.	Child.	Thigh. Circular.	Extensive necrosis of the tibia, with destruction of the soft parts by phagedæna.	Mar. 24.	Recovered from the operation. 3 months.	The stump healed, though very slowly. There was strumous disease of the eyelids and much general debility, from which he did not appear to be recovering when discharged.
821	F.	F.	None.	Thigh. Circular.	Old disease of the tibia and femur, with contraction of the knee and atrophy of the limb.	Mar. 31.	Died. 12 days.	<i>Post-mortem</i> examination—Pyæmia; secondary deposits in the knee; diffused suppuration in the cancellous tissue of the femur. ( <i>Post-mortem</i> and Case-book, 1853, p. 80).
925	M.	M.	Linendraper.	Thigh. Circular.	Fungus hæmatodes in the popliteal space; bleeding.	Mar. 31.	Died. 5 days.	Symptoms of pyæmia. On <i>post-mortem</i> examination suppuration was discovered in the medullary cavity of the femur. ( <i>Post-mortem</i> and Case-book, 1853, p. 75).
1030	M.	M.	Gamekeeper.	Thigh. Circular.	Abscess communicating with the knee-joint.	April 14.	Died. 24 days.	<i>Post-mortem</i> examination showed pyæmia. Phlebitis of the femoral and other veins; incipient secondary deposits in the lungs and lobular pneumonia. ( <i>Post-mortem</i> and Case-book, 1853, p. 100).
1156	M.	M.	Gardener.	Thigh. Circular.	Simple comminuted fracture extending into the knee-joint, followed by abscess in that joint.	April 21.	Died. 3 days.	Secondary amputation. <i>Post-mortem</i> examination showed pyæmia and phlebitis. It was uncertain whether the pyæmia had not been established previous to the operation. ( <i>Post-mortem</i> and Case-book, 1853, p. 91).
127	F.	F.	Child.	Thigh. Circular.	Compound comminuted fracture of the femur.	June 8.	Cured. 104 days.	Primary amputation. ( <i>Vide</i> Compound fractures, No. 10). The laceration of the soft parts was very great. The stump subsequently sloughed, and resection of the end of the bone became necessary. This was followed by a severe attack of phagedæna.
1324	M.	M.	Tailor.	Leg. Circular.	Caries of tarsus; abscess.	June 23.	Died. 30 days.	He had also disease of the right elbow, and abscess connected with it. The opening of this abscess became phagedænic after the amputation. He had several attacks of hæmorrhage from the elbow, and symptoms of pyæmia, though no distinct appearances were detected on <i>post-mortem</i> examination. ( <i>Post-mortem</i> and Case-book, 1853, p. 152).
1410	M.	M.	Labourer.	Leg. Circular.	Compound comminuted fracture of the tibia, with laceration of the posterior tibial artery.	July 11.	Cured. 47 days.	Primary amputation. ( <i>Vide</i> Compound fractures, No. 12).
1560	M.	M.	Labourer.	Leg. Circular.	Malignant disease of the tibia.	Aug. 18.	Relieved. 53 days.	The disease recurred in the inguinal glands.
1616	M.	M.	Labourer.	Fore-arm. Flap.	Strumous disease of the wrist.	Aug. 18.	Cured. 17 days.	Most of the stump healed by first intention.
1733	M.	M.	Labourer.	Leg. Circular.	Compound comminuted fracture of the leg, with much laceration of the soft parts.	Sept. 16.	Cured. 47 days.	Primary amputation. ( <i>Vide</i> Compound fractures, No. 16). The opposite great toe was amputated at the same time. The stump of the leg was attacked by phagedæna.
1868	M.	M.	Beadle.	Leg. Flap.	Compound fracture of the leg, with much laceration of the soft parts, and rupture of the anterior tibial artery.	Sept. 22.	Died. 12 days.	Primary amputation. Much sloughing followed the operation, and repeated hæmorrhage on separation of the sloughs. He seemed to sink from the weakness thus produced. No <i>post-mortem</i> examination. ( <i>Vide</i> Compound fractures, No. 17).
1932	M.	M.	Milkman.	Thigh. Circular.	Chronic abscess communicating with the knee-joint; caries of the articular ends of the bones.	Oct. 20.	Cured. 94 days.	



TABLE OF CASES OF AMPUTATION PERFORMED IN THE YEAR 1853.—Continued.

NO.	AGE.	SEX.	OCCUPATION.	WHAT LIMB AMPUTATED, AND WHETHER CIRCULAR OR FLAP.	WHY AMPUTATED.	DATE OF OPERATION.	RESULT, AND AT WHAT PERIOD.	REMARKS—IF FATAL, MORBID APPEARANCES, ETC., ETC., ETC.	
20	18	M.	Labourer.	Fore-arm. Circular.	Laceration of hand by a gun-shot wound.	Oct. 30.	Cured. 142 days.	Primary amputation. This patient had all the symptoms of secondary inflammation,—rigors, consecutive sweats, change of complexion, low inflammation of the lower part of one lung, pain and redness in the shoulder of the opposite side to the amputation. These symptoms gradually subsided, the thoracic symptoms very slowly. Abscesses formed about the amputated ends of the bones, which delayed the cure still further.	
21	32	M.	Pianoforte mak.	Thigh. Circular.	Arterial hæmorrhage in hospital gangrene.	Nov. 12.	Same day.	He had not strength to rally from the effects of the hæmorrhage and operation. The bleeding came from a large branch of the popliteal artery. Secondary hæmorrhage came on a few hours after the operation. He lost little blood, but in his exhausted condition this was fatal to him. No <i>post-mortem</i> examination.	
22	22	F.	None.	Thigh. Flap.	Ulceration of the cartilages, and abscess of the knee-joint.	Dec. 1.	Cured. 51 days.		
23	51	M.	Mason.	Thigh. Circular.	Ulceration of the cartilages, and abscess of the knee-joint.	Dec. 8.	Died. 10 days.	The stump became very foul, and no discharge was established from it. The soft parts were retracted from the bone. <i>Post-mortem</i> examination showed phthisis and a vomica at the apex of the left lung. ( <i>Post-mortem</i> and Case-book, p. 263).	

Total Number of Cases of Amputation, 23; 9 died.

Of the Thigh, 14, 7 of which died. 12 were circular, and 2 flap operations; 1 was a primary and 1 a secondary amputation after injury; 2 were performed on account of hæmorrhage, in one case from a malignant tumour, in the other from a vessel laid open by hospital gangrene; the rest were for disease.

Of the Leg, 6; 2 died. 5 were circular, and 1 a flap operation; 3 were primary, for accidents; the rest for disease.

Of the Arm, 1, a circular operation, secondary for traumatic gangrene after compound fracture; recovered.

Of the Fore-arm 2. 1 flap, 1 circular; the former for disease, the latter primary for accident; both recovered.

CASES OF COMPOUND FRACTURE OF THE THIGH, LEG, ARM, AND FOREARM, ADMITTED IN THE YEAR 1853.

NO.	AGE.	SEX.	OCCUPATION AND GENERAL HABITS.	DATE OF ADMISSION.	NATURE OF ACCIDENT.	LIMB.	STATE OF WOUND, AND OF FRACTURE.	TREATMENT.	RESULT, AND DURATION OF DISEASE.	REMARKS—IF FATAL, MORBID APPEARANCES, ETC. ETC.	
1	36	M.	Butler. Intemperate.	Jan.	4. Thrown from the box of a cab.	Left leg.	Small wound; fracture somewhat comminuted.	Assalini's box; very little extension could be borne; wound enlarged to allow of the escape of confined matter and exfoliation of bone.	Cured. 99 days.	Had a very severe epileptic seizure shortly before his discharge.	
2	61	F.	Widow.	Jan.	9. Fell down a few steps.	Left leg.	Small wound; slight ecchymosis; very oblique fracture of the tibia, about two inches from the ankle-joint; fibula fractured an inch higher up.	Assalini's box; bark and carbonate of ammonia, wine.	Cured. 115 days.	Had an attack of erysipelas while in the house.	
3	51	M.	Labourer. Temperate.	Jan.	17. Fell from a scaffold, about twelve feet.	Right leg.	Fracture of tibia, comminuted; large external wound, burrowing under the skin.	Assalini's box; diffuse inflammation of the limb set in on the third day; incisions; opium; ammonia; tonics; good diet.	Died. 22 days.	<i>Post-mortem</i> appearances: Fatty heart; abscess beneath the peritoneum, probably from secondary infection. ( <i>Post-mortem</i> and Case Book, 1853, p. 29.)	
4	29	M.	Coachman.	Jan.	18. Fell from a carriage.	Leg.	Fracture transverse; small wound caused by fragment of tibia.	Assalini's box; no symptoms.	Cured. 43 days.		
5	52	M.	Knifegrinder. Said to be of temperate habits, but was drunk when the accident occurred.	Feb.	7. Run over by an omnibus.	Left forearm.	Bones much comminuted; much contusion and laceration.	Traumatic gangrene on the 2nd day; immediate amputation.	Cured. 58 days.	<i>Vide</i> Amputations, No 3. Traumatic gangrene began to make its appearance on the 2nd day, and in a few hours spread up the arm to within a short distance of the shoulder; contusion and laceration of the soft parts.	
6	31	M.	Drayman. Intemperate.	April	9. Run over by a dray.	Left thigh.	Small wound caused by the fragment of bone protruding during his removal to the hospital; fracture slightly comminuted.	Wound enlarged, and other incisions made, to let out copious suppuration about the fracture; extension could not be borne; laudanum; wine; brandy; good diet.	Died. 39 days.	<i>Post-mortem</i> appearances: Phlebitis and secondary abscesses in lungs and cellular tissue. ( <i>Post-mortem</i> and Case Book, 1853, p. 112.)	



7 10	M.	Errand-boy.	April 3.	Caught his foot in the turn-table of a railway while in motion.	Left ankle.	Compound dislocation, with fractured malleolus.	Assalini's box ; incision over heel to let out confined matter.	Cured. 80 days.	A portion of the tibia became necrosed.
8 42	M.	Gasfitter. Temperate.	April 15.	Run over by a cab.	Right leg.	Small wound over the fibula, with much contusion in the neighbourhood ; transverse fracture of both bones.	Assalini's box ; incisions.	Cured. 88 days.	Much sloughing of the contused parts followed.
9 35	M.	Groom.	May 12.	Kicked by a horse.	Forearm.	Small wound, transverse fracture.	Splints ; the wound closed up and healed kindly.	Made out-patient 10 days.	Vide Amputations, No. 12.
10 7	F.	Child.	June 8.	Run over by a loaded cart.	Right thigh.	Extensive laceration of soft parts ; the cavity of the knee-joint exposed ; projection of the upper fragment of bone.	Primary amputation.	Cured. 104 days.	
11 55	M.	Coachman. Intemperate.	In-June 17.	A fall in the street while intoxicated.	Right leg.	Small wound, leading to a comminuted fracture of the tibia ; fibula fractured higher up.	Assalini's box ; saline mixtures, with diffusible stimulants ; laudanum.	Died. 19 days.	Post-mortem appearances : Pyæmia ; abscess in shoulder-joint. ( <i>Post-mortem</i> and <i>Caso Book</i> , 1853, p. 140.)
12 10	M.	Labourer.	July 11.	... ..	Left leg.	Comminuted fracture of the tibia, with laceration of the posterior tibial artery.	Primary amputation.	Cured. 47 days.	Vide Amputations, No. 14.
13 30	M.	Labourer. Intemperate.	July 17.	Caught his foot while jumping down a height of five feet.	Left leg.	Oblique fracture of tibia ; triangular wound about one inch in length ; a piece of skin nipped in between the fractured ends.	Assalini's box ; good diet ; phagedæna having set in, laudanum internally, and conium topically.	Made out-patient 157 days.	Severe attack of phagedæna.
14 45	M.	Mason. Temperate.	Aug. 3.	An iron girder fell on his leg.	Right leg.	Two fractures, both compound and of both bones ; the lower one, near the ankle-joint, gave exit to a fluid resembling synovia ; a wound on each side of the leg, the external one, which communicated with the upper fracture, was somewhat contused.	Assalini's box ; the wounds closed with lint.	Cured. 56 days.	The wounds healed slowly, but without any bad symptoms.
15 23	F.	Laundress. Regular habits.	Aug. 17.	Fell about sixteen feet from a wall.	Left leg.	Comminuted fracture of both bones, with protrusion ; jagged wound of about four inches long near the ankle, on the anterior aspect of the leg.	External wound dilated, and several loose pieces of bone removed ; Assalini's box ; phagedæna having occurred, laudanum and chlorate of potash internally, and tinct. benzoin. co. topically.	Cured. 125 days.	Phagedæna of external wound ; erysipelas appeared after the phagedæna had stopped, and spread up the limb to the groin. This lasted only a few days, the wound then began to heal rapidly.
16 33	M.	Labourer. Intemperate.	Sept. 15.	Leg and opposite great toe crushed by a cart wheel.	Left leg.	Much comminution of the fracture ; the soft parts lacerated from the foot to near the knee.	Primary amputation.	Cured. 48 days.	Vide Amputations, No. 17.
17 68	M.	Beadle.	Sept. 22.	A fall from a coach, the wheel of which had apparently passed over his leg.	Left leg.	Transverse fracture of both bones ; much laceration and contusion of the soft parts ; the anterior tibial artery ruptured.	Primary amputation.	Died. 12 days.	Vide Amputations, No. 18.
18 38	M.	Artist. Intemperate.	Nov. 11.	Run over by a railway-carriage.	Left leg.	Two wounds, somewhat lacerated ; the end of the tibia had projected from the wound on the inside of the leg, but was reduced before admission ; fracture of tibia comminuted.	Assalini's box ; occasional doses of laudanum and mercurial purgatives.	Cured. 122 days.	Recovery retarded by necrosis of the lower fragment of the tibia.
19 57	F.	Married woman. Intemperate.	Nov. 24.	Run over by an omnibus.	Left thigh.	Wound about one inch long, on the inner side of the thigh, somewhat contused ; oblique fracture, not comminuted.	Long splint ; simple dressing to the wound, which remained open about six weeks.	Cured. 72 days.	Post-mortem examination showed pyæmia ; secondary deposits in lung, liver, and cellular tissue, around larynx, and pleuro-pneumonia.
20 38	M.	Coachman. Temperate.	Dec. 8.	Kicked by a horse.	Right leg.	Small wound ; transverse fracture of both bones, about half-way above the ankle-joint, with small comminuted portion of the tibia.	Assalini's box ; opium ; brandy ; diffusible stimulants.	Died. 29 days.	
21 16	M.	Labourer. Temperate.	Dec. 30.	A fall from a ladder ; the lower fragment of the tibia appeared to have been pushed through the skin by awkward handling in removing him.	Left leg.	Transverse fracture ; very small wound (hardly larger than a puncture) ; much extravasated blood.	Assalini's box.	Cured. 47 days.	The wound healed in about three weeks. No symptoms.

Total number of cases of compound fracture, 21 ; 5 died.

Of the Thigh, 3 ; 1 died of pyæmia and secondary deposits ; 1 primary amputation, recovered.  
 Of the Leg, 16 ; 4 died. 1 of repeated hæmorrhage, following sloughing, after primary amputation ; 1 of diffuse inflammation ; 2 of pyæmia and secondary deposits. 3, primary amputations.  
 Of the Forearm 2, recovered. 1 secondary amputation (of the arm) for traumatic gangrene.



TABLE OF CASES OF STRANGULATED HERNIA, OPERATED ON IN THE YEAR 1853.

AGE	SEX.	OCCUPATION.	NATURE OF HERNIA, RECENT OR OLD: WHETHER TRUSS HAS BEEN WORN.	RIGHT OR LEFT EX-TRANGULATION.	PERIOD OF STRANGULATION.	DATE OF OPERATION.	CONTENTS OF SAC, WITH THEIR CONDITION.	SAC OPENED OR NOT.	RESULT, AND AT WHAT PERIOD.	REMARKS.—IF FATAL, MORBID APPEARANCES, ETC. ETC. ETC.
143	F.	Servant.	Femoral. 2 months. No truss.	Right.	2 days.	Feb. 24.	A large knuckle of small intestine, much congested. No lymph, fluid, or omentum.	Opened.	Cured. 33 days.	When admitted was perfectly collapsed. Extremities cold, lips blue, countenance anxious and much depressed. Pulse scarcely perceptible. Hernia large and very painful, even on slight handling. Great pain and tenderness over the whole abdomen, but no tension. Subserous cellular tissue much loaded with fat. Stricture at a great depth, and very tight. Unhealthy supuration occurred in the neighbourhood of the wound; otherwise this patient did remarkably well. Was allowed good diet at a very early period after the operation.
280	M.	Farmer.	Femoral. Quite recent (only 48 hours). No truss.	Right.	48 hours.	Feb. 24.	A knuckle of small intestine, exceedingly dark, and covered with a layer of lymph mixed with blood. About half an ounce of bloody fluid.	Opened.	Cured. 29 days.	In this case the rupture suddenly made its appearance in a fit of coughing, and became strangulated at once. The tumour was very painful when handled, and there was some pain and tenderness in the belly. The patient was a strong man for his great age, but very fat. The subserous cellular tissue was immensely loaded with fat. Stricture at a great depth, and very tight. Some supuration occurred in the neighbourhood of the wound, and a small slough of cellular tissue separated after a few days. Otherwise did remarkably well. Was allowed good diet at a very early period after the operation.
357	F.	Widow.	Femoral. Old. Truss.	Right.	About 36 hours.	March 15.	A small knuckle of intestine, coated with lymph. Some recently protruded omentum. A large knuckle of old adherent omentum. Serum with flakes of lymph.	Opened.	Died. 38 hours after operation.	She was in a bad state of health, just recovering from erysipelas. When admitted, had symptoms of peritonitis, which went on increasing notwithstanding the operation, and proved fatal. <i>Post-mortem</i> examination. The gut much congested and inflamed, but not mortified. The intestines extensively glued together by recent lymph. ( <i>Post-mortem</i> and Case-book. 1853. P. 60.)
461	M.	Wood-cutter.	Oblique inguinal. Old. Badly-fitting truss.	Right.	18 hours.	March 21.	Intestine enclosed in omentum, which formed a sac for it. The peritoneal sac had been ruptured, and part of the omentum forced out.	Opened.	Cured. 42 days.	The omentum did not form a tight stricture for the gut, so that the latter was reduced without incision at the neck of the sack, which was surrounded by omentum. The rupture of the peritoneal sac might have been produced in violent efforts which he had himself made to reduce the hernia.
560	F.	Married woman.	Femoral. Old. Not known whether a truss had been worn.	Left.	10 days.	April 3.	Serous fluid. A small knuckle of the intestine perforated by ulceration. Thickened and sloughy omentum.	Opened.	Died. 7 hours after operation.	The contents of the gut escaped during the operation. The long period during which the strangulation had been suffered to continue seemed to be in part attributable to her own obstinacy. On <i>post-mortem</i> examination, the gut was found ulcerated, and feces in the peritoneal cavity. ( <i>Post-mortem</i> and Case-book. 1853. P. 72.)
646	F.	Married woman.	Femoral. 3 years. No truss.	Left.	...	April 5.	Sac empty.	Opened.	Died. 41 days.	Was admitted with the history of a strangulated hernia; which, it was said, had been reduced by the taxis; but, as constipation and sickness still continued, and as, on a careful examination, a small tumour was detected in the groin, an exploratory operation was determined on. The tumour was formed by an enlarged gland, behind which was found a flaccid hernial sac. This being opened, the femoral ring proved to be quite free. She appeared to be going on well, when, on the 6th day, an escape of feces occurred from the wound. This continued for several days, after which the discharge for the greater part subsided, and had almost ceased, the wound in the groin being nearly healed, when bed-sores made their appearance. These were soon followed by extensive sloughing and profuse discharge, under which she ultimately sank. <i>Post-mortem</i> appearances. Bronchitis. Circumscribed peritoneal abscesses. Constriction of a part of the ileum near its termination. Ulceration of the gut above this, and fecal fistula communicating with the wound in the groin. ( <i>Post-mortem</i> and Case-book. 1853. P. 110.)



746	F.	Servant of all-work.	Femoral. 8 years. No truss.	2 days.	June 17.	Intestine very dark, and lymph. Serous fluid.	Opened.	Cured. 39 days.	<p>She was in so alarming a state of collapse on admission, that it was necessary to give stimulants previous to operating. Chloroform was not used, on the same account. Ulceration of the bowel followed, and fecal discharge from the wound on the 7th day. This ceased in about a fortnight. She had a crop of pustular eruption all over the body, and was for several days in an alarming state of weakness, with livid extremities, and cold, clammy face.</p> <p>Much bleeding, venous in character, from the bottom of the wound at the time of the operation. This was restrained by pressure.</p>
835	F.	Servant.	Femoral. Old (4 yrs.) Truss.	2 days.	July 23.	Intestine, dark coloured. A small quantity of bloody fluid.	Opened.	Cured. 44 days.	
938	M.	Brick-layer.	Femoral. Had not existed before the date of strangulation.	6 hours.	Aug. 19.	... ..	Not opened.	Cured. 13 days.	<p>The symptoms of strangulation were not severe. No symptoms followed the operation. The wound healed kindly.</p>
1051	F.	Char-woman.	Femoral. Old. No truss.	36 hours.	Sept. 13.	Little fluid. A small knuckle of congested intestine.	Opened.	Cured. 36 days.	<p>Phagedaena attacked the wound.</p>
1150	M.	Labourer.	Scrotal. Old. Irreducible. Bag-truss.	36 hours.	Sept. 22.	A small knuckle of intestine, not much congested. Large mass of adherent omentum.	Opened.	Cured. 62 days.	<p>The hernia seemed to have been of the congenital variety. He was in the house a few months before with strangulation of the hernia, when the intestine was reduced under chloroform, a large mass of omentum being left adherent. The operation was followed by abscess in the sac.</p>
1240	F.	Servant.	Femoral. Old. No truss.	4 days.	Sept. 23.	A small knuckle of congested intestine.	Opened.	Cured. 23 days.	
1363	M.	Stone-cutter.	Femoral. Old. No truss.	3 days.	Oct. 7.	A small knuckle of intestine, very dark. Little fluid.	Opened.	Died. 2 days.	<p>Was perfectly collapsed, and was not allowed to take chloroform as he was in such a state of debility, that it was thought he might not recover from its effects; in fact, he was so prostrate, that it was doubtful whether he would survive the operation. The bowel, although very dark, did not appear to be gangrenous; it was therefore returned; but, a few hours after the operation, a copious discharge of thin fecal fluid escaped from the wound. He rallied but little after the operation. On <i>post-mortem</i> examination, the mucous membrane of the bowel was found to be completely ulcerated in a circle corresponding to the seat of the stricture, and in two points the other coats of the bowel had also given way. There was only a small quantity of fecal fluid in the peritoneal cavity, the greater part by far having escaped through the wound. (<i>Post-mortem</i> and Case-book. 1853. P. 212.)</p>
1453	F.	Married woman.	Femoral. 1 year. No truss.	12 hours.	Nov. 8.	A large knuckle of intestine, ecchymosed in places. Much omentum adhering to the femoral ring, and encircling the bowel. About half an ounce of dark-coloured fluid.	Opened.	Cured. 18 days.	<p>In incising the stricture, a large artery in the omentum was necessarily divided; this was tied, and the bowel and greater part of the omentum reduced; the part of the omentum which adhered to the ring being alone left in the wound. Notwithstanding the free incision into the sac, and the omentum being left in the wound, the latter healed very kindly.</p>
1566	F.	Widow.	Femoral. 1 year. Truss.	3 days.	Nov. 21.	The celluloadipose tissue in front of the sac was dark-coloured from extravasated blood. The sac thick. Contents: bloody serum, a large piece of omentum, and a large knuckle of small intestine behind it. The omentum was firmly adherent to the ring, and deeply stained with extravasated blood. The intestine of a deep chocolate colour, and rather rough from lymph. Neck of sac long. Stricture very tight. Two portions of omentum cut off, after the application of double ligatures.	Opened.	Cured. 37 days.	<p>This patient had, it appeared, undergone a good deal of handling previous to her admission. The taxis had been tried several times, and at last given up, owing to the pain it caused her. The hernia was a very large one, and the skin covering it of a dark colour, as if from extravasated blood in the cellular tissue. And yet, notwithstanding the unfavourable appearances observed during the operation, this patient progressed most favourably. The wound almost healed by first intention, and there was but little suppuration in the course of the ligatures applied to the omentum.</p>

Total number of cases operated upon 15, 5 of whom were males, and 10 females. 4 died. Inguinal, 2; both oblique; both males. Recovered.

Femoral, 13; 3 males and 10 females. 4 died. 1 of peritonitis previously existing. In 2 cases the gut was ulcerated, and gave way; in 1 during, and in the other a few hours after the operation. The remaining fatal case was an exploratory operation, in which the hernial sac was empty. This was followed, however, by ulceration of a portion of the bowel lying near the hernial sac, and formation of fecal fistula through the incision. The patient died of the exhaustion of large bed-sores.



THE PROVINCIAL  
PRACTICE OF MEDICINE AND SURGERY.

BRADFORD INFIRMARY.

LITHOTOMY.—CALCULUS ADHERENT TO THE  
WALLS OF THE BLADDER.

[Under the care of Mr. R. H. MEADE.]

JOHN CROWTHER, aged 62, was admitted into the Bradford Infirmary, September 14, 1852, with a stone in the bladder. He had suffered from symptoms of calculus for several years, but they had not been so severe as to prevent him from working as a collier, until within a few months of the time of his admission, when the irritation of the bladder had become constant and severe, and his health had considerably given way. When admitted, he was weak, but not emaciated, and complained of a constant desire to empty his bladder. The stone was readily felt on introducing a sound. The urine contained a considerable quantity of ropy mucus, and deposited a phosphatic sediment, which, under the microscope, was seen to consist of crystals of triple phosphate, (some of which were of a very large size,) and amorphous particles of phosphate of lime. The specific gravity of the urine was healthy, and there were no symptoms of disease of the kidneys; so it was considered that the calculus might be removed with a prospect of success; and the case being unfavourable for lithotripsy, (owing to the chronic inflammatory state of the bladder,) the patient at once consented to have lithotomy performed. He was kept in the Hospital for a fortnight previous to the operation, during which time he took the mineral acids with opiates, and was given a generous diet; under which treatment his health considerably improved, and the irritability of the bladder, and the deposition of the phosphates, were lessened. Mr. Meade made the following observations on the case:—

The operation was performed on Oct. 1, 1852, and nothing unusual occurred until the stone was grasped by the forceps, when a sensation was communicated to my hand, as if it was breaking down in the instrument; and considering that it was probably composed of the mixed phosphates, I at first thought that it was soft and friable, and had been crushed by the forceps; but the distance between the handles remained unaltered, and the calculus was extracted without any difficulty, when it was at once seen that it had been adherent to the walls of the bladder, and that its separation had communicated the sensation in question. The place of attachment was at the posterior part of the bladder, and out of the reach of the finger; but on the re-introduction of the forceps, a rough surface could be felt, and a second small portion of calculous matter was detached and removed.

No bad symptoms followed the operation; the wound was rather longer than usual in healing, but was completely closed in two months, when the man was discharged from the Hospital. At this time his general health was still weak, and there was some irritation of the bladder remaining, as well as a deposition of phosphates in the urine. He remained for a good while in a precarious state, but gradually regained his strength completely, and when seen nine months after the operation, was quite well and able to work.

The calculus was orbicular, and depressed in shape, being nearly an inch and a-half in its transverse diameter, but not quite an inch in thickness; it was attached by a kind of peduncle to the bladder, the adherent surface not being quite half an inch in extent. It presented some points of interest independent of its adhesion to the bladder; its surface (which was of a pinkish colour when first removed) being composed of crystals of an unusually large size, giving it a semi-transparent appearance. On being analysed by Mr. Thomas Taylor,<sup>(a)</sup> it was found to consist of nearly pure crystalline phosphate of magnesia and ammonia, capping a small mass of the mixed phosphates. The stone has been deposited in the museum of St. Bartholomew's Hospital.

The principal interest belonging to the foregoing case arises from the attachment of the stone to the coats of the bladder. All authors agree that this is a rare occurrence; and I can find few or no distinct cases of it recorded. Sir B. Brodie remarks, in his "Lectures on the Diseases of the Urinary Organs," that "you will hear not unfrequently of calculi which adhere to the bladder; but you may be assured, nevertheless, that this is a very unfrequent occurrence. Ask all experienced Surgeons, and they will tell

you what I tell you now, that adhering calculi are rare."<sup>(a)</sup> This is nearly all he says upon the subject; he relates one case in a female where a calculus was adherent to the inner surface of the bladder, near the fundus, which he removed; but here the stone had formed around a portion of bone connected with two imperfectly formed teeth, fixed in the walls of the bladder, and which were evidently the result of an original malformation. Sir B. Brodie adds, "It is not very uncommon to find a diseased bladder, a portion of which is encrusted with calculous matter; but that is a very different thing from an adhering calculus, and not likely to be mistaken for a stone in the bladder."

The mode in which the calculus was attached, in the case that has been related, cannot be positively determined, as the patient is still living; but a probable conjecture may be formed upon the subject. My friend, Mr. Paget, to whom I sent the calculus, suggests, that the broken part was very likely "continuous with another portion contained within a pouch of the bladder, and of course remaining there still. The mass removed is too heavy to have been held in position by mere adhesion with encrusted calculous matter." The high reputation of Mr. Paget must render any opinion of his of great value, and in the present instance there is little doubt that he is correct; his explanation will probably also apply to most of the other cases of adherent calculus that have been met with.

## Medical Times & Gazette.

SATURDAY, JULY 15.

### MEDICAL AFFAIRS IN PARLIAMENT.

THE House of Commons has been unusually busy during the past week in Medical affairs—the Board of Health, the University of London, Medical Reform, and Poor-law Medical Relief, having each received their share of attention. As the substance of what has taken place will be found in other parts of this number, a very few observations are requisite here.

The Board of Health has at last received in Parliament the condemnation it has long met with from the country. Lord Palmerston has determined to remodel it, and, as we learn from a semi-official source, upon the following basis:—

"The Public Health Act Amendment Bill, brought in by Lord Palmerston, has been printed. It re-constitutes the General Board of Health from the end of the present Session (when the existing Act would expire), and continues it to the 31st of August, 1856: the Board to consist of three members nominated by the Crown, and removable at pleasure, two of them receiving salaries not exceeding 1500*l.* (At present the salaries are, one of 1500*l.*, and one of 1200*l.*) The Home Secretary is to direct which member shall be Chairman, and the Board is to obey all the directions and instructions of the Home Secretary in the execution of its powers and duties. The Board is to appoint, besides superintending inspectors and clerks, a secretary and assistant-secretary as heretofore, and also a superintending Medical officer."

This is equivalent to granting two years' further grace to the present Board. The Bill in which it is to be proposed will not come on for the second reading until after our hour for going to press; it is not too late, therefore, to repeat the opinions we have long and consistently advocated, that a thorough change is required in the constitution of this Board. It should be composed of Medical men, forming a Council of Health for the direction of all the sanitary affairs of the Kingdom, under authority from the State, assisted by the advice of such engineers and lawyers as the Board might choose to consult. So long as a lawyer is left as the Director of the sanitary condition of the country, we can only expect a continuation of that series of blunders which has already brought such deserved discredit upon the Board. We are not among those who deny all merit to the Board. It has done some good, doubtless; but it has

(a) Author of "Catalogue of Concretions in the Museum of the Royal College of Surgeons."

(a) Third Edition, p. 260.



also done incalculable mischief, by making the Sanitary movement unpopular. This, which should be the most popular of all reforms, has been retarded by its connexion with a Board which has been ridiculed by the Profession and mistrusted by the Public. Until a complete reconstruction take place, we cannot expect any sanitary question to be fairly considered, or any sanitary measure to be properly framed and efficiently carried out. We can therefore only regard the proposal of Lord Palmerston as a mere piece of patchwork, to which we must submit for a time, with some faint hope that the past mistakes of the Board may have taught them some experience, and that their coming tenure of office may prove that the lessons of experience have not been entirely lost.

As to the Medical Reform Bill of Mr. Craufurd, for which he obtained the votes of exactly nine gentlemen, we need only say that such a ridiculous failure was just the fate which might have been expected, and for a Bill which had never been submitted to the Profession for which it was proposed to legislate, was certainly well deserved.

The recommendation of the Committee on Poor-law Medical Relief, it is to be hoped, will lead to a more efficient system, and a more just scale of remuneration for Medical Officers. The evidence has not yet been printed.

We have given the debate upon the rights and privileges of the Graduates of the Universities of London and Durham at some length. It was agreed that these Graduates should now be empowered to practise Medicine, but not Surgery. We have more than once expressed our opinion, that, if the power of granting licences to practise were retained by the Universities of Oxford and Cambridge, there was no ground for refusing it to the University of London. We hoped that the former bodies would resign a privilege which is valueless to them, and thus remove the only claim upon which other Universities could obtain similar powers. But they have not done so; and if the precedents of London and Dublin are to be followed, all the Scotch and Irish Universities will, in turn, make their claims heard. This is all wrong—a University degree should be a mere honorary distinction. Licence to practise should be obtained elsewhere.

The tendency of this discussion, and the speeches of Lord Palmerston, are encouraging in one sense; they prove that if the Profession can but agree as to what Medical Reform Bill is required, all parties are ready to assist in passing it. Sir John Forbes's Bill is now before our body, and it is to be hoped that all will join in making it so complete, that the Home Secretary may receive it with confidence as the Bill of the united Profession.

#### SIR JOHN FORBES'S BILL.

IN a late Number we considered the position that the several English Medical Corporations would probably hold in regard of dignity, influence, and wealth, were Sir John Forbes's Bill to become law; we endeavoured to show that the Colleges of Physicians and Surgeons in all these respects would be in a better position than they are at present; and we expressed a hope that the Apothecaries' Society would have some place assigned to them, by which opposition to the Bill on their part might be avoided.

We have now to examine the Bill in reference to its probable influence on the Irish and Scotch Medical Corporations, and to endeavour to ascertain how far successful opposition is to be anticipated from those influential quarters.

The legal powers of the Apothecaries' Society of Ireland would be untouched. All who desired to establish shops for the compounding of prescriptions, would have, as now they have, to obtain the Licence of that Corporation. As regards any

legal power to license to practise Medicine, they would have no more than at the present time.

The Royal College of Surgeons of Ireland, were Sir John Forbes' Bill law, would be in a better position than they are at present. They would possess real power, would enjoy that dignity which the possession of power necessarily confers, and would, at the same time, find their revenues greatly increased. No one would be able to practise in Ireland without having satisfied the College of his fitness, and paid to the College a fee, while those on whom the Irish College conferred their diploma would be able to claim admission into the English and Scottish Colleges of Surgeons, and all the privileges that membership of those Colleges bestows. The Colleges of Physicians would have no power to grant degrees; but then, in exchange for their present profitless honour, they would obtain substantial power and a large revenue. Every one proposing to obtain a licence to practise in Ireland would have to obtain the sanction of Examiners appointed by the College, and to pay to the College a fee.

The position of the University of Dublin would be unchanged. At the present moment, the Irish Medical Corporations have no power, and but very few privileges. Members of the English and Scotch Medical Corporation can practise their profession without restriction in Ireland; the Members of the Irish Corporations have no legal right to practise their profession in England. The Bill of Sir John Forbes would rectify this anomaly, and, by so doing, would confer a boon of the highest value on the Irish Medical Schools and Corporations.

Scotland has the advantage of possessing three ancient Universities, the Medical Graduates of each of which are numerous. Aberdeen and St. Andrews can count their hundreds; Edinburgh, its thousands. It is true, that these Graduates are not, in virtue of their degree, legally qualified to practise their profession in England; but then, the examinations at these Universities being about equal to that at the London College of Surgeons and Apothecaries' Hall, there is a general feeling against all attempts to suppress this kind of illegal practice; so that, in fact, the Graduates of the Scotch Universities do, by courtesy, practise unmolested by the English privileged bodies. The number, however, of those who thus ignore the law, though absolutely large, is small compared with what it would be did the Scotch degrees confer a legal right to practise in England.

The Senatus of these Universities, seeing that the necessary consequence of the Legislature constituting their degree what that of no other University degree is—viz., a legal right to practise in England as a General Practitioner—would be a large influx of candidates for degrees, and consequently a great increase in the prosperity of their Universities, have generally opposed all Medical Reform Bills which have not proposed to secure to their degrees the privilege in question.

Sir John Forbes's Bill would leave to the Universities of Edinburgh, Aberdeen, and St. Andrews, the right to grant degrees, but no other privilege. Their Graduates would be Doctors of Medicine; but if they desired a licence to practise, they would have to present themselves before Examiners appointed by the State. We believe that opposition to Sir John Forbes's Bill will be offered by the Scotch Universities; for, unless it can be shown to be their interest to do so, the Scotch Universities will not forego the benefit they reap from the privileges enjoyed by them through the courtesy of the Apothecaries' Society; nay more, they will not consent to the passing of a Bill which destroys their hopes of seeing their degrees recognised as bestowing a legal right to practise all branches of the Profession.

But, supposing Sir John Forbes's Bill to be law, would the University of Edinburgh lose money or power? We doubt



it; nay, we feel satisfied that the reverse would be the result. The Government Board would confer no degree. Men would still desire to be styled "Doctor," and the Scotch Universities would still be the Universities in which the degree of M.D. could be obtained at the earliest age, and at the smallest cost. But supposing for an instant that the number of those who graduated fell a little in consequence of the privilege by courtesy to practise in England being abolished, the number of students attending the University classes would be increased, and for this reason English Medical students are, to a great extent, deterred from studying in Edinburgh, because before obtaining a legal right to practise in England they must offer themselves for examination before the Apothecaries' Society. Every one knows the feeling among students, that the nature of the examination he will have to submit to at the termination of his studies is better understood in the vicinity of the Board before which he is to present himself than elsewhere. The lectures at the various schools are arranged to meet the requirements of the Licensing Boards of the country in which they are situated. The Lecturer, to a certain extent, hearing continually of the kind of questions asked of his students, has regard to these examining boards in his teachings; all these circumstances influence the student, and wisely so, in determining the school he shall attend. The great majority feel that they must pass the English Boards—hence they attend their lectures at English schools. Were there in Edinburgh an Examining Board from which the student could obtain a licence to practise, even though that board could bestow only the title of Surgeon, we are confident that the number of students attending the classes of the University of Edinburgh would be greatly increased; nay, we believe, still further, that the fees thus accruing to the University would more than compensate pecuniarily for any diminution in the number there graduating consequent on the loss of that privilege which by courtesy they now enjoy. But there would be in the large increase of Medical students that would throng the Medical class-rooms of the modern Athens, were licences to practise in England obtainable in Scotland, a probability that the Graduates of the University would be very largely increased in number; for although the University degree, and the licence to practise, would not be conferred by the same examination, there can be little doubt that, by a slight alteration in their curriculum, the Scottish Universities might put it within the power of every student for a licence in Edinburgh, to obtain *by a second examination*, with or without a little longer residence, a degree in medicine. We trust the hope to be able one day to obtain the legal recognition of their degree as a licence to practise, will not lead the Scotch Universities to oppose the Bill of Sir John Forbes. Such a recognition of their degree they never can obtain unless a Minister could be found so desirous of serving the Universities of Edinburgh, Aberdeen, and St. Andrew's, as to abolish for their sake the Apothecaries' Society, ignore the protests of English Colleges of Surgeons and Physicians, and sacrifice the interests of every Medical school in England. Can the most Scotch of Scotchmen say that a Minister would be acting justly who would do thus? By establishing a Board in Scotland, with the power to grant licences to practise in England, the number of students of Medicine in the great Northern school must be enormously increased, and, as a necessary result of such increase, the number of those taking the degree of M.D. in the University would be also increased, and the wealth and influence of the University be increased in the same ratio. We trust the Universities of Scotland may follow the advice of the more prudent members of their Senatus, and not be led into opposition by that active minority who allow personal feeling to preponderate above all higher and better motives. As to the Edinburgh Colleges of Physicians and Surgeons, we cannot suppose for an

instant that they can receive the Bill with disfavour. Real power and great wealth would replace empty coffers and nominal influence.

Many may regret that Sir John Forbes has not proposed to extinguish the Glasgow Faculty: probably the desire to conciliate as many bodies as possible has induced him to retain this corporation in his scheme.

### HOSPITAL STATISTICS.

WE have great pleasure in being able to lay before our readers the Tables of the cases of amputation, of compound fractures, and of operations for hernia, which occurred at St. George's Hospital during the year 1853. The Tables for the preceding year will be found in the Number of our Journal of November 19, 1853. It is proposed to continue yearly the publication of these Tables, accompanied by a short summary of the results; and it is hoped that much light may, in the course of time, be thus thrown upon some of the many interesting questions in surgery so frequently agitated in the practice of the London Hospitals—as the rate of mortality after severe operations, the cause of that mortality, the loss of life and limb after compound fractures, and the value of the various methods of operating. Mr. Holmes, the Surgical Registrar of the Hospital, has taken all possible precautions in order to insure accuracy in these most valuable statistics. The notes were taken at the time of the occurrence, and the *post-mortem* appearances are given from the records preserved in the Museum-book of the Hospital. The following observations upon the results have been drawn up by that gentleman:—

"The present Table shows a greatly increased rate of mortality as compared with that for 1852, this being due to the disposition to pyæmia which has been observed to prevail of late, especially after injuries of bone. Thus it will be seen, that of 9 fatal cases of amputation, death in no less than 6 cases was occasioned by this morbid condition of the blood; and that of 5 deaths after compound fracture, 3 may with certainty, and a 4th with great probability, be referred to the same cause. The result of the two Tables may, it is presumed, as the total of a good and bad year taken together, approximate, however roughly, to the average. It is as follows:—Of 43 cases of amputation, 12 died,—nearly 28 per cent.: 8 of pyæmia, 2 of secondary hæmorrhage, and 2 of debility produced by organic disease. This corresponds closely with the result of the Table of Mr. South's operations (see his edition of "Chelius's Surgery," Vol. II., p. 905), which gives a *mortality of 26 per cent.* I exclude 2 cases, reported in the first series, of amputations of a portion of the hand and foot. In the present and future Numbers, I intend to confine myself to amputations of the thigh, leg, arm, and forearm. Of 44 cases of compound fracture, 7 died,—16 per cent.; 3 of pyæmia, 1 of diffuse inflammation, with an abscess, in all probability the result of pyæmia; 1 after amputation; and 2 of other injuries. Of 33 cases of strangulated hernia, 7 died, or 21 per cent. This excludes one case, No. 14, 1852, in which the patient died of a different cause,—viz., bronchitis. Of these deaths, 2 were occasioned by peritonitis existing before the operation, 4 by ulceration and perforation of the intestine, 1 (an exploratory operation) by the exhaustion from large bed-sores. I do not know whether, in strictness, this case (No. 6, 1853) should have been placed in the Table, for though there was a hernia and an operation, there was no stranguation, the symptoms being proved, after death, to depend on constriction of the gut from inflammation within the peritoneal cavity. The number of primary amputations in the two years was 10—2 after injuries of the hand, the rest referred to in the Tables of compound fracture,—viz., 2 of the thigh, 2 of the arm, 4 of the leg, and 2 of the forearm; of these only 1 (of the leg) died. This result, so contrary to the usual impression as to the fatality of primary amputations, shows the necessity of larger numbers for forming our conclusions. The number of secondary amputations was 3, 2 after compound fracture, 1 after simple fracture into the knee-joint; the latter died. Of the 36 cases of compound fracture remaining, after deducting those in which primary amputation was performed, 4 died, and 2 had to submit to secondary amputation. This would show the loss of life after compound fracture (excluding primary amputation) about 11, and the loss



of limb about 6 per cent. As to the methods of amputation—5 amputations of the thigh were with flaps, 2 died; 17 were circular, 8 died; 2 of the leg were flap, 1 died; 10 were circular, 1 died; of the arm 5, all were circular, all recovered; of the forearm 2 were flap and 2 circular, all recovered. Of the operations for hernia, the method without opening the sac was attempted several times, but only found feasible in 3 cases, all of which recovered rapidly. These were all cases of femoral hernia. The cases of femoral hernia far exceeded in number those of inguinal, the former amounting to 24, against 9 of the latter."

We trust that the example the Surgeons of St. George's Hospital have set in making the results of their practice known, year by year, to the whole Profession, will not only be appreciated, but followed. It is evident that the returns for 1852 were not published in order to make known their unusually favourable nature, for an equal readiness has been shown to publish last year's results, which are much less favourable, owing to the prevalence of pyæmia. This disease has been very fatal, not only in the Hospitals of London, but in all the great cities of the Continent during the past year; and it will not be one of the least of the advantages derived from these reports if they should lead to an increased knowledge of its natural history.

## REVIEWS.

*A Practical Treatise on the Diseases of the Lungs, Heart, and Aorta; Including the Principles of Physical Diagnosis.* By WALTER HAYLE WALSH, M.D., F.R.C.P., Professor of the Principles and Practice of Medicine and of Clinical Medicine in University College, London; Physician to University College Hospital; Consulting Physician to the Hospital for Consumption. Second Edition. Revised and much Enlarged. London. 1854. 8vo. Pp. 812.

WE are exceedingly glad to see that a second edition of this very excellent book has been so quickly needed. In the first edition the work consisted of five hundred and eighty pages, in the present of eight hundred and twelve; and not only is there this large increase of matter, but the whole has been revised.

The difference between the two editions is thus expressed by the author:—

"The present edition has been carefully revised and much enlarged. Descriptions of several diseases previously omitted are now introduced; the prognosis of each affection is more carefully considered; the sections on diagnosis and treatment are materially extended; the theory of various acoustic phenomena has been examined afresh; and, in compliance with a desire expressed by many persons, such outline of the anatomical characters of each morbid state as may answer the purposes of the practical Physician has been added."

To the first part—On the Physical Examination of the Lungs, Heart, and Great Vessels—only, thirty pages of new matter have been added, including a short section on the Physical Characters of the Air of Expiration; while one hundred pages of new matter have been incorporated into the chapter on Diseases of the Lungs and Appendages. Among the additions is a section on Diseases of the Bronchial Glands. The subjoined is a specimen of the brief anatomical account of the diseases, affixed to each chapter of the present edition:—

"*Chronic Tuberculation of the Bronchial Glands.*—All varieties of tuberculous deposit occur in these glands; the grey granulationis, on the whole, rare,—the yellowish mass infiltrating the tissue, the most common form. Degeneration commences indifferently at all parts of the glands; the changes undergone by tubercle are the same here as elsewhere. Partial cretaceous transformation is not very uncommon. Evacuation of softened tuberculous matter may take place into the pulmonary substance, into the trachea, into a bronchus, or into the œsophagus; a permanent fistula is sometimes established. Cretaceous matter may be expectorated from the interior of a bronchial gland.

"Tuberculed glands vary in size, from the natural bulk to that of a walnut. A few only, or several, may be affected; in the latter case, those adjoining the bifurcation of the trachea may form an irregular rounded lobular mass, two or even more inches in diameter. The glands adjoining the base of the heart, and those of the posterior mediastinum, undergo similar, though,

generally speaking, less marked enlargement. Those seated in the substance of the lung rarely acquire large dimensions.

"Tubercularised bronchial glands may produce, according to their bulk, and the direction of their growth, more or less marked compression, and eventual perforation of various adjacent structures.

"An excavated bronchial gland, sunk deeply into the lung-substance, simulates, and has doubtless often passed for, a true pulmonary cavity,—a fact first pointed out by MM. Rilliet and Barthez." P. 341.

Speaking of the value of cod-liver oil and ioduretted applications between the shoulders, Dr. Walshe mentions the following very remarkable cases:—

"Two children, aged about five and seven years, who had just lost their mother from phthisis, were brought to University College Hospital, one in arms, by their father. Both were in the last stage of emaciation, had mesenteric disease, all the rational symptoms of phthisis, and marked inter-scapular dulness under percussion. They rapidly recovered flesh and strength, and, when they ceased to attend, had not only lost all their chest symptoms, but had become normally resonant, or very nearly so, between the shoulders." P. 345.

In noticing the first edition of Dr. Walshe's book, we expressed our conviction that it was one of the best works on diseases of the chest that had been published; when we add, that the present is a very great improvement on the former edition, our readers will understand the very high value we attach to it.

*The Microscope, and its Application to Clinical Medicine.* By LIONEL BEALE, M.D. Lond. London. 1854. 8vo. Pp. 303.

*The Microscope: its History, Construction, and Applications.* By JABEZ HOGG, M.R.C.S. London. 1854. 8vo. Pp. 440.

*The Micrographic Dictionary.* By J. W. GRIFFITH, M.D., F.L.S., and ARTHUR HENFREY, F.R.S., etc. London. 1854. Parts I., II., and III.

THE application of chemistry and the microscope to diagnosis may be said to be the popular professional subject of the day; and the almost simultaneous publication of the three works, whose titles we have just recorded, is but one among many evidences of the attempts to minister to the rapidly increasing desire to become better acquainted with this branch of study.

Dr. Beale's work is precisely the sort of book the practical man requires who wishes to make the microscope useful to himself and his patients, but who has little or no previous knowledge of the use of the instrument. The different kinds of microscopes are described, and a full account is given of the apparatus necessary for microscopical research, for preserving preparations, preparing and mounting objects, and for injecting. The mode of examining the different tissues and organs of the body, morbid growths, and parasites, is explained, and an excellent section is given upon the clinical examination of the urine and upon urinary deposits. The chapter upon the examination of blood, milk, serous fluids, sputum, vomited matters, discharges from the uterus, etc., is the least satisfactory in the volume. The application of chemical analysis to microscopical investigation is well treated, and we have great pleasure in strongly recommending Dr. Beale's book, as calculated to extend useful knowledge, and thereby to assist in the progress of Medical Science.

Mr. Hogg's work is rather popular than professional. It is intended as a familiar introduction to the use of the microscope, with a hope of bringing microscopic study home to the firesides of the people, and contributing to the amusement and instruction of the family circle. It is a cheap and handsome volume, illustrated by numerous engravings and woodcuts, and contains a great deal of interesting information upon the results of microscopic investigations.

The "Micrographic Dictionary" is a more ambitious production. According to the prospectus:—

"The subjects to which this Dictionary will be devoted may be briefly summed up as follow:—

"1. Instruction in the selection and use of microscopes and the various essential pieces of apparatus connected with them, with a description of the methods of ascertaining the structure of objects which can only be studied by their aid.

"2. The characters, structure, and, as far as possible, the natural history of the genera and species of British animals and plants of microscopic dimensions, together with a description of the microscopic organs and appendages of animals and vegetables generally.



"3. An account of the elementary tissues of the two great kingdoms of organised beings, with full information on the methods to be pursued in investigations in this department.

"4. The distinguishing characters of the inorganic matters occurring in animal and vegetable fluids."

So far as we can judge from the two Parts before us, these intentions are likely to be carried out fully and ably; but it would be premature to say more as yet.

*Manual of Diseases of the Skin.* From the French of CAZE, NAVE. With Notes and Additions. By THOMAS H. BURGESS-M.D., lately Physician to the Blenheim Dispensary. Second Edition, considerably Enlarged and Improved. London. 8vo. Pp. 429.

As Dr. Burgess observes, in his Preface, many improvements have been made in cutaneous pathology since the first edition of this Manual was published. By availing himself of these improvements, Dr. Burgess has had frequently to differ considerably from the opinions of Cazenave; this difference of opinion is especially manifested in the section of the work in which the diseases attended by the development of epiphytes are discussed.

We strongly recommend the present edition of Dr. Burgess's translation to the consideration of our readers, as one of the best books on diseases of the skin yet published in England.

*Blaine's Outlines of the Veterinary Art.* Sixth Edition. Revised throughout by EDWARD MAYHEW, M.R.C.V.S. London. 1854. 8vo. Pp. 668.

THIS old and well-known work has been brought up to the present state of veterinary knowledge in a very creditable manner by Mr. Mayhew. New copper-plates have replaced the old, and the anatomical section has been illustrated by some excellent woodcuts. It now forms a really good treatise on the anatomy and physiology of the horse, and the treatment of its diseases.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

UPON THE EMPLOYMENT OF THE ESSENCE OF TURPENTINE, BY THE IATRALEPTIC METHOD IN MANY SEVERE CASES OF ASIATIC CHOLERA.—CURE.

By Dr. ELIE BELLENCONTRE.

The Author sent to the *Gazette des Hôpitaux* last January the particulars of a very severe case of cholera, treated and cured by frictions of the essence of turpentine upon the vertebral column. The following case has occurred since the publication of the last Report:—

Madame Berthau, aged 49, of nervous temperament, who had not menstruated for a year, accompanied to the Hospital St. Antoine, on the 28th of April, about mid-day, one of the domestics, who was attacked by cholera. Upon her return from the Hospital about five in the evening, she was seized with watery evacuations, which persisted through the whole night; they were so numerous, that neither the patient nor those who assisted could reckon the number. About five a.m., cramps in both upper and lower extremities, and also vomiting, supervened. Then there was suppression of the urine, and coldness of the entire body. About nine a.m., the family sent for Dr. A. Thierry; but, as he was absent, Dr. Bellencontre arrived in his place, and he found the patient in the following state:—Face hypocratic and blue; no radial pulse; suppression of the urine; abundant and copious evacuations, which passed involuntarily; frequent vomiting; cramps so intense that they roused the patient from her torpor, and made her cry out; the skin, having lost its elasticity, retained the folds into which it was thrown after the cramps had subsided. The body looked like that of a skeleton.

For half-an-hour the oil of turpentine was rubbed, first along the vertebral column, and then over the whole body. Twenty drops were administered, with warm water, internally. Then the husband was directed to continue the frictions every quarter of an hour, or hour, until the surface of the body became red and in a glow. Towards evening there was a marked improvement; the warmth of surface had returned; the pulse had acquired both frequency and power. The skin assumed a red,

coppery colour; the face had recovered animation. She confessed that she had no consciousness of what had passed. The evacuations were considerably diminished, both in amount and frequency.

The frictions were continued, and a solution of gum arabic was given in abundance as a drink, with the object of distending the alimentary canal, that the natural secretions might the more readily be restored.

The case terminated favourably, and the author concludes by remarking that he could enumerate others of a similar nature, two of which especially he mentions in justification, of the anticholeric value of this therapeutic agent.—*Gaz. des Hôpitaux*, June 22, 1854.

### POISONING BY THE INTRODUCTION OF VISITING CARDS INTO THE MOUTH.

In the month of August, 1853, Dr. Caffé was summoned to the Hôtel des Princes by M. Riek, a Mexican merchant, of German extraction, to see his infant, who was suffering from the usual symptoms attending poisoning by a salt of copper. Dr. Caffé found the child holding in its hands and at the mouth some green-coloured cards, which the nurse would not take away for fear of making it cross. Vomiting was easily induced; and, in the matter thrown up, was found the cause of the symptoms. The infant rapidly recovered; indeed, after the third day, was so far improved, that the family was enabled to continue their journey. The case is reported in the *Journal des Connaissances Médicales*. Another, in all essentials similar, has appeared in *El Heraldico Medico*.

A third case occurred under the care of Dr. Eichmann. Two children, one four years of age, the other six, always enjoying good health, were taken ill in the month of August. Their symptoms raised the suspicion that they were suffering from chronic affection of the abdomen. Neither Dr. Eichmann nor the other Medical men called in to see the children could discover the nature of the malady. For some weeks the symptoms increased step by step, till the end of September, when the little invalids appeared in the following state. The most extreme prostration of strength; the face very pale; anorexia; vomiting; a disturbed state of the digestive organs; pain in the stomach; contraction of the abdominal walls; trembling of upper limbs, etc. It was at this critical time that Dr. Eichmann perceived that the children, in playing with visiting cards polished with a preparation of lead, had unfortunately introduced some pieces of the cards into their mouths. By means of the usual treatment in cases of lead colic, Dr. Eichmann succeeded in rapidly dispersing the bad symptoms; but it was a long time ere the children recovered their usual strength.—*Gaz. des Hôpitaux*, June, 1854.

### THE GERMAN POISON-EATERS.

Dr. Tschudi has published, in the *Wiener Medizinische Wochenschrift*, two letters, the translation of which is to be found in the *Journal de Médecine de Bruxelles*, containing some curious details relative to a class of people who are habitual arsenic-eaters.

In some countries of lower Austria and of Styria, especially in the mountains which separate these parts from Hungary, there exists among the peasantry the singular habit of eating arsenic. They purchase it under the name of *hedri* (*hedri, hedrich, hatter-rauch*) from wandering herbalists, or pedlars, who, on their part, obtain it from workers in Hungarian glass, from Veterinary Surgeons, from charlatans.

These poison-eaters (*toxicophagi*) have a double aim; first, they wish to give themselves, by this dangerous habit, a fresh and healthy appearance, and a certain degree of embonpoint. Many of the peasant girls, and even the men, have recourse to this expedient from coquetry and a desire to please; and it is remarkable what success they attain, for the young toxicophagi are distinguished by the freshness of the complexion and by the aspect of flourishing health. The following is one of many instances. A girl who attended cows, in good health, but pale and thin, was employed at a farm in the parish of H—. Having a lover, whom she wished to attract yet more by her personal charms, she had recourse to the usual method, and took arsenic several times a-week. The desired result was soon obtained; and, after some months, she became fat, chubby-cheeked, and, in short, quite to Celadon's taste. To carry the effect further, she increased the dose, and fell a victim to her "coquetterie;" she died poisoned. The number of deaths from the abuse of arsenic is by no means inconsiderable, especially among the young people. Every ecclesiastic in those parts can speak of several victims, and Dr. Tschudi states that his researches among the clergy were very interesting. He learned, that so careful were the victims of



this practice to conceal what they had done, that the secret often was revealed only on the death-bed.

The second advantage gained by the toxicophagi is, that they become more "volatile," more free in respiration, and able to ascend high mountains with ease. Upon every long excursion into the mountains they take a little bit of arsenic, which they let dissolve in the mouth. The effect is surprising. They ascend without difficulty heights which would have been almost insurmountable without this practice. The author adds, that, upon this experience, he has advantageously administered Fowler's solution in cases of asthma.

The toxicophagi commence with a bit of arsenic the size of a lentil-seed, or about half-a-grain. They keep to this dose, which they swallow several times a-week, morning and evening, for a long period, to become accustomed to it. Then they increase the quantity insensibly, but with precaution, until the desired effect is produced. A countryman, named R—, of the commune Ag—, a sexagenarian, and in excellent health, was in the habit of daily taking four grains. He had followed the habit forty years, and had transmitted it to his son. There was no trace of arsenical cachexia in this individual, no symptoms of chronic poisoning. It is to be remarked, however, that, when the practice is dropped, emaciation generally ensues from some cause, either from the withdrawal of the stimulus, or from accidental or acquired disease. The custom does not diminish the sexual passion, as is the case with the opiophagi of the East, or with those who use the betel in India and in Polynesia. On the contrary, the feeling becomes more strong.

It may be as well to bring to mind a general use of arsenic in Vienna, among the stablemen and coachmen of the great houses. They mix a good pinch of the powder with corn, put a piece the size of a pea in a linen bag, and attach it to the bit of the horse. The saliva dissolves the poison. This produces a bright aspect of the skin, roundness and elegance of form, and foam at the mouth. The coachmen of the hills adopt the same practice before commencing a laborious journey; and horse-dealers carry with them small balls of arsenic, to be given to those animals which they are leading to the market. Should a horse thus treated pass into the hands of a master who does not employ arsenic, he gets thin, loses his freshness, becomes dull, and, in spite of abundant food, does not acquire his former sleekness.—*Gaz. des Hôpitaux*, May 16, 1854.

## GENERAL CORRESPONDENCE.

### PREVALENCE OF AGUE IN LONDON.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last Number, Dr. Barclay inquires whether other observers have remarked with himself an increased amount of ague occurring in the month of April of the present year, as an excess of cases of this disease has been admitted into St. George's Hospital during that period, and from which he is inclined to draw an inference as to an augmented or more potent miasmatic influence then existing.

In looking over the register which I keep of all the cases admitted into Guy's Hospital, I find that the number of cases we have had this spring has been smaller than the average, and remarkably less than that of last year. As so many causes operate to produce a difference in this respect, and which I should imagine would obtain at the West as well as at this end of the town, I will briefly state the history of ague as witnessed by us. In the first place, a large number of cases of intermittent fever are treated as out-patients, and of these no accurate record is kept. Of those admitted into the house, the majority come from notoriously aguish districts, as the increased facility of railway travelling brings weekly to our Hospital numerous cases from Woolwich, Plumstead, Erith, Gravesend, etc.; also from the Isle of Sheppey and the adjacent Essex coast. Commencing with the Spring month, March of last year, and up to the same period this year, we have admitted into Guy's 52 cases, that is, those which have been too ill to be treated as out-patients. Half of these cases came from the above-named neighbourhoods on the river Thames. Others occurred in persons who had lately visited notorious aguish localities in Lincolnshire, Cambridgeshire, etc., leaving fourteen which came from various parts of London. Of these, some were from Deptford and Rotherhithe, while the remainder were found to come from Blackfriars-road, Kent-road, and the vicinity. One was from the City, another from the Tower, and a third from St. Pancras parish.

It is a fact long known in the experience of Guy's Hospital, as elsewhere, that ague is more prevalent in the spring and autumn.

With us the majority of cases occurs among the Irish, who largely inhabit Bermondsey, and who visit the country in the autumn for the purpose of harvesting and hopping. Many of these people return home after their labours, with the addition of a miasmatic poison in their constitutions. Thus the increased amount of cases in autumn can be attributed to the simple fact of the greater number of people exposed. In the spring the cases that apply to us are mostly those who contracted ague in the previous autumn in the manner described. Many of these had manifested marked symptoms at the time of the exposure, and were supposed to be cured by the remedies then taken. Some, however, displayed no symptoms at that time, and yet in the following spring true ague paroxysms developed themselves. The poison was dormant during the winter while the subjects of it resident in London were engaged at their occupations, and then in the following spring the outbreak ensued. Although, then, the miasmatic poison may be more virulent in the autumn and spring of the year, the larger number of persons exposed at the former period is sufficient to account for the increase at that time; but as regards the spring predominance there truly seems a cause due to the season itself, irrespective of any accidental circumstances, since we see then not only fresh cases produced, but latent ague developing itself afresh.

Our statistics at Guy's, as I before said, are different from those of Dr. Barclay, with respect to the number of cases admitted during the last spring. The numbers for the month beginning in March, 1853, were 7; April, 8; May, 8; June, 10; July, 1; August, 2; September, 3; October, 6; November, 1; December 2; and in the present year, January, 2; February, 2; March, 1; April, 1; May, 5; and June, 2. Thus, it will be seen, that from March to June inclusive, in the year 1853, there were admitted 33 cases of ague, and that in the four corresponding months of this year the numbers were only 9—three and a-half times less. In these four spring months of last year the cases were five more in number than during a whole twelvemonth since.

Such a contrast of figures may be deemed sufficiently striking to warrant me in drawing a conclusion as to the greater prevalence of ague last year than this; and yet I am backward in doing so, when I consider that there may be many accidental causes unknown to us which may have tended to produce the result. The fact of an extensive emigration or immigration of Irish to our neighbourhood would alter much the statistics of ague during the year, as witness our crowded fever wards at the time of the famine, when so many poor Irish arrived in the Thames; or any fact relating to an abundant or scarce harvest, or the supply of labourers to reap it, would seriously affect our returns of ague for the year. Many other accidental causes would tell towards the same end. One which made an addition to our numbers last spring, was the extensive operations at the Crystal Palace. The fact is interesting, as showing how a miasm may be developed in a salubrious spot upon disturbing the soil. According to the Registrar-General's table, Sydenham stands high in the scale of health; and yet, when the soil was raised, many cases of intermittent fever occurred among the labourers. Seeing that accidental secondary causes may have much to do with the different numbers of our patients during the two years, it would also be interesting, to know whether such might not operate with respect to the cases from St George's Hospital. Any great work being undertaken at the river side, which employed many men, might at once produce the increase without any supposed augmentation of miasmatic influence. It is important, therefore, to know the residences of the patients, and whether the disease was recent, in order to distinguish those who had freshly contracted it from those who, as sailors and others, have imported their ague from all parts of the world.

Dr. Barclay will see that I entirely disagree with him, as to the existence of ague in London. On commencing to read his communication, I believed the purport of it was to show that an increased malarious influence had lately existed in the Metropolis; and I was surprised, therefore, to find him, in conclusion, utterly ignore the presence of any such condition. I think it would not be difficult to show, from personal experience, as well as from authority, that miasmatic exhalations do abound in very many parts of London; but the only way to prove it will be by noting the residences of all ague patients before they come into the wards of St. George's, and then it will surprise me, if Dr. Barclay does not find that some of them must have acquired their disease in the immediate neighbourhood of the Hospital.

I am, &c.

SAMUEL WILKS, M.D.

St. Thomas'-street, Southwark, July 7, 1854.



## ON DEATH FROM CHLOROFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—Whoever will read attentively the case of death by chloroform reported in your Journal of the 3rd of June cannot fail to be impressed with its importance. Mr. Lane has curiously omitted to tell us whether the heart was found empty or full. I should presume, however, decidedly the latter; and, if so, it is a point which bears very much on the treatment adopted.

The effect of an overdose of chloroform is to paralyse the heart; so much so, that, when experimenting on animals under chloroform, the anterior part of the thorax being removed, I have found that in each instance where the heart has ceased to contract, no stimulus of any kind, including galvanism, will produce contraction of one of its fibres; but in such cases when the heart's action is becoming embarrassed, when the contractions are so frequent and feeble that pulsation cannot be detected in arteries of the extremities, when its vitality is being destroyed, then I have restored the heart to its normal action by allowing some divided arteries to bleed freely, by which some of the poison was removed and the over-loaded heart relieved.

Would it not, Sir, in conjunction with artificial respiration, be advisable to try blood-letting in such cases as reported by Mr. Lane? Take off some of the onus from the heart, and a patient may perhaps be saved; for, as I have before said, when once the heart ceases to contract, no earthly power can move it.

I am, &amp;c. GEORGE BRITTON HALFORD.

60, Stamford Street, July 10, 1854.

## SCURVY IN THE BLACK SEA FLEET.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the review of the Statistical Reports of the Navy (*Medical Times and Gazette*, April 29), you describe hemeralopia as “an early manifestation of scorbutus;” and I write to inform you that we have had several cases of scurvy since we left the Bosphorus in the end of March, and we have at present on the “*list*” two cases of hemeralopia, with premonitory symptoms of scurvy, such as bleeding gums when they eat biscuit.

The weather has suddenly changed from frost and snow to bright sunshine, preceded by a damp atmosphere, and a fortnight of continued fogs.

Here we have the constitutional cause operating, as the men have been necessarily cooped up in the ship since May, 1853, and have suffered much from ague during last autumn and this spring. We have likewise the exciting cause in the peculiarly bright sunshine and damp atmosphere. The patients recovered rapidly after we procured fresh fruit and vegetables, on our arrival at Baltick, and up to this date (June 29) no fresh cases have occurred.

I am, &c. C. R. KINNEAR.  
H.M.S. Rodney, Black Sea, June 1, 1854.

## TRANSVERSE FRACTURE OF THE PATELLA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I observe, in your last Number, that a plan is mentioned for healing transverse fractures of the patella by a gutta percha splint. This your Correspondent designates as “a novel and very simple expedient.” Its simplicity is unquestionable; its novelty is not, for I remember precisely the same expedient being adopted by Mr. Priest, of Waltham Abbey, more than five years ago. In his case the patient was an old woman, and the result was tolerably good, a distance of  $\frac{1}{2}$  to  $\frac{3}{4}$  of an inch remaining between the fragments. The Report does not state exactly what the result was in Mr. Le Gros Clark's case; but, unless some “novel and very simple expedient can be employed” for preventing the contraction of the quadriceps extensor, I fear no plan will succeed in keeping the fragments of the patella “in exact apposition.”

I am, &amp;c.

R. HALL BAKEWELL, M.R.C.S. Eng.  
Staffordshire General Infirmary, July 5.

## NEW TEST FOR SUGAR.

[To the Editor of the Medical Times and Gazette.]

SIR,—If a freely alkaline solution of chromate of potass be mixed with urine suspected to contain sugar and boiled, the liquor will assume a deep sap green colour, arising from the decomposition of the chromic acid; the reduced oxyde of chromium being held in suspension by the potass. Such is the

sensitiveness of this test, that 5 or 6 drops of saccharine urine diffused through water is sufficient to show the effect, which is infinitely more striking than even Moore's potass, or Trommer's copper tests.

I would, therefore, recommend a mixture in equal parts of a solution of the neutral chromate of potass and liquor potassæ to be kept in the chemical cabinet of every Medical Practitioner, labelled—Test for Sugar. When the quantity of sugar is very small, a piece of white paper placed at the back of the test tube will render the colour more distinct. I am, &c.

JOHN HORSLEY, Analytical Chemist.

The Laboratory, Cheltenham, July 11, 1854.

## REPORTS OF SOCIETIES.

## NORTH LONDON MEDICAL SOCIETY.

JUNE 14, 1854.

DR. HARE, Vice-President, in the Chair.

Dr. Rawlins was elected a Fellow.

Mr. Burford Norman related a case of

## SPURIOUS CATARACT IN A WOMAN.

A false membrane, the result of old inflammation, was attached to the iris, which caused much disfigurement. This he removed by depressing the membrane with a needle.

Dr. Greenhalgh related a case of

## DYSMENORRHEA IN A YOUNG WOMAN WHO HAD SUFFERED MUCH EVER SINCE MENSTRUATION COMMENCED.

On examination, the uterus was found enlarged. The treatment was commenced by the application of leeches to the os uteri, and afterwards by the introduction of a sound; the consequent irritation being treated by warm-baths and alterative doses of mercury. Her recovery was rapid, and Dr. Greenhalgh had subsequently seen her with a fine healthy child. He thought the dilatation of the womb was very advantageous in many of these cases.

Dr. Pretty related a case of

## SUDDEN DEATH FROM THYMIC ASTHMA IN A CHILD FIVE MONTHS OLD.

The thymus gland weighed 12 drachms.

Dr. Hare and Mr. Adams spoke to the frequency of laryngismus stridulus during the last six or eight months.

Mr. Anderson then read a paper on

## CASES IN OBSTETRIC PRACTICE,

commenting especially on uterine hæmorrhage and puerperal mania.

## PARLIAMENTARY INTELLIGENCE.

## HOUSE OF COMMONS.—THURSDAY, JULY 6.

On the vote of 6426*l.* 8*s.* 3*d.* for charitable allowances charged on the Concordatum Fund in Ireland, etc.,

Mr. Michell wished to see the vote withdrawn, in order to its being increased to the same standard as in England. He objected to London obtaining so much of the public money in preference to other parts of the country. He thought the vote for the Dublin Vaccine Institution should be increased by 500*l.*

Mr. Vance also expressed a hope, that if not in the present, at least in future years, the vote for the Dublin Vaccine Institution would be enlarged.

The vote was then agreed to.

## THE GENERAL BOARD OF HEALTH.

On the vote of 11,855*l.* being proposed for the General Board of Health,

Sir G. Pechell said, a promise had been given by Government that this vote would only be made to extend to the 1st of Nov. next, whereas it reached to the 31st of March. He did not think it was right to grant money for the Board for any time beyond that fixed for its extinction, and he should therefore move to reduce the vote of 11,855*l.* by 6855*l.*, leaving just 5000*l.*, or 1000*l.* a-month for the remainder of its term of existence. He



hoped all those hon. Members who wished to get rid of the Board of Health—and he knew there were many of this mind—would support his Motion.

Lord Palmerston said he could assure hon. Members that if they were to read the accounts which it had been his lot to read as to the condition of some of the towns in this country, even at the present moment, they would be surprised, not at the recurrence of a periodical visitation of disease, but that the population was not extinguished by perpetual disease. For instance, the condition of Newcastle in the north and Dartford in the south were really things that made one shudder to think they could exist in a civilized country. The Board of Health, he maintained, in spite of any contradiction, had done incalculable good; their exertions to avert the access of disease into the country, so far from exposing them to the animadversions which had been cast upon them, really entitled them to praise and thankfulness from the community at large. The object of the Board of Health was not to administer these local arrangements, but, in fact, to establish local self-government in towns, by which these arrangements could be carried into effect. Where Local Boards of Health had been established they had made arrangements of the most important description relative to drainage and the water supply, adding greatly to the health and comfort of towns. He thought that it was of infinite importance that this machinery should not for the present be disturbed, more especially at this moment, when they could not say that before the winter arrived they should not be exposed to a recurrence of that awful visitation of the cholera, a warning of which they had received last summer. He could not, therefore, give his consent to the proposal of his gallant friend to abolish the Board at the time he proposed. He was ready to admit that the constitution of the Board required alteration. (Hear, hear.) He felt the difficulty of the question, for they had a Board vested with considerable powers not represented in the House by any public officer responsible for its proceedings by having a control over them, for the President of the Board of Works was but a member of the Board of Health, and was not responsible for anything that might be found fault with. A difference must be made in reconstituting the Board, and this could either be done with or without a limitation of time. He thought that a limitation of time was most desirable, and in the Bill he intended to bring forward to-morrow evening he should propose the continuance of the Board under a modification for two years, during which time the public and Parliament would have an opportunity of seeing whether the arrangements would work to the public satisfaction. It appeared to him that the Secretary of State for the Home Department, being generally charged with the interests of the country at large, was the person who ought to be made responsible for the particular duty as regarded the health of the country; he should, therefore, in his Bill propose to continue the Board as at present constituted, with two paid and one unpaid officer, for two years from the end of next month, but make it receive instructions and directions from the Secretary of State for the Home Department. The consequence of this would be, that, though the Secretary of State could not, from day to day, attend the Board, still he would have a controlling power over it, and, on any representations being made to him complaining of its proceedings, he would have either to sanction or rescind them, according to the circumstances of the case. There would also then be in Parliament a constitutional representative of the Board, liable to censure for its proceedings, and who could take the opinion of the House on matters which required him so to do. This was the form of Bill he intended to propose; and, though he could not consent to a discontinuance of the present arrangements at this time, still he would not say that a permanent continuance of such a Board would be necessary; for when more towns had organised themselves, and made the necessary sanitary provisions, central direction was no longer required.

Lord Seymour, while he agreed with the noble Lord as to the necessity of retaining a Board of Health, could not consent to the retention of the present Board, because it appeared to him that under its present constitution it rendered sanitary measures unpopular, as they were introduced, not from the free will of the towns, but forced on them by the despotic interference of the Board of Health. They had been promised an amendment of the present Board. All had agreed that it was unsatisfactory in its present state, and Government ought not to have called upon the House to vote for its continuance, instead of having brought forward a measure to amend it. (Hear, hear.) One Commissioner had been appointed for the purpose of seeing that the Burial Act was carried out; the Act had been discontinued, but still the Commissioner was retained. He wished to know who

was responsible for the proceedings of the Board, for it was monstrous that they should be called upon to vote for a Board which could act in defiance of Parliament. His noble friend had said, that, if they had seen the Inspector's Reports, they would consent to the present vote; but he (Lord Seymour) had been to a town, and found that the Report of the Inspector was most exaggerated. No Inspector had ever gone to a town who had not recommended that it should be brought under the Board of Health; and the Board returned the compliment by saying, that the Inspector had a beautiful system of drainage which it would be expedient for the town to adopt. ("Hear," and laughter.) His noble friend had also said that the Board had introduced excellent drainage, but the best engineers of the country denied this; they had substituted for brick sewers graduated sewers, which became choked up and produced the pestilence which they were intended to prevent. The Board had published a pamphlet in praise of themselves—a laugh—calling it a Report,—it was almost indecent to have written so of themselves. (A laugh.) They stated in this that certain conclusions had been arrived at; but by whom? Why, by the Board of Health; and he wished to know if this Report had come before the House sanctioned by the noble Lord, as it had the appearance of having been cooked up. The Commissioners said that all who differed from them were animated by the lowest possible motives. (A laugh.) The House should remember how the Poor-laws were once regarded in this country; and the person then at the head of that department was now at the head of the Board of Health. (Hear.) He thought that it was desirable that the present vote should be withdrawn until they knew what the new system was to be, for then they would be better able to decide as to the salaries to be paid to the Commissioners.

Sir B. Hall said the plan of his noble friend embodied precisely the same Board of Health that now existed, and that was precisely a prominent objection to the plan. (Hear, hear.) There was no doubt that a Board of Health, properly constituted, would be one of the most useful and acceptable institutions of the country; and what he desired to see was a Board of Health placed on such a footing that it should enjoy the confidence of the country; without such confidence such a Board must be worse than useless. (Hear, hear.) As to the present Board of Health, he would undertake to say that a more unpopular Board was never appointed, and, therefore, it could not be useful. (Hear, hear.) He (Sir B. Hall) had been informed, on good authority, that a report had been sent from the Board of Health to the Secretary of State for the Home Department, as the report of the Board of Health; that this report was sent by the Secretary of State to the printer, by whom it was forwarded to the Board of Health, who, without the knowledge or consent of the Secretary of State, made large alterations and additions thereto; that the report so altered and enlarged by the acting members of the Board, was printed under their directions, and, so printed, was distributed by them—to the number of 4000—throughout the country, before it came at all into the hands of Members of that House. (Hear, hear.) This was, among other grave objections to the proceedings, a striking illustration of that profligacy of expenditure upon printing which so discreditably characterised the Board of Health. (Hear, hear.) The report thus printed and distributed was not a fair report of the Board of Health as a public department, but a pamphlet written by Mr. Chadwick in laudation of the proceedings of himself and his acting colleague, wholly valueless as a report of the department. (Hear, hear.) He felt it his duty to point out to the Committee and to the country what was the real composition of this Board. (Hear, hear.) At the outset it had been clearly designed that there should be a responsible Member of the Commission in Parliament, responsible there for the proceedings of the Board, and that officer was to have been the Chief Commissioner of Works. (Hear, hear.) No one, however, could possibly censure the Right Hon. gentleman now filling that office for having practically withdrawn from the proceedings of the Board, and their responsibility, so soon as he found by repeated experience that his assistance and his services were set at naught by the acting Commissioners, who were sure to outvote him on any point which did not precisely suit their particular views. (Hear.) The Right Hon. Baronet had honestly manifested his desire to go on with these persons, and had only withdrawn when he found this an impracticable endeavour. (Hear, hear.) The next member of the Commission whom he would name was a nobleman whom all must eminently respect and esteem for his benevolent intentions,—the Earl of Shaftesbury; but this upright and well-intentioned nobleman was no match for the two worthies, Mr. Edwin Chadwick and Dr. Southwood Smith, the paid Commissioners, who systematically acted in concert toge-



ther, and who were, in fact, the Board. (Hear, hear.) When his noble friend said he intended to-morrow to introduce a Bill to continue the Board, he concurred with him in the propriety of that intention; but he entirely differed from him in the view, that there should continue to be two paid members and one unpaid member, understanding that this view contemplated that the two paid members should still be Mr. Chadwick and Dr. Southwood Smith. (Hear, hear.) He conceived it a perfectly fair proposition on the part of the noble Member for Totnes that the House should postpone its assent to this vote until it saw what was to be the composition of the Board. (Hear, hear.) He was perfectly certain, that if the Board was to continue, composed of the same members who now constituted it, putting aside the Chief Commissioner of Works, such a Board would be worse than useless, because the country at large utterly repudiated and rejected the two persons whom he had especially specified—Mr. Chadwick and Dr. Southwood Smith. (Hear.) Mr. Chadwick's failure—his utter failure—in the Poor-law Commission was matter of universal admission; nay, more, one commissioner, Sir Frankland Lewis, had not hesitated to denounce him as an unscrupulous and dangerous man. (Hear, hear.) Having thus failed, and worse than failed, in connexion with the Poor-law, Mr. Chadwick turned his attention to sanitary measures, with which he had continued mixed up until this day. He concocted a pamphlet on the subject, with the aid of his friend Dr. Southwood Smith, with whom he had been closely knit ever since, and in company with whom he managed, in 1847, after his dismissal from the Poor-law Board, to get appointed a paid commissioner to inquire into the sanitary condition of the Metropolis. They drew up a report on the subject, which, so far rightly enough, recommended the dissolution of the then Metropolitan Sewers Commission. A new Commission was appointed, and—this was in November, 1847—Mr. Chadwick got appointed, still in company with his worthy friend Dr. Southwood Smith, one of the new commissioners. The pair had not long been in office before they worked a quarrel with the other Commissioners, which resulted in the dissolution of the Commission. A fresh Commission was appointed, and the pair again got up a quarrel with their brother Commissioners, terminating, as before, in the dissolution of the Commission. Next the Board of Health was got up, under Mr. Chadwick's auspices, Mr. Chadwick himself getting appointed a Commissioner at 1500*l.* a-year; and in this Board he had failed as signally and as mischievously as in the two other Boards, for by his proceedings, concocted with his friend Dr. Southwood Smith, who still accompanied him, he had managed to render the Board of Health well-nigh as unpopular as he had rendered the Poor-law Board, and consequently to render it ineffectual for the valuable purposes to which, under sound and honest management, it might be applied. (Hear, hear.) If, then, an attempt were made to continue this most objectionable person upon the Board, he would resist that endeavour to the utmost of his power. (Cheers.) The chief Commissioners, in succession, had found it impracticable to control the mischievous vagaries and extravagancies of these two persons, and the only remedy was to get rid of them altogether. (Hear, hear.) The series of offices into which Dr. Southwood Smith had, somehow or other, made his way, commissionerships of inquiry into Poor-laws, into factories, into the constabulary, into sanitary inquiry, commissionerships of sewers and of health, had procured for himself in most cases large salaries; but what the practical services were which he had rendered to the public remained to be discovered. It had been said truly that Dr. Southwood Smith was appointed to carry into effect the Metropolitan Interment Act,—an Act which had been brought forward in 1850, when it was opposed by the Metropolitan Members, who had warned the Government that it would not work. What they said had proved true. It had been forced upon them, and in 1852 it had to be repealed; but Dr. Southwood Smith had been appointed to carry out its provisions. When Lord J. Manners was Chief Commissioner of Works, he had given a pledge that the subject should be brought under the consideration of the Government, and the vote for Dr. S. Smith was passed in 1852-53, with a full and distinct understanding that there should be no vote for him again in 1853-54; but now we were called upon in 1854-55 to pass a vote for the salary of this gentleman, who had been appointed to carry out the provisions of an Act which had been found to be unworkable, and had been repealed. It was perfectly monstrous that an officer who had been appointed to carry out the provisions of an Act should continue to receive a salary for doing so after the Act had been repealed. (Hear.) He did not at all desire to abolish the Board, but he wished to see it re-constructed in a useful manner, so as to make it creditable to the Govern-

ment and popular with the country; but he told his noble friend, that, if he attempted to place Dr. Southwood Smith and Mr. Chadwick at the head of it, the Board could not possibly be either popular or useful. (Hear, hear.) If he were asked by the Secretary of the Treasury whether he would give these gentlemen 1,500*l.* and 1,200*l.* a-year respectively out of the public funds, and send them about their business, or retain them in their present situations for the same salary, he would say, "For God's sake pay them the money, and send them about their business—" (hear, hear, and a laugh)—if you believe they have been of service to the State; but it is impossible to get on with them."

Lord Palmerston said, that all the knowledge he had of the Report to which reference had been made was, that it had been sent by the Board of Health to the Home Office to be printed and laid before Parliament.

Sir B. Hall did not intend to impute any blame to the noble Lord with regard to the Report, which had been merely sent to his office and read by him.

Lord Palmerston: Not read, I assure you. (A laugh.)

Mr. Headlam hoped the Board would be entirely reconstructed, as it did not now possess the confidence of the country, without which no sanitary improvement could be carried into effect.

Mr. Heywood said it was impossible that any Board of Health could be popular in the country, and denied that the members of the Board deserved all the censures which had been cast on them by the hon. Member for Marylebone. The working of the Board had been unfortunate in some parts of the country, but in other parts it had worked extremely well. He had long been personally acquainted with Dr. S. Smith and Mr. Chadwick, and he believed they both thoroughly understood the subject.

Mr. Pellatt said the Board ought to be entirely reconstructed, as its present members had been found wanting. No engineer or scientific or Medical man could be found to agree with them in opinion.

The vote was postponed, and the Amendment withdrawn.

FRIDAY, JULY 7.

MEDICAL PROFESSION.

Mr. Craufurd moved for leave to bring in a Bill to amend the laws relating to the Medical Profession.

Lord Palmerston hoped the hon. gentleman would not persevere with his Bill this year, but give the Profession itself an opportunity of placing its views on the subject in a practicable form before Parliament. If the Medical Profession itself did nothing, the hon. gentleman could next session introduce the subject.

Lord D. Stuart thought the introduction of the Bill would serve as a guide for the deliberations of the Profession in anything it might contemplate doing.

Mr. Craufurd persevering,

The House divided, when the numbers were,—

For the Motion	9
Against it	70

Majority . . . . . 61

The Bill was accordingly rejected.

GENERAL BOARD OF HEALTH.

Lord Palmerston moved for leave to bring in a Bill for the continuance of the General Board of Health. The arrangement he proposed by this Bill was, that the Board of Health should be continued for two years from the end of next month, that it should consist of members to be appointed and to be removable by the Secretary of State for the Home Department, and that it should be subject to follow all the directions and orders which it might have from the Secretary of State. It appeared to him that the care of the health of the country was naturally one of the functions belonging to the department of the Home Secretary. At the present moment applications on the subject came to him incessantly from all parts of the country, but now the Secretary of State had no power over the Board of Health. When the proposed power and control over the Board was vested in the Home Secretary he hoped that those differences which had prevailed between local bodies and the general Board would cease. At present the Board was in the anomalous position of being an independent body, not subjected to any control, and not represented in that House; so that no person was answerable there for its acts. The Bill which he sought to introduce in the first place placed it under the control of an efficient and responsible department; and, in the next place,



would give to Parliament a public officer answerable for the proceedings of the Board.

Mr. Henley said, it did not appear to him, from what he had heard fall from the noble Lord, that the noble Lord was likely to constitute the Board in a manner which would give satisfaction to the country.

Sir B. Hall hoped his noble friend would allow sufficient time to elapse between the first and second reading of the Bill, in order that the inhabitants, both of the Metropolis and of the provinces, might see and have time to consider the powers given to the new Board. He was afraid the Board, as it was proposed to be established, would be unsatisfactory.

Sir G. Pechell hoped the country would not be saddled with the Board for more than one year.

Leave was then given to bring in the Bill.

WEDNESDAY, JULY 12.

MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

On the Motion that the House go into Committee on this Bill, Mr. Bouverie moved that the House go into Committee on the Bill that day three months.

Mr. Cowan seconded the Amendment, and urged the claims of the University of Edinburgh to the consideration of the House. The Bill would confer invidious distinctions and monopolies, and he therefore felt it his duty to oppose it.

Lord Palmerston said that, upon first considering the Bill, he had shared the opinions which had been already expressed respecting it, and had thought that it would be most desirable to postpone the measure until the Government were able to come to some general arrangement, and submit it to the consideration of Parliament. He confessed, however, that the representations which had since been made to him on behalf of the London University had altered the view which at first sight he had been disposed to take. (Hear, hear.) He thought that, with a change in the wording of the Bill, which he should propose in Committee, and which would nearly carry into completion an understanding which had been come to between the opponents and supporters of the Bill, and the purport of which would be to exclude the Surgical practice, and confine the privileges conferred by the University to Medical Practice, in the same manner as practically the degrees of Cambridge and Oxford were conferred, he thought that with such an Amendment the Bill would not be objectionable, and he should feel disposed to recommend the House to adopt it. When the University was first established, it was established very much for the purpose of opening out channels for professional avocation. It was well known that the Universities were encumbered with certain tests and declarations which practically excluded Dissenters at the time this University was established; and, when the University, was established, it was upon a distinct understanding between the promoters of the University and the Government, that the degrees to be granted should, for all professional, though not for ecclesiastical purposes, confer the same privileges and advantages as the similar and corresponding degrees conferred by the Universities of Oxford and Cambridge. The professional advantages were limited to Law and Medicine, and, acting on that understanding, degrees in Medicine had been conferred; and he believed the Medical examination in this University was quite as good as the examination in the Universities of Oxford and Cambridge and the College of Physicians. In short, the public had as good a security in the degrees conferred by this University as they had in the degrees conferred by other authorities; and, so far as the interest of the public was concerned, no objection was likely to arise from the continuance of the power which had been hitherto enjoyed. What were the circumstances which now rendered any legislation necessary? The circumstances were these:—in the course of last Session a Bill was passed for regulating lunatic asylums and places connected with lunatics, which gave the power of granting certificates, and confined that power to persons legally authorised so to do; and doubts had since arisen whether, under the law as it now stood, those Graduates of the University of London who had, in the course of their Profession, given certificates, might not be subject to penalties for having done so. Now, it would be very unfair, he thought, to impose a new penalty upon gentlemen who had taken degrees fully sustaining their qualifications to practise, and that they should now be exposed to this penalty in consequence of the inadvertent legislation of last year. It did not appear to him that the Bill would at all interfere with any general arrangement which Parliament might think fit to adopt in the course of next Session. (Hear, hear.) It was exceedingly desirable that some general arrangement should be

effected. (Hear, hear.) He had been in communication with the Presidents of the two Colleges of Physicians and Surgeons upon the subject, and only that morning one of those gentlemen had suggested to him a mode of coming to some arrangement, which he (Lord Palmerston) thought might possibly furnish the Government with materials from which to frame a measure for the consideration of Parliament. But if he thought this Bill would oppose any difficulty in the way of such a general arrangement, undoubtedly it would constitute an objection to the measure. (Hear, hear.) He could not, however, think that it would. On the contrary, if it confined the powers and the privileges granted by the University of London to Medical practice, and did not extend them to Surgical practice—if it simply gave to Graduates of the London University those privileges of Medical practice which the degrees of Oxford and Cambridge had practically given—it would have the effect of merely confirming by law an arrangement which had existed since the commencement of the University, which was entered into with the University when first its constitution was framed; and he thought it would be an act of injustice to the University, and especially towards the body of Dissenters, who were very much interested in the matter, if the House did not agree to the Bill, subject to the limitation in regard to Surgical practice, which he should feel it his duty to propose if the House went into Committee. (Hear, hear.)

Mr. Atherton supported the Motion for going into Committee, and considered that nothing was more disgraceful than the laws which at present affected the Medical Profession.

Mr. Walpole thought the effect of the Bill would be to increase existing anomalies, and hoped it would not be further proceeded with during the present Session. He entirely agreed with the reasons which had been given for introducing the Bill, if it were not proposed to amend the general state of the law. If the Universities of Oxford and Cambridge had the power of granting licences for the practice of medicine, which other Universities, like London and Durham, did not possess, that power ought to be conferred upon the latter Universities, and all the Universities put upon the same footing. Was it advisable to introduce more anomalies into the law than existed at present? They must bear in mind, that there were twenty-two different bodies in the United Kingdom which had now the power of granting licences of different descriptions. Some of these bodies had the power of conferring certain degrees, and others of granting licences; some of granting licences in particular districts, like two counties, and some in certain parts of the Kingdom to the exclusion of others. It was now proposed to give the University of London the power of granting licences just in the very district that was already filled up, and not in those districts that were not filled up. By the statute of Henry VIII., power was given to the Universities of Oxford and Cambridge to grant licences for the practice of medicine in every part of the United Kingdom, except within seven miles of the City of London; and the University of London asked, by this Bill, the advantages which were now possessed by Oxford and Cambridge. In other words, the University of London, which was in the centre of the Metropolis, was to have the power of granting licences where other licences might be given now, but took no power to grant licences within seven miles of the City of London. Surely, if the University of London was to have the power of granting licences at all, that power ought to extend to the Metropolis. (Hear, hear.) He would, therefore, suggest, that a new Bill should be brought in next year. Rather than give these twenty-two bodies co-equal and co-ordinate authority to grant licences,—instead of enabling them to run against each other so that the public had no guarantee that the qualifications they granted were good,—he would recommend a law securing, in the first place, uniformity of education in the different bodies granting licences, and secondly, uniformity of qualification. There was only one way of securing these objects, and that was by letting the Universities have the power, which they now possessed, of conferring degrees in the various branches of Medicine on the young men who studied there, so as to give them the opportunity of going into the world with a certificate of merit when they began their practice; and to entrust certain bodies in each of the three kingdoms with the power of saying whether or not the qualifications of these young men were of such a character, and their education had been carried to such an extent that the public might have a guarantee in these licences that they might trust their lives to these young men. He concurred in thinking that, if the power of granting licences were left with the Universities of Oxford and Cambridge, it must also be given to the London University.

Mr. Napier wished to remind the House of the high character



of the Dublin School of Medicine. The Bill ought not to shut out the Dublin University.

Mr. Strutt said, there was a clear understanding that the object of the Government and the Legislature, in founding the University of London, was, that those who were not members of the Church of England should have the same civil privileges as Graduates of the Universities of Oxford and Cambridge. That principle had been acted upon until last Session, when the Graduates of the University of London were left out of the Lunacy Bill and the Vaccination Bill. It was well known that the Graduates in Medicine of the London University underwent a more severe examination as to Medical knowledge than those of the Universities of Oxford and Cambridge; yet, by the omission to which he had alluded, they were subject to penalties for the exercise of their Profession, and in one instance, he believed, an action had been commenced for the recovery of those penalties. (Hear, hear.) It was therefore thought that a Bill ought to be passed, placing them in the same position as if this omission had not taken place. Under these circumstances, he could not see that the postponement of the Medical Bills was a reason for postponing this Bill also. (Hear.)

Mr. Brady thought, that the opinions elicited in the course of the present debate would give great satisfaction to the Medical Profession. The present Bill only did justice to the London University. No Medical corporate body in this country was superior to the Medical body of the University of London. He might go further, and say that no degrees in Europe were more worthy of estimation than those given by the University of London. (Hear, hear.) He opposed the postponement of the present Bill until next Session. It was possible the Medical Bill of next Session might not pass into a law, and then the Graduates of the London University would be left in the same position which they now occupied. He gave the present measure his entire approval, and was happy in testifying to the high estimation in which the University was held by the Profession.

Mr. Craufurd should support the Motion for going into Committee on this Bill, because he thought it would advance the cause of Medical Reform.

Mr. Dunlop did not think it was a step towards Medical Reform to extend the system of allowing the position of Medical men to depend upon the diplomas of the Universities.

The House divided, when the numbers were—

For going into Committee . . . . .	90
Against . . . . .	26
Majority . . . . .	64

The House having gone into Committee,

Mr. Mowbray moved to insert certain words in the preamble, the object of the alteration being to confer on the University of Durham the same privileges as by the present Bill were conferred upon the University of London. He said he saw no reason why Medical students of Durham University, which was established by Royal charter, and which required them to reside some years in the University, and to pass a rigid examination before degrees were conferred on them, should not enjoy the same advantages in this respect as students of the University of London.

Mr. Headlam thought the House could not but accede to the Motion: the objection to the existing law was, that it created something like a monopoly. No Medical school bore a higher character than that of Durham, and it was highly desirable, considering the distance from the Metropolis, that Medical students in the north of England should have equal privileges conferred on them by going to a University in their own neighbourhood as by coming to the Metropolis.

Mr. Napier did not object to the Amendment, but complained that, if they excluded the University of Dublin from the same privileges, they would be drawing a very invidious distinction; and he thought, considering the excellence of its Medical School, it would be very unfair to extend the privileges of the London and Durham Universities, and continue the present restrictions of the practice of Medical Graduates of the Dublin University to Ireland alone.

Mr. Elliot said, the same argument would apply to Scotch Universities. He should vote for the Amendment, on the understanding, that he should be at liberty to propose that every person legally qualified to practise in any part of the United Kingdom, should be included after the word "London."

The Chairman intimated, that, by the rules of the House, such an Amendment could not be made without notice.

Mr. Cowan could not refuse to give his assent to the principle of the Amendment, but he could not conceive that the same principle should not be allowed to extend to the Scotch and Irish Univer-

sities, many of which had been established for a great number of years.

Lord Palmerston thought a very good case had been made out for the addition of the University of Durham, but he apprehended that it was not competent for the Committee to introduce anything with respect to the Scotch or Irish Universities at present. He would not state any views as to a general measure of Medical Reform, but, as far as he had been able to consider the question, it seemed to him that no such measure would be satisfactory to the country which did not place the degrees of England, Ireland, and Scotland upon the same footing, with a view to practising in the United Kingdom. (Cheers.) It appeared to him, that an arrangement might be made by which a similar test of qualification might be applied in each of the three kingdoms, so that any person furnished with a licence in one particular part of the kingdom should be at liberty to practise in another. That was the view he should take on a measure of Medical Reform, but it was not desirable to deal with that question in a Bill of this sort, as it required general consideration, and was one upon which he should think it incumbent to take the opinion of practical men, and also to act on the instructions of the House.

Mr. Napier asked, if that were so, what was the good of the present Bill?

Lord Palmerston replied that, by an incidental piece of legislation last year, persons who had taken a Medical degree in the University of London were liable to certain penalties which it never could have been intended they should be under, and the object of the present measure was to relieve them of such penalties.

Mr. Cowan said, it was his intention to move, as soon as he was in order, that it should be an instruction to the Committee to include the Scotch Universities in the measure, and with that view he now moved that the Chairman report progress.

Mr. V. Scully thought it very advisable to report progress, with a view to an instruction to the Committee to include the Irish and Scotch Universities. He did not desire to create a monopoly of London University Graduates to come over and invade Ireland. (Laughter.)

Mr. Strutt said the Bill had been brought in to remedy a special grievance, in fulfilment of a pledge which had been given twenty years ago to the English Dissenters, members of which body, in the highest degree qualified to practise as Medical men, had long laboured under a most unjust stigma—a most injurious disqualification. The passing of this special Bill had nothing to do with the question of a general measure on the subject.

The Committee divided. The numbers were—

For reporting progress . . . . .	50
Against it . . . . .	109
Majority . . . . .	59

The Amendment to insert after "London" the words "at Durham," was then agreed to.

Upon Clause 1, entitling Graduates in Medicine of the University of London "to practise physic in all or any of its branches, including Surgery," in the same manner as the Graduates of Oxford and Cambridge,

Mr. Grogan moved to omit the words "in all or any of its branches."

The Motion was agreed to.

Dr. Michell moved the insertion of words giving to the Graduates the power of practising in London in the same manner as the College of Physicians. While this monopoly of the College of Physicians with regard to practising in the Metropolis existed no good would be done in the work of Medical Reform.

Mr. Bell opposed the Amendment, on the ground that it would open up the whole subject of Medical Reform in a far larger degree than the question with regard to the Scotch and Irish Universities.

The Committee divided. The numbers were—

For the Amendment . . . . .	5
Against it . . . . .	147
Majority . . . . .	142

The Clause was then agreed to, as was also Clause 2.

On Clause 3,

Colonel Dunne gave notice that he would, at a subsequent stage, bring up a Clause to extend the provisions of the Bill to the University of Dublin; or, if he should be prevented doing so by the forms of the House, he would move for leave to bring in a Bill for that purpose.

The Clause was agreed to, as also the preamble to the Bill, and the House resumed.



## LAW INTELLIGENCE.

COURT OF QUEEN'S BENCH, TUESDAY, JULY 11.

*(Sittings at Nisi Prius, at Guildhall, before Lord Campbell and Special Juries.)*

YEARSLEY V. WAKLEY.

Sir F. Thesiger, Mr. Wordsworth, and Mr. Lush appeared for the plaintiff; and the Attorney-General, Mr. T. Chambers, and Mr. Maude for the defendant.

The plaintiff, proprietor of the *London and Provincial Medical Directory*, sued the defendant Mr. Wakley, for infringing the plaintiff's copyright in that work. It was alleged that the plaintiff and two others were the originators of the idea of such a book, and had, with great labour, enlarged it from time to time; and that Mr. Wakley, in his *British Medical Directory*, had pirated from the plaintiff; that of course in such works there must be general features of resemblance, but that a large number of errors in the names, etc., in the plaintiff's work had been copied into the defendant's book. Evidence of these errors was proceeding, when

The Attorney-General said, many of the instances brought forward were new, and not alleged in the Chancery suit which the plaintiff had instituted against the defendant; and it would be impossible to do Mr. Wakley justice without going into evidence of an equally long list of returns of names, etc., made to him for his book, and which would take up a very long time. The mistakes were common to both parties, and originated in the public and private documents to which both had had access.

After some discussion the case was referred to arbitration.

## COURT OF EXCHEQUER.

BAKER V. MORGAN AND ANOTHER.

THE plaintiff is a porter, and brought the present action to recover from the defendants, who are dentists in Finsbury-place, compensation for an injury done to him in extracting a tooth. It appeared that in the month of February last the plaintiff went to the defendants to have his tooth drawn. The operation was attempted to be performed (the precise person who operated, however, being uncertain), but in the course of it the tooth, which was very much decayed, broke, and the fangs were left in the jaw. These the plaintiff desired to have extracted, but the operator thought that it would be better to let them remain for the present, and requested Mr. Baker, if he felt any pain, to call again in a day or two. Two or three days elapsed, and, the pain not having subsided, the plaintiff, instead of going back to Messrs. Morgan, consulted Dr. Epps, of Great Russell-street, who sent him to Mr. Hayes, a dentist in Conduit-street. This gentleman was called, and described the plaintiff's suffering as intense. His face was so swollen that his eyes were almost closed, and he thought it necessary to request the assistance and advice of another Medical man, Dr. M'Oubrey. Mortification had commenced; an abominable stench proceeded from the mouth; splinters were taken from the jaw, which was broken; two large holes were found in the upper part of the palate, arising, according to his opinion, from unnecessary violence and an improper use of the "key," instead of the forceps, and two of the firm teeth were necessarily extracted in order to get at the broken fangs. Neither Dr. Epps, however, nor Dr. M'Oubrey was called, and it was not till after the lapse of some weeks that intimation of the plaintiff's injury was given to the defendants. On the other side, neither of the defendants nor their assistants had any recollection of the plaintiff; one of them might have extracted his tooth, but they were all quite confident that they had never broken the jaw of any one; in fact, in this case it would have been impossible, since the tooth, being greatly decayed, broke off with but a very slight wrench. Several professional men testified to their skill as dentists, and, it having been suggested that the injuries, if not exaggerated by Mr. Hayes, might now be easily discernible, Mr. Gay, accompanied by Mr. Hayes, retired to examine the state of the plaintiff's jaw, and on their return concurred in the opinion that no material injury now existed.

The jury returned a verdict for the defendants.

IRELAND.—Reports of the re-appearance of the fatal potato disease, indicated by the well-known black spots, have been received from different parts of the country; but the cases are isolated ones, and only sufficient to show that the blight still lingers among us.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 30th ult. :—

BERESFORD, CHARLES, Congleton, Cheshire.  
DAY, ALBERT BRYAN, Isleworth.  
EAGLAND, WILLIAM HENRY, Leeds.  
GODFREY, JOSEPH JOHN, Turvey, Beds.  
HARGOOD, FREDERICK HEZEKIAH, Army.  
HAYARD, JOHN EVANS, Blangcothan, Llangolen.  
MORRIS, JOHN PENFOLD, Lewes, Sussex.  
PORTER, HENRY, Peterborough.  
QUINTON, CHARLES, Wolverhampton.  
REID, DOUGLAS ARTHUR, Southsea, Hants.

The following gentlemen were admitted Members on the 7th inst. :—

BENNETT, FREDERICK, York Place, City Road.  
HUGHES, AZARIAH, Bodedern, Anglesea.  
REED, JAMES TAVERNER, Downham, Norfolk.  
SHORNHILL, DAVID CLARKE, Stratford Green.  
SMITH, THOMAS, Tunbridge.  
STILES, BRADFORD, Marlborough, Wilts.  
STILWELL, GEORGE JAMES, Hillingden, Middlesex.  
WHITLING, HENRY TOWNSEND, Nuremberg, Bavaria.

The following gentlemen were admitted Members on the 10th inst. :—

COATES, GEORGE VINICOMBE, Hart Street, Bloomsbury.  
COVERNTON, CHARLES JAMES, Sincoe, Canada West.  
GREEN, WILLIAM, Matfen, Northumberland.  
HADOW, GILBERT BETHUNE, Haseley, Warwick.  
LAWRENCE, JOHN Z., Devonshire Street, Portland Place.  
MARSHALL, WILLIAM, Laurie Terrace, Westminster Road.  
MILES, HERBERT CHALMERS, the Charterhouse.

At a meeting of the Council on Thursday, George James Guthrie, Esq., F.R.S., was elected President; and William Lawrence, Esq., F.R.S., and Benjamin Travers, Esq., F.R.S., were elected Vice-Presidents, for the ensuing year. It is worthy of remark, that the present is the third occasion on which Mr. Guthrie has been elected President. At the Annual Meeting of the Fellows of the College, on the same day, Messrs. Joseph Hodgson, of Westbourne Terrace, and Francis Kiernan, of Manchester Street, Manchester Square, were re-elected Members of the Council; and Messrs. John Hilton, of New Broad Street, and Richard Quain, of Cavendish Square, were elected Members of the Council, in the vacancies occasioned by the decease of Mr. Bransby B. Cooper, and the resignation of Mr. Thomas Copeland.

LICENTIATES IN MIDWIFERY.—The following members of the Royal College of Surgeons of England, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 12th instant :—

BLACKMAN, FRED., Blackfriars-road, diploma of membership dated April 21, 1854.  
BOOTH, JOHN G., Haslingden, Lancashire, June 2, 1854.  
DEAMER, W., Bentinck-st., Manchester-sq., June 2, 1854.  
DIXON, JOHN, Hemsworth, Yorks, March 31, 1854.  
FRANCE, EDW. TOWNDROW, Sheffield, April 24, 1854.  
HINE, DANIEL B. Nottingham, April 17, 1854.  
MEDD, WILLIAM H., Stockport, Cheshire, April 7, 1854.  
MOXON, WILLIAM, Rugeley, Staffordshire, June 2, 1854.  
MUSCROFT, CHARLES, Pontefract, April 11, 1854.  
PRATT, EDWARD, Appledore, Devon, April 11, 1853.  
SOAME, C. B. H., Elstow, near Bedford, March 27, 1854.  
VICARY, CHARLES, Warminster, April 21, 1854.  
WARD, EDW. WADMAN, Leeds, April 21, 1854.  
YOUNG, CHARLES, Worth, Sussex, July 12, 1850.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, July 6 :—

BROMLEY, FREDERICK, Bath.  
JOHNSTON, AUGUSTUS, Dublin.  
WARD, EDWARD WADMAN, Leeds.  
WILLIAMS, ISAAC MENNELL, York.

## TESTIMONIAL.

DR. WALKER, late of Inverness, now of Birkenhead, has received testimonials subscribed for by his friends in Inverness and neighbourhood. The Committee ordered a very handsome brougham, which has been presented to Dr. Walker. The carriage was made by Messrs. Macnee and Russell, of Edin-



burgh; and on a silver plate inside the following inscription has been engraved:—"Presented to John Walker, Esq., M.D., by a number of his friends and well-wishers in Inverness and its vicinity, as a tribute of personal esteem and regard, and in testimony of their high respect for his professional character. 1854." As this handsome present did not exhaust the funds of the subscribers, a piece of plate was ordered, and, having been similarly inscribed, was duly forwarded to Dr. Walker at Birkenhead. These presents, along with the very handsome piece of plate subscribed for by the working and poorer classes of Inverness, are numerous but not undeserved tokens of esteem. Dr. Walker stood high in the estimation of all classes; and it is creditable to him, that while in extensive practice among the wealthier citizens of the town and residents in the neighbourhood, he was most active and considerate in his attention to the poor of the district.

#### BEQUESTS.

**MANCHESTER CHARITIES.**—A bequest of 1000*l.* has recently been paid to the Manchester Royal Infirmary, under the will of the late Mr. W. Walker, silk manufacturer, with 300*l.* additional as interest and compound interest accruing on the money since Mr. Walker's death. Mr. Walker's executor has paid over a similar sum of 1,300*l.* under like circumstances, to the Salford and Pendleton Royal Hospital and Dispensary.

#### DEATHS.

**BELL.**—July 9, at Venice, on his way from India, Adam Bell, Esq., M.D.

**GERGENS.**—June 25, at Wiesbaden, deeply lamented, Dr. Gergens, M.D.

**TREVOR.**—July 7, in Gloucester Place, Andrew Trevor, Esq., formerly Surgeon of H.M. 33rd Regiment, in the 82nd year of his age.

**PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.**—(Opinions of the North Wales Branch on Sir John Forbes's Medical Reform Bill.)—In consequence of the suggestion of Sir John Forbes, that the new scheme of a Bill for regulating the Medical Profession should be submitted to the consideration of the North Wales Branch of the Association, a meeting accordingly took place for the purpose of discussing its merits; the result of which was that we, the under-signed members of the Association, and other Practitioners, hereby record our united and unanimous opinions on the same. 1. That we consider the Bill not only inexpedient and perplexing, but probably injurious, by interfering with the existing Medical institutions of the country, which we are fearful it is calculated much to embarrass, and even to subvert,—the desirable object would be to place the whole of the Universities and Colleges upon the same footing,—that they should enjoy the same immunities and privileges—be regulated by the same laws, and that supremacy should not be given to one more than another. This course is desirable rather than the framing of new institutions, or changing their governing bodies; and it is with regret that we see in this new Bill that the old-established and venerable institution of the Apothecaries' Company is totally superseded, although it has been the means of raising the status of the Profession more than any other institution—but requiring only a new nomenclature to give it that suitable dignity which it is so justly entitled to—the appellation of "The Royal College of Medicine." 2. That if, notwithstanding, it should be deemed expedient by the majority of the Medical fraternity, to establish a new institution, we freely concur with the general preamble of the Bill, viz.,—"That all properly-educated persons in the Medical Profession should be put on the same footing throughout the United Kingdom, and be free to practise all the branches of the Profession in any and every part thereof." 3. But, passing over all the clauses, from 1 to 12, we see no reason for abandoning the hitherto old-established period of the majority of the candidate for the fitness of his examination, viz., the age of 21, and that he should be restricted to the age of 22, the advantage of an additional year's delay not being commensurate with the inconvenience or economy of his protracted and expensive studies. 4. Clause 23. It is our opinion, that the degree of "Doctor in medicine" should be restricted exclusively to persons who have been long engaged in the practice of their profession,—say ten years, and that it should be the inviolable insignia or badge of experience only, and should not be awarded to junior candidates possessing merely rudimental or elementary knowledge, but to those having a thorough practical acquaintance with, and knowledge of, diseases, acquired, not only in private

practice, but in connexion with a public institution, as Honorary Surgeon, for two or more years, to an Infirmary or Dispensary, and that candidates, under those circumstances, should not be subjected to a second examination; but, if insisted upon by the majority of the senatus, then merely a written one should be sufficient, embracing strictly practical subjects; that a thesis should be written, either in Latin or English, (as the choice of the candidate may be,) upon any disease he may think proper himself to select, embracing some novel views from his own practical experience, paying the ordinary fee for the Diploma. 5. That the same privilege of granting the degree of "Doctor," be also extended to surgery and midwifery,—each distinct and several as he may desire, according to the same routine of requirements as already laid down for "Doctor in Medicine," the one choosing for his thesis a surgical disease for his diploma of "Doctor in Surgery," and the other his thesis in midwifery for the "Doctor in Midwifery" degree. 6. We consider an oral, or in fact any other, examination for any Doctor's degree, whether medicine, surgery, or midwifery, in the case of an established Practitioner, as humiliating and vexatious, after having had his knowledge previously attested to by a Board of Examiners, according to the regulations laid down by the Medical Council in this Bill, and also those of the existing forms. Is there any necessity that he should undergo a second ordeal? Does it require a greater amount of Professional skill to practise as a Physician than as an Apothecary or General Practitioner? Which of them sees the greater number of patients and diseases through all their various stages of progression? It is certainly the General Practitioner. 7. It is a manifest absurdity to grant an M.D. degree to a young student with mere elementary knowledge without long practical experience, and withholding it from the senior Practitioner, who has had the full benefit of such attainments for many years, and has already been legally pronounced competent to practise all the various branches of the Profession; yet, under the existing regulations, this individual is subjected to a further examination, as though he had again become a tyro, and had lost all his former knowledge and competency by the lengthened labour and experience of many years' active and extensive practice, and perhaps grown grey in the arduous duties of his Profession. 8. We would, therefore, respectfully recommend to the serious consideration of the Medical Council the propriety and justice of restricting the student to the Bachelor's degree only, whether in medicine, surgery, or midwifery, as already suggested. Any or all, as his choice may be; paying the prescribed fees accordingly, and reserve the Doctor's degree to the experienced and practical man alone. This arrangement would raise the status of the Profession and augment the pecuniary resources of the Universities and Colleges, enlarge the safeguard and sanitary welfare of the community, and remove all invidious professional jealousies. 9. That, whether the existing institutions be undisturbed, or new ones established in their place, we unhesitatingly submit that the foregoing arrangements should be seriously considered, and, if possible, be adopted in the present or the new institutions. Finally, we venture to assert that there is no supremacy in medicine over surgery or midwifery, but that each branch possesses an equal importance with the other, and each should with equal justice enjoy its own individual distinction, viz., by conferring the Doctor's degree on each of the several departments to the senior practitioner, and that of the Bachelor's to the student only. (Signed) Members of the Association:—P. Williams, L.S.A., M.D., President; Thos. Vickers, M.R.C.S., L.S.A.; William Pierce Jones, M.R.C.S.E., L.S.A.; Augustus ap Henry Parry, M.R.C.S.; R. Lloyd Williams, Esq., M.D., F.R.C.S., Physician to the North Wales Lunatic Asylum, and Consulting Surgeon to the Denbighshire Infirmary.—Holywell, June 26.

**SCIENTIFIC AND LITERARY SOCIETIES.**—A Deputation on behalf of the proposed accommodation for scientific and literary bodies in Burlington-house, had an interview with Sir William Molesworth, on Saturday, at the Office of Public Works and Buildings. The Deputation consisted of the Earl of Rosse, President of the Royal Society; Lord Wrottesley; Lord Mahon, President of the Antiquarian Society; the Bishop of Oxford; Mr. Greenough; Mr. Hamilton, President of the Geological Society; Colonel Yorke, President of the Chemical Society; Mr. Bell, President of the Linnæan Society; Mr. Grove, Colonel Sabine, Mr. Heywood, and Professor Foster.

**COLNEY HATCH ASYLUM.**—During the past year 254 patients were admitted into the male department of this asylum. Of these 113 were single, 122 married, 10 widowed, and 9 unknown.

**OUTBREAK OF CHOLERA ON BOARD AN AUSTRALIAN EMIGRANT SHIP.**—LIVERPOOL, July 12.—Considerable apprehen-



sion has been caused at this port and at Birkenhead by the return of the ship *Dirigo*, which took her departure hence for Adelaide on Thursday last. A child, aged nine months, had died on board before the vessel left the Mersey, and some hours afterwards a girl from Southampton was taken suddenly ill and died. This death was quickly followed by that of an infant, and on the third day the father of the girl from Southampton, an aged man, was seized with collapse, and died as suddenly as his daughter had done. There being no hulk at Cork to which the passengers could be removed, it was found necessary to engage a powerful steamer to tow the vessel back to Liverpool. Before the vessel reached Liverpool forty-one deaths had occurred, while many of the passengers were suffering severely from premonitory symptoms. On Sunday evening seventeen bodies were thrown overboard, and after the arrival of the vessel on Monday night seven bodies were carried ashore in coffins. Among other steps adopted in this emergency was the erection of an iron Hospital on the Cheshire side of the river, near the emigration dépôt, in which to place the removable sick. The outbreak is described as now being of the severest description, the victims being attacked with collapse, without the premonitory symptoms, and dying almost immediately. At the time we write (Wednesday, 4 p.m.) there are 14 cases reported "dangerous" on board.

**CHOLERA.**—By advices to the 28th ult., it appears that the cholera was raging with great virulence throughout Mexico. Among its victims was Madame Sontag. In one day the mortality reached 200. The death of Madame Sontag occurred on the 17th. She was announced to appear in the opera on the 11th, but the performance was postponed in consequence of a sudden attack of cholera. In the city of Mexico the epidemic had begun to abate.

**THE CHOLERA IN PARIS.**—The returns of the civil Hospitals for the 14 days, from the 22nd of June to the 5th of July, give a total of 603 cases received, 184 discharged convalescent, and 318 deaths. The report for the 5th of July is as follows:—Cases treated since November, 3,199; recovered, 1,166; died, 1,688; remaining under treatment, 345.

**CHOLERA.—WEST INDIES.**—A letter has been received by a Mr. Roberts, of Doncaster, dated Barbadoes, June 11, which gives a frightful description of the ravages of the cholera. It states that "the cholera in its most malignant form is raging among us, carrying off from two to three hundred a-day. The deaths in the city amount to over 1,500, and are increasing. Three or four days ago, our common gaol contained seventy prisoners, and at this time there are not more than ten alive. The disease has principally been confined to the black population; but its character is such that people are attacked and fall down in the public streets. The dead carts go about picking up the dead. Two hundred and fifty bodies were stowed away yesterday, in a piece of land purchased for the purpose, which is the second piece, one already having been filled up, as it was contaminating the atmosphere."

The Vienna papers are informed from the Principalities that from 9000 to 10,000 sick and wounded are now on the road from Bucharest to the Sereth.

**ENGLISH MEDICAL STAFF FOR THE TURKISH ARMY.**—As we announced some time since, the formation of this Staff is entrusted to the Director-General of the Army and Ordnance Medical Departments. In reply to numerous Correspondents, we may state that a considerable number of Surgeons and Assistant-Surgeons will be appointed, a diploma from a British College of Surgeons, or a degree from a British University, being essential; and that preference is given to gentlemen of a certain age and experience in practice. It is understood, that when the Director-General is satisfied with the diploma or degree, no formal examination will be required. Full particulars may be obtained by writing to the office in St. James's Place.

**STATE OF THE WOUNDED AT SHUMLA AND SILISTRIA.**—By a private letter received from a friend, dated Shumla, June 19, we learn that two British Surgeons have been through the sick and wounded of the Turkish army at Shumla and Silistria. They report that their hospital system is very good indeed, and at Constantinople and Varna, and wherever they can carry it out, excellent; but at Shumla and at Silistria, where hundreds are crowded into a barrack not formed for the reception of wounded, it is lamentably sad. In one barrack, there were 1370 cases, and no less than 150 men in bullock-carts outside, who had been more than five days in them. Many had died there. Scurvy was very general. The patients were in a state of helpless prostration, the sores slowly ulcerating and extending into phagedæna. Parotid abscess was a very common complication.

The poor creatures sit with muscles unmoved, like statues, to have their wounds dressed. Of fifty in one ward, the two officers did not think that one would go out alive if they were not removed from their present situation to a camp on the hill out of the town. There was no intermittent, but much typhus.

**HEALTH OF THE BRITISH ARMY IN TURKEY.**—We have received letters from Varna, dated on the 23rd and 27th June. On the latter date the force at Varna was 30,000 strong, and an advanced light division, about twenty miles from Varna, was nearly 7000 strong, independent of cavalry. The sick of the main body and of the advanced division did not amount to 3 per cent. of the strength. In spite of some inconveniences they are well cared for, and want for nothing. One case of spasmodic cholera had occurred, but there had been none since the 20th. Diarrhoea had prevailed to a considerable extent, but had ceased after the site of the encampment had been altered, and warm tea and coffee had been issued as morning meals for the soldiers. The Medical officers complain of the bad effects of the wine of the country, and speak highly of the excellent results of the supply of English porter, expressing hopes that it may be obtained in sufficient quantities to supersede the use of wine entirely.

**HEALTH OF THE BLACK SEA FLEET.**—By a private letter received from the Surgeon of one of the ships serving in the Black Sea, dated June 29, at Baljik, we hear that the fleet is uncommonly healthy, the average number of sick being not over  $2\frac{1}{2}$  per cent. Our Correspondent says:—"Last year's 'shakes' now and then come on, of course, and there have been a very few cases of this year's fever, continued for a couple of days, generally with remitting headache for two or three more, mild and short. A little scurvy has appeared in some of the ships, in some preceded by hemeralopia, and there has been a tendency to diarrhoea and slight dysentery. The scurvy is to be attributed, I presume, to the scanty supplies of vegetables which this coast affords. It has disappeared since our return to this place from the blockade of Sebastopol, and I doubt not it will be warded off for the future by a judiciously early and liberal issue of lime-juice. It would be well, I think, to discontinue the latter only while 'fresh provisions' are used, for a few days' fresh meat and vegetables occasionally cannot counterbalance a few, or perhaps several weeks' scarcely interrupted consumption of salt-beef and pork, and pork and beef. We amphibii rejoice in longish cruises. The Hospital at Therapia is in fair train. It is to be increased to 150 beds, without delay, I believe, and I hear that 50 more could very easily be added. With the Hospital-ship in the Baltic (which certainly has a most efficient, excellently-chosen staff) and Therapia and Malta under our lee, the fleets could not be better off, I think."

**DRAINAGE OF THE PLUMSTEAD MARSHES.**—Attention was drawn in a late Number of this Journal to this subject. The Government has since agreed to the appointment of a Committee of the House of Commons to inquire into the matter. The following is a list of the members:—Sir Edmund Filmer, Chairman; Lord Dudley Stuart, Lord Robert Grosvenor, Sir John Shelly, Viscount Bernard, Mr. Wilkinson, Mr. Masters Smith, Colonel Dunne, Mr. Montagu Chambers, Mr. Thomas Greene, Mr. Alderman Cubitt, Mr. James Macgregor, Sir William Smijth, Mr. Frewen, Mr. Vansittart. The meetings have already commenced, and the following gentlemen were examined on the first day:—Mr. Bossey, Surgeon, Woolwich; Mr. Stewart, late Inspector-General of the Ordnance Medical Department; Mr. G. Farr, Surgeon R.A., Ordnance Medical Department; Mr. W. Dixon, farmer, Wickham; Mr. Stockley, Veterinary Surgeon, Ordnance Medical Department; Rev. W. Acworth, vicar of Plumstead.

**MEDICAL RELIEF.**—The Select Committee appointed to inquire into the mode in which Medical relief is now administered in the different unions in England and Wales, and to ascertain whether any additional facilities might be afforded the poor in obtaining Medical aid, and who were empowered to report their opinion, together with the Minutes of evidence taken before them, to the House, have considered the matters to them referred, and have come to the following Resolutions, which they have agreed to report to the House:—1. That no sufficient evidence has been adduced before your Committee to justify their recommendation of an entire change in the present system of Medical relief as administered under the General Consolidated Order of 1847, by means of which the poor have derived greater facilities in obtaining Medical aid than they were enabled to do previous to its promulgation. 2. Your Committee, however, recommend that the Poor-law Board should continue to direct their attention to the extent of the Medical districts, to the reduction of their area where they are found to be inconveniently



large, and to the appointment of additional Medical Officers in such cases. 3. Your Committee also recommend that every Medical Officer to be appointed after the 25th of March, 1855, should continue in office until he may die, resign, or become legally disqualified to hold such office, or be removed therefrom by the Poor-law Board. 4. They also recommend that the Poor-law Board should direct their attention to the salaries of the Medical Officers, which, in some cases, appear to be inadequate to the duties they are required to perform. 5. Your Committee further desire to call the attention of Parliament to the facts given in evidence, that a considerable number of poor persons have been placed on the pauper list through the receipt of Medical relief in cases of sickness or accident, and from that cause alone; they, therefore, recommend, that persons so circumstanced should be enabled to receive such Medical assistance as their case may require, without being placed on the list of paupers; but that it should be left to the Board of Guardians to decide in what cases Medical relief shall be so given to persons who are not otherwise in want of, or in the receipt of, parochial relief. 6. That evidence has been given before your Committee respecting purely Medical clubs, the contributors to which are entitled to attendance and medicine alone, with the option of selecting their Medical attendant; that in some districts, where provident habits are encouraged among the industrious classes, the existence of such clubs, mainly maintained by their contributions, evinces at once the value they attach to prompt Medical attendance, and an honest desire on their part to maintain their independence.

**VEGETABLE PILLS.**—In the Vice-Chancellor Kindersley's Court, on Saturday, an injunction was moved for *ex parte* to restrain a tailor from making and selling Kaye's Worsdell's Vegetable Restorative Pills. The Vice-Chancellor said, that "he thought notice had better be given, for he could not suppose that people were so anxious for their own destruction as that twelve days would make any difference."

**MORTALITY NOTABILIA.**—The present Return affords very satisfactory evidence of an improved state of the public health: the mortality, which has been long above the average, having fallen last week below it. The number of deaths registered in London last week was 984. In the ten corresponding weeks of the years 1844-53 the average number was 951, which, if raised in proportion to increase of population, becomes 1046. Zymotic diseases produced last week, collectively, 253 deaths, which is near the amount that may be expected at this season.

**Births.**—The births of 752 boys and 718 girls—1470 children—were registered. Average, 1850.

#### DEATHS REGISTERED in the Metropolis for the Week ending Saturday, July 8, 1854.

CAUSES OF DEATH.	JULY 8.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	521	293	170	984	9508
SPECIFIED CAUSES .. .. .	521	293	170	984	9469
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	198	45	10	253	2254
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	6	18	20	44	448
3. Tubercular Diseases .. .. .	83	86	8	177	1911
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	53	49	29	131	1122
5. Diseases of the Heart and Blood-vessels .. .. .	6	15	14	35	343
6. Diseases of the Lungs and of the other Organs of Respiration ..	69	26	31	126	920
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	30	21	11	62	656
8. Diseases of the Kidneys, etc. ..	1	10	7	18	100
9. Childbirth, Diseases of the Uterus ..	..	7	1	8	79
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	4	4	1	9	65
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	..	2	..	2	22
12. Malformations .. .. .	2	..	..	2	25
13. Premature Birth and Debility ..	25	1	..	26	225
14. Atrophy .. .. .	31	1	8	40	243
15. Age .. .. .	..	..	19	19	361
16. Sudden .. .. .	1	..	6	7	144
17. Violence, Privation, Cold, and Intemperance .. .. .	12	8	5	25	551
CAUSES NOT SPECIFIED .. .. .	..	..	..	..	39

#### TO CORRESPONDENTS.

*Mr. Bradford*, alluding to our series of Tetanus cases, says:—"I cannot resist the impression, that opium has not had a fair trial, in doses bearing any proportion to the violence of the spasms and duration of the disease,—the largest being but a few grains of Dover's Powder, and that at too long intervals; but, from the success attending two cases of traumatic tetanus treated by large doses of opium on negroes in Jamaica, I am induced to throw out this hint to my professional brethren. It appears to me, that five grains of opium in tetanus is but an equivalent to one under any other circumstances of disease; and that should be the first dose. If symptoms of an over-dose did not present themselves soon after, that it should be repeated—of course, under the most unremitting vigilance. The earlier the treatment the better. Before the stomach is implicated, to give it a better chance if possible, to keep the bowels open by croton oil, enemata, etc.; as it appears the greatest number of recoveries takes place where this is the case."

*Dr. H.*—We cannot admit anonymous letters imputing improper motives to any one.

*Mr. Gaiter* had better consult some respectable surgeon; or, if he cannot afford this, take the patient to the nearest hospital.

*Mr. P.*—*North Wales.*—We cannot publish hospital cases without giving the name of the hospital and of the gentlemen under whose care the patients have been.

*M.D.* should inquire at the Turkish Embassy. We have stated before, that an English medical staff is to be provided for the Sultan's army. There is no probability of increase of pay to medical officers of our army and navy.

*Errata.*—In our notice to correspondents last week upon the pronunciation of C and CH, for *χημασι* read *χημεία*, and for *χειρουργικός* read *χειρουργικός*. For the Spanish i read the Spanish j.

*Mr. Ransom.*—Many thanks. The returns shall be made use of. The Report of the Committee has been already agreed to.

We do not see that any good would result from the publication of *Mr. Hurley's* second note.

*An Old Subscriber.*—We cannot answer the question.

*Vaccinia.*—The payment of one fine will not be an excuse for non-compliance with the Act.

[To the Editor of the Medical Times and Gazette.]

SIR,—I was glad to see your remarks on the advertising quacks a week or two back, as they appear in the newspapers. A new plan of advertising has appeared in this town in the shape of a bill being given into almost every house, headed *Triesmar*, which I send you, and I see the Patent-office Seal of Great Britain is attached to it. It will only require you to read it to see its disgusting contents. I am, &c.

Newcastle-upon-Tyne, July 11, 1854.

AN OLD SUBSCRIBER.

The following specimen of the testimonials to this nostrum may serve to illustrate the authenticity of other statements in the prospectus:—Extract from the *London Medical Journal*: "Fortunately for our country a continental remedy is at last found that will supersede cavi, cubebs, and mercury for the cure of venereal taints, however virulent they may be; besides which, such a tasteless remedy for the cure of those distressing and debilitating visitations, seminal emissions, will, we are sure, be the means of such infirmities being unknown; and we hail the time as not far distant when such diseases shall be comparatively unheard of."

*Mr. Ward's* paper is in type, but is unavoidably postponed until next week.

*Juvenis* will find the information he requires in another column. He should apply to the Director-General by letter.

*Mr. Stokes's* letter arrived too late for insertion this week.

COMMUNICATIONS have been received from—

PRESIDENT AND TREASURER OF ST. THOMAS'S HOSPITAL; *Mr. OWEN*; *Mr. WILDE*, Dublin; *Dr. GÜRLT*, Berlin; SECRETARY OF THE INSTITUTE OF ACTUARIES; *Mr. F. HARRISS*; *Mr. BOSSEY*; *Dr. ROBINSON*, Newcastle-on-Tyne; *Dr. WILLIAMS*, Holywell; *Dr. KINNEAR*, H.M.S. Rodney, Black Sea; *Mr. REID*, H.M.S. Indefatigable, Black Sea; *Dr. STEWART*, Belfast; *Mr. ADAMS*; *Mr. LITWELL*; AN OLD SUBSCRIBER; *Mr. HURLEY*; *Mr. RANSOM*; *Dr. H.*; *A.*; *Mr. GAITER*; *Mr. P.*; *M.D.*; *Mr. BRADFORD*; *Dr. TODD*; *Dr. ROWLAND*; *Dr. RANKING*; *Mr. N. WARD*; *Dr. TAYLOR*; *VACCINIA*; *Dr. SIEVEKING*; etc.

#### MORTALITY IN PUBLIC INSTITUTIONS for the week ending July 8:—

	Males.	Females.	Total.
Workhouses...	53	43	96
Military and Naval Asylums ..	3	..	3
General Hospitals .. .. .	30	16	46
Hospitals for Special Diseases ..	3	1	4
Lying-in Hospitals .. .. .	..	1	1
Lunatic Asylums .. .. .	7	1	8
Military and Naval Hospitals ..	9	..	9
Hospitals for Foreigners, etc. ..	1	..	1
Prisons .. .. .	..	2	2
	106	64	170



ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

LECTURE VII.

LET us now examine more closely some of the local or secondary diseases occurring in fever. In their seat, if not in their nature, these affections are observed to vary in different countries. On the Continent—at least in France, and in a large portion of Germany—the frequency, and, probably, the preponderance of the secondary disease of the intestines, is a matter that must be admitted. So remarkable, indeed, is the predominance of the tumefaction and ulceration of the mucous glands of the intestine in France, that Andral, in the first edition of the “Clinique Médicale,” described fevers under the general head of diseases of the digestive system; and yet Andral was no blind follower of Broussais. In Ireland, however, we do not find this remarkable preponderance of the secondary diseases of the digestive system; but, when I state this to you, I wish you to understand and adopt this principle, that all statements as to the anatomical characters of fever, as it prevails here or elsewhere, are to be accepted only so far as they apply to the prevailing epidemic. And, although it is true, that, on comparing our typhus with the French typhoid fever, this difference becomes apparent, that the existence of follicular disease of the intestine is almost the rule, and its absence the exception in the latter affection, while, in the Irish typhus, this condition of the intestine is rare, you must, however, bear in mind, that in Ireland, and in our own time, we have had a great epidemic of what was certainly typhus fever, in which the condition of the intestine accurately represented that which is found to prevail on the Continent. This is an important fact, and one which some of the Continental writers on pathology do not seem to be aware of, or they would not be so apt to adopt artificial distinctions and erroneous opinions on the matter. In the epidemic of the years 1826, 1827, and part of 1828, disease of the mucous glands of the intestine was so frequent that its existence might be held to be the rule, and its absence the exception; and it is also true that intestinal ulcerations have been repeatedly observed in the maculated typhus of Ireland, their amount and frequency varying with the epidemic influence. Let me refer you, for proof of these statements, to Dr. Cheyne’s papers in the first and second volumes of the “Dublin Hospital Reports.” Similar observations have been made elsewhere also. What, then, shall we say of that doctrine which declares that there is an essential distinction or difference marked by pathologico-anatomical characters between the Continental fever and our typhus, or between the continued fever of Great Britain and fever as we have it in this country?—a difference to be expressed anatomically in this way, that in the Continental or in the British continued fever there is extensive ulceration of the intestine, while, in the Irish fever, this condition is wanting. Dr. Lombard, of Geneva, whose experience of fever in this country was manifestly insufficient to justify his coming to any decided opinion on the subject, holds that we have in Great Britain and Ireland two different fevers, one highly contagious, which he calls the Irish typhus, and in which the cephalic symptoms predominate to the exclusion of abdominal alterations; the other sporadic, and most likely not so infectious, in which the abdominal symptoms are more predominant, so much so that the follicular disease and consequent ulceration are always present. These two fevers are, in the opinion of this writer, to be found in most parts of Great Britain, but the first is most prevalent in Ireland, and in parts where the Irish come in great numbers; the other, similar to the European sporadic fever, is met with in all places, varies with the seasons, and is not necessarily produced by, or under the influence of, a contagious principle. Had Dr. Lombard been aware that ulcerations of the intestine are frequently met with in our petechial typhus; and again, that the typhoid fever, or at least, a fever with extensive dothinen-teritis, has raged epidemically for two years in this country, he would have been slow in venturing to settle the question in so

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decided a manner; and I have before mentioned to you, that during the prevalence of any particular epidemic in this country, we meet with cases agreeing in all their general characteristics, and having all the distinctive marks of typhus; in one set of which follicular ulceration is met with, while in another this lesion is entirely absent.

If, however, we inquire, what is the disease secondary to typhus, for the removal or modification of which we are most often called on to exert our skill in the wards of a Fever Hospital, and especially in the worst cases of petechial typhus, I would say that it is the pulmonary, rather than the gastro-intestinal complications. Certainly the secondary disease of the bronchial surface is generally the most formidable of the local affections in our Irish typhus. This is true, at least for cases which have occurred within the last ten or fifteen years. So great, indeed, is the frequency of this bronchial complication, that long before I was aware of the opinions of Rokitansky on this point, I frequently suggested in my lectures, whether the secondary bronchial disease might not be held to stand in the same relation to the Irish typhus, that the follicular disease of the intestines in France bears to the fever in that country. Let me read to you a passage from Rokitansky’s work, lately translated by Dr. Day for the Sydenham Society, bearing on the points before us. He is speaking of the typhus process on the mucous membrane of the air passages:—“In primary broncho-typhus the general disease originally localises itself here, avoiding all other mucous membranes, even that of the intestine, for which in general the typhus process shows the most decided preference. The latter mucous membrane exhibits, however, in many cases, a recognisable, though always subordinate and secondary development of the follicles, in which the adjacent mesenteric glands participate; and, in such cases, it is very often a difficult matter to distinguish the typhus in the above-named affection of the bronchial mucous membrane. The peculiar stasis of the spleen and of the great *cul de sac* of the stomach, the remarkable intumescence of the former, and the singular character of the blood, the typhus nature of the general disease, and especially the altered condition of the bronchial glands invariably serve, together with other symptoms, to indicate the typhus nature of the bronchial affection. The alteration occurring in the bronchial glands is of the same character as that affecting the mesenteric glands in abdominal typhus. They become swollen to the size of a pigeon’s, or even of a hen’s egg, are of a dark violet colour, which afterwards becomes lighter, present a relaxed and friable appearance, and are infiltrated with a medullary typhus matter. Like typhous mesenteric glands, they may become the seat of a tumultuous metamorphosis, and thus either with or without perforation of the adjacent mediastinum, may give rise to pleurisy. This form is often combined with pneumo-typhus and typhous pleurisy, and is, beyond all doubt, the basis of the spotted contagious typhus, and very probably also of the Irish and North American typhus, which, in the majority of cases, run their course without any intestinal affection. With us this affection is rare, and, in point of frequency, is not to be compared with abdominal typhus.”

I may observe here, that by the term “tumultuous metamorphosis” is implied the occurrence of violent symptoms with suddenness and rapidity of progress. Dr. Day remarks, that Rokitansky has used the term in a new sense, but it means generally, as I understand it, that a violent and re-active inflammation occurs in the parts altered by the typhus process, which may cause great congestion, turgescence, perforation, or even gangrene. As Rokitansky does not indicate any distinctive features between the spotted contagious typhus and the Irish and North American typhus, we may safely hold them to be the same diseases.

With respect to the question of the comparative frequency and importance of the pulmonary as contrasted with the nervous symptoms in fever, as it affects the lower and upper classes in this country, my decided impression is, that taking the experience of the last twenty-five years, the secondary bronchial, or, to speak more generally, the pulmonary complications are much more frequent and dangerous in Hospital than in private practice. It is not easy to explain why this should be so, but certainly we find a greater preponderance of nervous symptoms in the typhus fever, as it affects the upper classes of society, than in cases of the disease as we meet with it in Hospital; while in Hospital practice the nervous symptoms, though we cannot say that they are absent, seldom require any very special interference on the part of the practitioner. No doubt we meet with coma and subsultus tendinum occasionally, but that predominance of nervous symptoms in the early periods of typhus, which is so common in the upper classes of society,



is but rarely seen in our wards; and if you will only reflect on the simple fact, that we so rarely have occasion to shave the head among our Hospital patients, you will fully see the truth of what we say. Remember, too, how many cases we have had in which, while all the symptoms of typhus—such as prostration, weakness of the heart, eruptions of maculæ and petechiæ, and well-marked secondary diseases of the mucous membrane of the intestines—were present, while the patients' minds remained quite unclouded, and while no symptom occurred calling for any special measures directed to the head. The typhus of Ireland, then, is not characterised, as Dr. Lombard has described it, by a preponderance of cephalic symptoms, at least when it occurs in that class from which he supposes the best specimens of the disease to be drawn. He is as incorrect in his statements about the predominance of cephalic symptoms as when he says that the absence of follicular ulcerations of the intestines is a distinctive mark of Irish typhus.

In the typhus fever of the upper classes in this country the nervous symptoms are generally much more aggravated and developed at an earlier period; and it may be that this preponderance of the nervous symptoms, this tendency to affections of the brain in one class, even though these affections be principally neurotic, is a cause of the comparative exemption of such cases from the secondary bronchial disease. You will find as you advance in the study of general pathology, plenty of examples in which diseases of structure or of deposition are suspended or replaced by purely nervous affections. Explain it as we will, the general proposition appears true, that the nervous symptoms, comparatively speaking, are but slightly developed in the fever of the lower classes, while those indicative of nervous disease are much more prominent; and conversely that in the upper ranks symptoms indicative of irritation of the mucous surfaces are less developed, while the nervous symptoms are severe; and this, perhaps, may throw some light upon the doctrine which has been long held by many, that the mortality of fever is greater in proportion as we ascend in the scale of society.

I have already told you that, as regards prognosis, the preponderance of the nervous symptoms in fever should cause us more apprehension than that of any other class of symptoms, and especially when this preponderance is observed at an early period of the disease. This greater susceptibility of the nervous system in the higher classes may itself be a cause why we cannot use wine with as great liberality in this class as with ordinary hospital patients. And this, again, may explain the greater fatality in private practice, inasmuch as that, in consequence of the excitement of the nervous system and the incapability of the patients to bear stimulants largely, we are debarred from the use of that which is the great medicine for fever.

I think we may lay it down as a principle, that the more the secondary affections of fever are anatomical, the greater will be the utility of stimulants; and conversely the more they are neurotic, and especially in cases where these neurotic symptoms are more closely related to the cerebro-spinal centres, the less will be the efficacy of wine. It might be supposed, from *à priori* considerations, that the man in the higher classes of life who has been accustomed to the use of wine, would require it more and derive greater benefit from it in the course of a fever which it must be remembered is a disease of debility and prostration, than the peasant who has not been habituated to the regular use of stimuli; but I believe that the very reverse is the fact, and that the greatest triumphs of the stimulant treatment in fever are to be found when it affects the agricultural peasant whose nervous system has not been excited either by the use of stimulants or by intellectual exertion. I know that some will object to this on the ground that our Irish peasantry are habitually intemperate; but this charge of intemperance is only one of the many calumnies that have been put forth with reference to our countrymen.

The Irish peasant is not habitually intemperate; neither do his means permit nor his inclinations direct him to be so. When he does indulge, it is on special occasions; but you seldom meet in hospital a case of injury to the general health produced by a long course of intemperance in the agricultural peasant. The case is no doubt different in the class of artisans who are the inhabitants of our large cities and towns. In this class we find, that when fever attacks an individual we can neither use stimulants with the same boldness, nor reckon on their success with the same confidence as in the more sober portions of the population. In this respect the Irish are not peculiar.

To a person who is not in the habit of examining patients very closely, the frequency and importance of the bronchial disease would not appear very evident or striking as he walked round the wards of an Irish Fever Hospital. We find the patient

lying in bed; he is, perhaps, in a state of stupor, but from this he is easily roused. He is covered with petechial spots, red or livid, as the case may be. There is nothing remarkable about his breathing; he is not reported to have any cough; his pulse is probably 120, or between 120 and 130, and his heart is weak. That patient, with but little hurry of breathing, not complaining of any distress, and without cough, may be, and frequently is, at that very time, almost in a very advanced stage of the bronchial disease. When you apply the stethoscope, you are surprised at the great amount of bronchial disease that it reveals, although the symptoms of this important affection are absent. One would expect, that in such a case there would at all events be lividity of the countenance from the non-arterialization of the blood; but here is one of the curious things connected with fever which it is extremely difficult to explain,—that you will often see but little lividity in such cases. At all events, it is not sufficient to draw the attention of the uninformed Practitioner to the condition of the patient's lung. In most patients labouring under bad typhus there is a peculiar dusky hue of the face; and this he would have whether the bronchial disease were present or not. But I have over and over again seen the most extensive bronchial disease, where every tube seemed to be half-filled, and yet little of the kind of lividity which we see in a case of asthma or of bad suffocative catarrh existed. Consider this fact for a moment, for it is full of matter for reflection. What does it tell you? It announces to you this highly-important principle, that in their formation, and in their progress, the secondary diseases of fever are, as it were, silent. They occur without the usual symptoms which are observed in idiopathic inflammations. They are not idiopathic inflammations, and, therefore, they have not the symptoms of them. Let us omit no opportunity of impressing this on our minds, that these diseases are not inflammations. They form silently—they advance silently. Consider for a moment the formation of a pustule in an ordinary case of small pox. The pustule gives no notice of its formation. You turn down the clothes, and you find the arm covered with vesicles; the patient has not complained, but you find there is the disease. So it is with respect to the bronchial disease in typhus; so it is with respect to the intestinal disease in typhus. We see the bronchial disease forming in this singular and latent manner, without excitement or suffering of the patient. We see the same in the intestine; we see the same in the heart. The softening of the heart, as you will have abundant opportunities of seeing this season, is, in its commencement and all through, a silent process. The process of change up to its maximum alteration, and the process of retrocession up to the period of recovery, considered simply, when they are not interfered with by accidental irritative inflammation, go on silently. The disease may proceed to its maximum without symptoms, and retrocede without symptoms. Now, under these circumstances, I have told you, that, when you apply the stethoscope, you find singularly extensive râles. These râles may be sonorous, mucous, or crepitating; the amount of each of these characteristics varying in every case, and in different portions of the lung, in the same individual. When you use percussion, you find that there is no remarkable dullness anywhere. I have not observed, at least in the bronchial affections of typhus fever, the curious result of percussion which we see in other cases of bronchial disease. We have not observed any increase of sonority of the chest. This is a very remarkable fact. In a large number of cases of acute inflammatory bronchitis, you observe, that, so far from the chest being dull, it is actually clearer than natural; and this is explained by the circumstance, that there is a great accumulation of air in the air-cells of the lung,—that, in fact, every little air-cell of the lung is in a condition of extreme distension; it is full of air, and this air cannot find a ready egress during expiration, in consequence of the state of the bronchial tubes; and hence we have the increase of sonority. I have not observed this in cases of typhus fever where there was no consolidation of the lung; but, at the same time, it is to be noted, that we have not specially studied this point in fever cases. When the patient draws a deep breath, we frequently find that the râles go on increasing up to the very end of the inspiratory act; and, in certain cases, the following curious circumstance is found,—and it is one of those which illustrate what I have termed the silent action of the disease—that on applying the stethoscope you will find perhaps but little râle, or a loose rattle in the larger tubes, or perhaps in some of the secondary bronchial tubes,—that is, during ordinary breathing. If you contented yourself with such an examination, you might come to the conclusion that there was very little the matter with the patient's lung—slight mucous disease in the lower part of the trachea, or in the very large tubes. But you may be altogether wrong;



for, under these circumstances, it frequently happens, that when the patient draws a deep breath, you are startled with the extent and intensity of the râles running to the very end of the respiratory act. It is in this condition that the patient's life is seriously endangered; for if this bronchial disease does not retrocede, but continues to advance, it may happen that the patient will suddenly fall into a condition of asphyxia, tracheal rattle comes on, and he dies a mechanical death—in fact, he dies suffocated. You may leave your patient apparently going on very well, and be summoned to him in the course of a few hours, and find him *in articulo mortis*. This is a common thing, as I mentioned to you before, in patients in whom the bronchial disease has been overlooked or neglected.

## ORIGINAL COMMUNICATIONS.

### A MEMOIR

## ON STRANGULATED HERNIA, FROM CASES OCCURRING IN THE LONDON HOSPITAL.

By NATHANIEL WARD,

Assistant-Surgeon to the London Hospital.

[Read before the Hunterian Society, May 24, 1854.]

THE consideration, that the results of experience that have ensued either on recognised principles of action, or on a deviation from them, apart even from the interest of special description, should command as much attention as any Medical or surgical novelty, constitutes my apology for bringing the subject of hernia before the members of the Hunterian Society, in the manner in which I purpose doing this evening. I shall do so also the less reluctantly, when I consider that the subject is a popular one, in consequence of the varied character of the affection, the necessary important nature of its details, the consequent modifications of treatment that are called for, and the good results which surgery has effected with a daily increasing amount of certainty in this department of its practice.

From the middle of February, 1851, to the middle of May, 1854, a period of three years and a quarter, 69 cases of hernia have been operated on in the London Hospital. Of this number, 43 were femoral, 22 inguinal, and 4 umbilical. The number not operated on during that period amounted to 173, thus making a total of 242 that have been under treatment.

Of the 43 cases of femoral hernia, 39 have occurred in the female, 4 only in the male. 28 cases have occurred on the right, 24 of them being in the female, 4 in the male; and 11 on the left side.

Among the 22 cases of inguinal hernia, 15 were on the right, and 7 on the left side. These facts, as to the greater frequency of hernia on the right than on the left side, correspond with the experience of Sir Astley Cooper, and may, as he remarks, possibly be accounted for by the fact, that exertion is generally greater on the right than on the left side of the body.

In the 43 cases of femoral hernia, the sac was not opened in 29; and opened in 13. The average period of strangulation the former class of cases amounted to 34 hours and a fraction; in the latter to 58 hours.

Of the 29 cases of unopened sac, 4 died, and 25 recovered, the shortest period of strangulation in the fatal cases having been 39 hours, the longest 5 days; in the recoveries, the shortest period having been 10 hours, the longest 5 days.

Of the 13 cases of femoral hernia, in which the sac was opened, 6 died and 7 recovered; the shortest period of strangulation in the 13 cases having been 24 hours; the longest 7 days.

In the 22 cases of inguinal hernia, the sac was opened in all but 3. 14 recovered, and 8 died. The shortest period of strangulation was 3 hours; the longest 9 days.

Of the 4 cases of umbilical hernia, 2 occurred in the male, and 2 in the female. 3 died, and 1 recovered. The case that recovered was that of a female, who had been operated on four years previously. In all the 4 cases the sac was opened.

The aggregate mortality in the 69 cases amounted to 21.

The plan of operation in the cases of femoral hernia in which the sac was not opened, was, in the majority of instances, conducted according to the plan detailed by Mr. Luke, in his admirable and practical essay, in the 31st volume of the "Medico-Chirurgical Transactions." In a few instances, the method of operating recommended by Mr. Gay was had recourse to. Whichever operation, however, was selected, it was

carried out with as little delay as possible, and in the large majority of cases after only a short and guarded attempt of the taxis associated with the use of the warm bath, and in several instances of chloroform.

Of the relative merits of the two methods of operating (if a wide view of the subject be taken, and if an operation is to be so planned as to embrace nearly every variety of a femoral protrusion), the method recommended by Mr. Luke appears to me preferable to that recommended by Mr. Gay, inasmuch as the latter is peculiarly applicable to those cases in which the division of Gimbernat's ligament is sufficient for the reduction of the swelling, which division alone is usually found to be effectual only in very recent herniæ. Mr. Luke's incision, made over Poupart's ligament, and the neck of the sac, so as to command all the structures round about the latter, and to interfere as little as possible with the fascial connexions of the body of the tumour, can easily meet the requirements arising from impediments to reduction caused by other fibrous and tendinous structures than Gimbernat's ligament, and to the extent of its greater applicability is therefore the preferable proceeding. An answer also must be given, I think, in favour of the vertical incision in a large number of cases in which, in consequence of the period of strangulation, it has been reasonable to infer that serious lesion has been inflicted on the mucous and other coats of the gut. There would be much greater danger of increasing this lesion by passing a director and bistoury between Gimbernat's ligament and the sac, in a line with which ligament the amount of injury is always the greatest, than by passing the instruments beneath Poupart's ligament and relieving the impediment to reduction over that part of the intestine, where frequent *post-mortem* observation has proved that the injury has been the least. I should mention, however, here, that the most rapid instance of recovery that I have witnessed was one in which the oblique internal line of incision of Mr. Gay had been adopted, the wound having entirely healed on the 5th day.

The various sources of impediment to the reduction of strangulated femoral hernia, which are situated externally to the sac, call for some observations, and I shall here enlarge on those I made some time back in the *Medical Times and Gazette*.<sup>(a)</sup> It is curious and confusing to hear and to read the various descriptions as to what is termed the seat of stricture, or what, in my opinion, would be more properly termed the impediment to reduction; for the parts that surround the hernial protrusion can exert no active tightening effect upon it, but are rather themselves rendered tense by the pressure of the rupture, and its products from within, even, I imagine, although the coverings of the hernia may be, as in some forms of inguinal, muscular in their structure. This distension of tendinous and muscular structures, superficial to the rupture and its sac, in consequence of pressure exerted from within, is admirably illustrated in herniæ other than recent, in which the normal dimensions of the boundaries of the different hernial canals and apertures are so far from normal as occasionally to allow of the easy admission of three fingers, and as occurred in one among this collection of cases.

Sir Astley Cooper speaks of three sources of stricture. 1st. The crural sheath; 2nd. Posterior edge of the crural arch; and 3rd. The mouth of the hernial sac: Lawrence, of the thin posterior boundary of the crural arch as the very part that constitutes the stricture; and he compliments Gimbernat on the discovery. Mr. Hey speaks strongly of the falciform edge of Burns; Mr. Key placing much stress on a band of fibres above and behind Poupart's ligament; and Mr. Luke pointing out the transverse fibres that are occasionally found highly developed, and strengthening the sheath of the vessels, as frequently the seat of stricture, these being apparently identical with the bands alluded to by Cooper, as the anterior columns of the sheath of the hernial protrusion.

Now it would appear, *à priori*, from a consideration of the anatomy of the femoral canal, that the sharpest and most resisting structure would constitute the chief impediment to the return of the bowel. Gimbernat's ligament has this peculiarity, and, in *post-mortem* examinations of femoral ruptures, the bowel will be found to have experienced a greater amount of injury at that part where it was in relation with Gimbernat's ligament, than elsewhere. I had once an opportunity of being thoroughly satisfied on this point, on examining an old woman, who had suffered from strangulated hernia, and had died without any operation having been performed. The mucous and muscular coats had entirely ulcerated where they were in relation to Gimbernat's ligament.

(a) October 10, 1851.



In numerous cases of femoral rupture, particularly in small and recent protrusions, an incision of Gimbernat's ligament is quite sufficient to effect reduction, and, with this object mainly in view, I conclude Mr. Gay introduced his line of incision to the Profession. It is worthy of remembrance, that Gimbernat's ligament is in intimate relation with Poupart's ligament, and Hey's ligament or the upper part of the falciform edge of Burns, and that they, by their blending together, constitute the greater part of the boundaries of the femoral ring. An incision of Hey's and Poupart's ligament could not consequently be made without relaxing somewhat Gimbernat's, as was illustrated in many cases in this series, in which, after the incision of the former two, the hernia was readily reduced. Now it is true that, after the incision of Gimbernat's ligament, or its relaxation by a division of Poupart's and Hey's ligaments, a rupture cannot, in many cases, be reduced, but returns easily on the further division of the transverse bands strengthening the sheath of the vessels. These bands are then spoken of as the seat of stricture; but they clearly constitute mere secondary impediments, no case having, to my knowledge, occurred in which their division alone, without the previous incision of Gimbernat's or Poupart's ligament, was sufficient to allow of the reduction of the contents of the hernial sac. I conclude, then, that Gimbernat's ligament is the principal impediment to reduction. In small and recent herniæ it is usually the only impediment; but when the tumour has existed for some considerable time, and has much increased on its original dimensions, it distends the canal into which it has descended, and presses on and renders tense and hypertrophied different series of fibres in more or less original intimate relation with the sheath of the vessels, such as the deep femoral ligament, the transverse fibres of the sheath and Hey's ligament, which structures were, in the small condition of the hernia, lax in comparison with Gimbernat's ligament, and produced an injurious effect on the tumour. These fibres, then, in the majority of herniæ of long-standing which have thus become gradually hypertrophied, and brought to this condition also partly by the pressure probably of a truss from without, require division on the supervention of strangulation, as well as Gimbernat's ligament, in order to effect the reduction of the gut.

With reference to the transverse fibres of the sheath, properly so called, I would hazard a few remarks. I am not at all satisfied that the transverse fibres strengthening the sheath of the vessels exist so frequently as some Surgeons imagine, and as one would be led to conclude from a perusal of Mr. Luke's essay; but that, on the contrary, they are, in many cases, artificially produced. I have carefully watched the steps of the operation in numerous cases of femoral hernia, and have observed, that immediately after the exposure of the external oblique tendon, the director has been glided down the tendon, and insinuated immediately beneath the lower border of Poupart's ligament, which has then been divided, when the incision has been directed upwards, and together with it, Gimbernat's ligament, when the incision has been directed upwards and inwards. The result of this proceeding has been to detach Hey's ligament from its connexion with Poupart's. An attempt has next been made to reduce the hernia, but ineffectually. The left index finger has then (as recommended by Mr. Luke) been passed behind Poupart's ligament from above downwards, and, after having reached a variable distance, ranging from almost immediately below the ligament to three-quarters of an inch distant from it, the nail of the finger has been arrested by some more or less dense bands; a probe-pointed bistoury carried carefully along the nail, and then drawn forwards, has divided these bands, and the hernia has gone back without any further difficulty. Now these bands have appeared to me, from the manner in which the first steps of the operation were conducted, to have been the detached upper part of the falciform edge of Burns, and, if so, identical with the structure which Hey, more than forty years ago, described as the seat of stricture in femoral hernia.

The previous analysis has shown, that out of 29 cases of femoral hernia in which the sac was not opened, 4 only died; of 13 in which the sac was opened, 6 died, thus leaving, one might say, a wide margin in favour of the first proceeding. On reflection, however, a comparison would not be just, and I hardly know how it would be possible to arrive at an appreciation of the relative merits of opening the sac or of not opening it in the practice at an Institution where the latter proceeding is intentionally the rule, the former the exception; the one undertaken on conviction, the other by caution or necessity. In other words, unless experiments were intentionally made on a given number of cases, carefully selected as to points of resemblance, similarity of treatment before and after operation, and the operation by opening the sac performed in as many instances as by not opening it, I do not

see how, in the absence of most extensive statistics, a logical conclusion can be drawn, however much a common-sense view of the question may appear to determine in favour of not opening the sac in those cases of protrusion that admit of it. Of this point, however, I am tolerably clear, that the operation without opening the sac, in consequence of the ease of its performance, (when the steps for conducting it, the difficulties that may occur, and the mode of meeting them, are distinctly impressed on the mind of the operator,) its comparative freedom from the danger of wounding intestines or bloodvessels of importance, and the general rapidity of recovery, will lead to one most desirable result, I mean the early Surgical interference for the relief of a strangulated rupture. Thus, by doing away as much as possible with the monstrous habit of delay and expectancy—a habit forming too large an element, even now, in the mortality of hernia cases—the general adoption of the early operation without opening the sac will justify the remark I made at the commencement in reference to the progressive amount of certainty in carrying out a hernial operation and insuring its success.

Of the four fatal cases in which the sac was unopened, the following are the brief particulars:—The first, a woman aged 73, died on the nineteenth day from exhaustion. The second, aged 73, died from a similar cause on the sixth day. The third, a woman aged 72, died on the fourth day from a low form of peritonitis, and had been suffering for many years from troublesome prolapse of the uterus, which had much reduced her prior to the operation. The fourth case was that of a woman aged 56, who died on the third day after the operation, from peritonitis and a perforating ulcer, strangulation having existed for three days.

Among the cases that recovered, of those in which the sac was not opened, two only out of the twenty-five require notice:—1. A fat, unhealthy woman, aged 69, died from pulmonary apoplexy two days after the healing of the wound. 2. A man aged 64. Strangulation had existed for fourteen hours on the right side, and he recovered on the thirteenth day. He had had a strangulated hernia on the left side a year or two before, and had been operated on in St. Bartholomew's Hospital. The right rupture occurred shortly after leaving St. Bartholomew's, in consequence of a severe jerk while working. Since then he wore a double truss.

The above series of cases of femoral hernia, in which Petit's operation was performed, although peculiarly satisfactory to the Surgeon in consequence of their general favourable termination, lose much in interest when compared with cases in which the sac was opened in consequence of some individual peculiarity or complication not existing in the first series, or, if existing, necessarily unobserved and comparatively unimportant.

I proceed now to speak of those cases among the femoral class, amounting to thirteen in number, six of which died. The following are the brief particulars of the six fatal cases:—1. A woman aged 46, was at the time of the operation convalescent from scarlatina, and died on the third day from low peritonitis, strangulation having existed three days before the operation. 2. A woman aged 72, died exhausted thirty-five hours after the operation, strangulation having existed five days before it. 3. An emaciated female in-door pauper, aged 66, died thirty-six hours after the operation, strangulation having existed between seven and eight days before admission. In this instance the woman was so weak that she could give little or no account of herself; the skin over the hernia was inflamed, and her hands were cold and clammy. A large quantity of omentum was found in the sac, concealing a knuckle of intestine at the back of the sac, which was adherent to it by recent fibrinous exudations. On the *post-mortem*, the omentum was found attached by old adhesions to the front, inner, and outer part of the neck and body of the sac; the part of the gut which had come down was much inflamed, and interrupted by purplish spots, but not devoid of lustre; the mucous membrane much congested, particularly that part which had been in contact with the inner boundary of the ring. This case is interesting as showing that when an ommental hernia exists prior to the occurrence of an enterocele, the inflammatory action on the bowel is much limited in intensity. This circumstance arises from two conditions,—the first, the enlargement of the femoral ring by the presence of omentum; the second, the presence of the omentum between the sharp edge of Gimbernat's ligament and the bowel, so that the sharpness of the former, and its consequent injurious action on the latter is materially diminished, as in this instance, in which, though the symptoms of strangulation had lasted about eight days, the mucous membrane had not ulcerated, nor had the bowel lost its lustre. This result strikingly contrasts with the rapidity and severity of symptoms that usually supervene in a case of simple protrusion of



the bowel, (particularly in lean subjects,) in which it is brought into almost immediate contact with Gimbernat's ligament, the mucous membrane frequently ulcerating through, even in the course of less than forty-eight hours after the descent. 4. A woman, aged 40, who had suffered from symptoms of severe strangulation six days before admission. The nature of her affection had been overlooked for that space of time, and a remarkably varied, and what is termed palliative, treatment had been adopted. The gut, when the operation was performed, was found mortified, and faecal matter was extravasated in the immediate coverings of the intestine. The patient died on the 9th day after the operation; no discharge from the false anus having taken place for three days previously, and the symptoms shortly before death having been those of a low typhoid type. 5. A woman aged 65, who, when admitted into the Hospital, was very depressed, the tongue being dry and brown, the pulse quick and feeble, and the hands clammy. The hernia was very large, occupying half the space between the front and upper spine of the ileum and pubis, measuring  $3\frac{1}{2}$  inches in its long axis, and 2 inches in the broadest part of its vertical diameter. The nature of the case had been overlooked till within a short period of her admission, and the patient had for several days been under treatment for enteritis. During the operation, which was performed without the application of the taxis previously, the fascial structures were found highly developed, and six distinct layers were divided before the sac was opened. The most superficial connected the tumour so firmly to the tendon of the external oblique, that the latter was incised in order to detach it. Half an ounce of blood escaped on opening the sac, which contained omentum, connected by old adhesions to the sac, and by recent to a purplish, but not lustreless, knuckle of intestine. Nothing appeared to stand in the way of the recovery of the patient but her great depression and her determination to die, which made her refuse her nourishment and medicine to a great extent. She sank six days after her admission. On a *post-mortem* examination no trace of peritonitis could be detected; about 6 inches of the small intestine was of a purplish tint, the middle part was darker than elsewhere, and the mucous membrane interruptedly congested, and here and there ulcerated. 6. Was of the variety termed by Stephens "obstructed hernia." A woman, aged 56, was admitted with symptoms of strangulation, which had been slowly developing for a week, and came on without any perceptible increase in a small right protrusion, which had existed, she said, for nine or ten months. She had had on several occasions, similar attacks of sickness and constipation, but they had gradually gone off. After the incision of the superficial fascia a dark layer of membrane was exposed, on opening which out came a quantity of bloody serum. Inside this sac was a globular mass of fat, hard and condensed, and of the form of a large walnut. On incising this, its circumference was found a quarter of an inch thick, and in close contact with, and enveloping another sac, which contained dark serous fluid, and a small portion of gut, which had all but lost its elasticity, being flaccid, yielding on pressure, and but slowly regaining its form. It was not much larger than the tip of the middle finger, and the coats were thick, and like soaked leather. Its upper part, all round, was in most intimate union with the sac, and to all appearances so structurally connected with it, that it would have been impossible, I think, to have separated it with the knife or otherwise, without endangering its integrity. It was, therefore, left *in situ*, as much tension having been removed as possible, by the free division of Poupart's ligament at the angle of junction, between it and Gimbernat's. The symptoms of strangulation remained unrelieved; and, on the second day, the gut was opened by a crucial incision; faecal matter escaped. The patient died four and a-half days after the operation. The neck of the sac was found firmly adherent to the neck of the gut, which was only a portion of the entire calibre, by very firm close connexions girding it all round, and which to all appearances had existed for years.

Of this variety of incarcerated hernia, termed obstructed, Stephens relates several cases, in which the uniting adhesions to the chronically inflamed and thickened bowel were freely detached, the gut returned into the abdomen, and a favourable result ensued. Could this proceeding have been safely effected in the above case, it is possible that a different result might have followed.

Among the 7 cases of hernia that recovered, of those in which the sac was opened, I find several interesting statements. Thus, in a woman aged 60, who recovered on the 39th day after the operation, a previous operation had been performed on her on the same side ten years previously. A woman, aged 72, recovered on the 30th day, strangulation having existed for forty-

eight hours. In one instance the sac was opened, in order to examine the nature of a tumour in connexion with the sac, and which turned out to be a large dilated diverticulum appended to it.

[To be continued.]

## CONTRIBUTIONS TO ORTHOPÆDIC SURGERY.

By BERNARD E. BRODHURST, Esq.

Assistant-Surgeon to the Royal Orthopædic Hospital, etc.

(Continued from page 486, Vol. VIII.)

### TALIPES VALGUS.

THE distortion known as talipes valgus may in some sort be considered the reverse of talipes varus, inasmuch as the abductor muscles of the foot are retracted in valgus, but the adductors in varus.

The foot when thus distorted is everted; the plantar surface having an inclination outwards, the outer edge of the foot being raised, and the inner arch lowered or lost, or even a convex surface presenting in lieu of the normal arch. The malleolus internus is, consequently, rendered unusually prominent, and approaches nearer to the ground than in the natural condition of the foot; the toes are extended, and the knee is inclined inwards. This distortion is both congenital and non-congenital.

Talipes valgus congenitus is a much rarer form of distortion than talipes varus. Of 765 cases of congenital talipes, recorded by Mr. Tamplin, in 1851, which had been seen at the Orthopædic Hospital, 688 were varus, and 41 valgus.

Congenital talipes valgus may conveniently be divided into three grades of distortion.

In the first degree, the peronei muscles are alone retracted, through which the movements at the ankle-joint are impeded, and the foot is slightly everted and rotated outwards. This is a rare form of congenital affection, and far less common than the second degree.

The second degree is that which is usually met with as congenital valgus. The M. peronei, longus, brevis et tertius, extensor longus digitorum, and, occasionally, gastrocnemius and soleus are those which are retracted.

In the third degree, in addition to the muscles already mentioned, there is superadded retraction of M. tibialis anticus, extensor proprius pollicis, and abductor minimi digiti. Double congenital valgus of the third degree is exceedingly rare, and is generally combined with monstrosity. Valgus of the third degree and varus of the last degree of the other foot, are perhaps more frequently combined than double valgus of the third degree. In this grade of valgus, the muscles which form the calf of the leg are always retracted; so that, the toes being raised and the calcaneum raised, the ankle-joint is locked at an acute angle, and the plantar surface describes a convex, instead of its usual arched surface. The dorsum of the foot, hollowed out on its outer aspect, lies in contact with the outer and anterior surface of the leg.

In these congenital muscular affections mention can alone be made of those muscles which are the most retracted. It is readily understood that the most powerful muscles, or those which are most active in bringing about the distortion, are the most retracted. Yet, other muscles, whose actions agree with the first affected, usually become affected secondarily; or, if primarily, their retraction is perhaps hidden by that of more powerful muscles. Thus, in long standing varus, it is not alone those muscles whose tendons it is necessary to divide, which are retracted, but all those on the inner side of the foot, and probably those, also, in the sole of the foot. In the same manner, the ligaments which correspond to the retracted muscles are shortened, while those on the opposite side are extended. And this observation does not apply to varus alone, but to every congenital distortion of some duration, in which many muscles are implicated.

In talipes valgus there is no real displacement of the tarsal bones, and no alteration in the forms of these bones. A slight motion of rotation on the head of the astragalus is given by the retracted muscles, so that the metatarsus being primarily affected, the cuneiform bones and the navicular bone follow the motion which is imparted to the metatarsal bones. The navicular bone is drawn forwards and downwards, and is slightly rotated inwards; it comes prominently into view, and, as the deformity increases, this bone is depressed, until not only no inner arch remains, but a convexity may even present. With excessive distortion, the astragalus and calcaneum are likewise tilted inwards;



the dorsum of the foot beneath the external malleolus is hollowed out, and may lie in contact with the anterior and outer aspect of the leg.

In non-congenital talipes valgus there is no such distortion as the degree last described. Non-congenital valgus is among the most common, if not absolutely the most common of pedal distortions, and the most painful. This distortion seldom assumes the same appearance as congenital valgus, and there is never so great deformity present as in the third degree.

There are three varieties of non-congenital valgus:—

The first, which is the most common, arises from extension of the plantar ligaments and the superincumbent weight of the body.

The second is occasioned by irritation, centric and peripheral, local and reflected; and through loss of power, induced by effusion, or by local injury.

The third variety may be said to be a combination of the first two. The irritation of a corn, for instance, on the outer side of the sole of the foot, will cause the weight of the body to be thrown on to the inner arch; while the outer border is raised from the ground, to relieve the pain arising from pressure.

1. The first kind is found in delicate young persons of both sexes, especially among the light-haired, and those of loose fibre. It occurs usually from 13 to 30 years of age, and is dependent solely on debility and yielding of ligaments. It is not unfrequently found to exist together with rachitis. This very painful affection is apt to be induced by all enervating employments which require a long standing posture. Thus, it is common in factories. Waiters in taverns, errand-boys, and those whose strength is over-taxed, or who are required to maintain an upright posture for many successive hours, as composers, are very subject to this affection.

Loss of elasticity in the ligaments is also induced by inflammation. Chronic rheumatic inflammation is, not unfrequently, the cause of valgus.

Without any external circumstance which would appear to predispose to valgus, extension of the plantar ligaments is found to take place. In a slight degree, yielding of the inner arch of the foot, or the commencement of valgus, is exceedingly common in young girls. Some are naturally inclined to this affection, through the insufficient elevation of the arch of the foot. In these, external circumstances being favourable, extension of the ligaments is readily induced.

This form of valgus commences with a sense of weakness beneath the inner arch of the foot. On examination, the foot being raised from the ground, nothing abnormal is found in the shape of the foot; but when standing, and more especially when walking, the inner ankle projects abnormally, through relaxation of the deltoid ligament. Through extension of the calcaneo-scapoid and other plantar ligaments, the plantar arch gradually sinks, the motion of the ankle-joint is impaired, adduction of the foot is rendered painful. Pain is frequently felt in the position of the articular surfaces of the scaphoid with the astragalus on the dorsum of the foot, extending, perhaps, to the phalanges. Before the arch of the foot has so far sunk that the scaphoid is in contact with the surface, pain on walking is very acute; and this, perhaps, prevents the further progress of the affection, by necessitating rest and attention; but, if pressure is yet continued, the arch of the foot becomes obliterated, the cuneiform bones and the scaphoid rest upon the ground, and the latter even projects to offer a convexity, on which the superincumbent weight is borne; the astragalus projects inwards; the dorsum of the foot loses something of its convexity; the toes are everted through the mere alteration in position of the tarsal bones; and now that flattening is complete, there is also slight elongation of the foot; progression is effected with difficulty and lameness, and with very slight motion at the ankle-joint, but with less pain than in the previous stage of the affection.

Thus, in this first variety, there is neither paralysis of the adductors of the foot, nor necessarily retraction of the abductors. The abductors of the foot are, however, violently exerted during progression, but they do not generally remain retracted: especially *M. extensor longus digitorum* and *peronei* are thus exerted. The extremities are cold, the circulation languid, the trunk usually heavy, and the temperament lymphatic, in those cases in which this variety of valgus proceeds to obliteration of the arch of the foot.

2. The second variety, or that next in frequency, may be divided into spastic contractions, paralytic distortions, traumatic deformity, and inflammatory alterations of structure.

*a* Spastic contractions are both tonic and clonic. Clonic contraction of the abductor muscles of the foot is less common than of the adductors; yet it occurs, as varus, through irritation, as

of dentition. An abnormal tibial curve would occasionally appear to determine the affection, whether varus or valgus; but with the normal condition of the bones of the leg, and without affection of other muscles, spasmodic valgus occurs. Clonic spasm of *M. peronei* may exist alone, induced, perhaps, by sources of irritation in the alimentary canal, by dentition, or some local cause of irritation. These muscles may be alone affected, or others with them, which combine to cause flexure of the foot, or to fix it at a right angle; or the hamstring muscles, those of the hip, or of the upper extremity, may be at the same time affected. When one set of muscles is alone affected, irritation may be peripheral; but when many and simultaneously, the exciting cause will probably be of centric origin. When the affection is of ex-centric origin, morbid muscular action precedes the cerebral symptoms; but when centric, the sleep and temper are disturbed; there is fretfulness, sleeplessness, and intolerance of light and noise, and, subsequently, derangements of the muscular system.

Equally as in congenital affections, retraction of muscles may exist in post-natal affections, through irritation, without opponent paralysis. The foot will then, in valgus, be permanently abducted. When such is the case, the toes will be everted, the outer edge of the foot be raised, or, at least, not planted firmly on the ground; the weight of the trunk will be thrown on to the inner edge of the foot; but though distortion be great, the arch of the foot will not be destroyed as in the first variety. Tonic muscular retraction cannot long exist, however, without giving rise to loss of power in the opponent muscles. And as exhaustion, through continued extension, increases, so does retraction; the one influence reacting on the other: and structural change in the muscle, through immobility, renders loss of power complete.

*b* With cessation, partial or complete, of nervous stimulation, through effusion, the foot dangles more or less loosely, drawn inwards or outwards, or the toes are raised or depressed in accordance with the muscles which are affected. When the adductors are the paralysed muscles, the foot is everted, and the sole of the foot may not alone present outwardly, but the weight of the body may even be borne on the dorsum of the foot. Rotation, however, is less complete than is occasionally found to take place in talipes varus.

*c* Division of the posterior tibial nerve may give rise to calcaneo-valgus. Inflammation around the ankle-joint, resulting in cicatrices, or in chronic thickening of the surrounding structures, or in inflammatory muscular retraction, will give rise to distortion, by producing immobility, or softening of ligaments, or contraction of the skin and adjacent structures. Thus, the degree of distortion will depend on the nature and extent of the primary injury, and on the time during which contraction has proceeded.

3. A corn on the ball of the little toe, a wound, or other source of irritation, may render it necessary that the outer edge of the foot be raised in walking, to avoid the pain occasioned by pressure. The weight of the body will, in consequence, be thrown on to the inner arch. This, at first a voluntary position, requires abnormal contraction of the *M. peronei* and *extensor longus digitorum* to maintain it; but, after some continuance, the foot is more or less permanently held in position, and the tendons of the affected muscles present themselves more or less prominently to view. At the same time, the ligaments or the inner arch, through the increase of, and unequal pressure, yield. This, the simplest variety of valgus, seldom proceeds to considerable deformity.

The first variety, then, depends chiefly on debility and the yielding of ligaments.

The second, on diminution or loss of muscular power.

The third, on muscular traction and unequal pressure.

#### NON-CONGENITAL TALIPES VARUS.

This form of distortion may, as the last mentioned, conveniently be classed under four heads, namely, spasmodic, paralytic, inflammatory, and traumatic varus.

Spasmodic varus, occasioned by dentition, for instance, is clonic, of the first, second, or third degrees. Occasionally, the appearance of the foot is precisely as in congenital varus, but contraction not being constant, the nature of the affection is at once apparent. Frequently, the appearance of the limb when at rest is normal, and abnormal contractions are alone produced when the foot is brought to the ground, or on irritating the sole of the foot. The irritation which has given rise to spastic action, is, on the one hand, temporary, and its effects cease on removal of the cause; or, after some continuance, the opponent muscles may not be able to resume their normal condition on



removal of the irritating cause. The most frequent exciting cause of non-congenital varus is irritation, as that of dentition, and subsequent effusion and loss of power. This, as has been stated, usually takes place during sleep; slight additional congestion, as that produced during sleep, being sufficient, in those predisposed, to occasion effusion. And it is observed, that those who have *in utero* suffered irritation of the nervous centres, in whom at birth there is evidence of irritation, as talipes, &c., are especially subject after birth to similar affections. Thus, when at birth one foot only is affected with talipes, at the period of dentition, the other foot may probably be somewhat similarly distorted: or at this period, retraction may be much increased; or the shape of the foot having been restored, distortion may recur at this period.

Loss of power through effusion differs from that occasioned by extension in this, that whereas the latter is partial, and developed in proportion to extension, the former is produced suddenly, and is probably complete of one or more muscles. Where loss of power has been produced by disorganisation, the control of the affected muscles is lost; but as retraction of the healthy muscles takes place (and this necessarily occurs,) the limb is again rendered a more useful member, although distortion is perhaps increased.

Traumatic varus, from wound of the peroneal nerve, or from inflammatory exudation in or between the adductor muscles, occasioning loss of contractile power and permanent retraction of these muscles, or through loss of substance and structural shortening, differs in nothing from what has been already described, and will require no further special allusion. Idiopathic inflammation affecting the muscles or the ligaments, may occasion muscular retraction and talipes varus.

The muscles may be alone affected, as has been already explained, or the ligamentous structures and the joint. Thickening of the synovial membrane, from rheumatic and arthritic inflammation; and inflammation of ligaments, from violent stretching, or from exposure to cold and damp, give rise to a distorted position. The ligamentous structure loses its peculiar lustre and elasticity, and becomes thickened and softened, and easily lacerable; or, through repeated inflammation, it undergoes induration and thickening, and becomes dense, firm, and cartilaginous in appearance, and contracted, so as to impair or destroy the motion of the joint. And the muscles, whose actions correspond to the inflamed ligaments, contract upon themselves, at first to keep the joint at rest, and ultimately produce distortion. Ankylosis, partial or complete, may ultimately be produced; and it becomes, occasionally, a nice point of diagnosis to determine whether there be synostosis or partial ankylosis. Although the circumstance of muscular retraction will frequently determine the point in question, it is not always a criterion on which dependence may be placed. When inflammation of the interior of the joint, and destruction of the cartilaginous and fibrous structures has been rapid, bony union, with tension of one or more tendons passing over the articulation, may ensue. It might, in consequence, be supposed that motion was not entirely destroyed, where was, indeed, synostosis. When muscular tension increases, on examination, without perceptible motion in the joint, the diagnosis will be favourable to false ankylosis. But, in all such cases, the actual state of the joint and its mobility must be determined after the exhibition of anæsthetic agents. Then, should false ankylosis alone exist, motion will be at once apparent to the Surgeon's tact.

Non-congenital varus, unlike congenital varus, presents no distinct degrees of distortion. Each case differs in something from the preceding one, varying as the amount of injury, whether local or central, or as the time during which abnormal muscular action has been present. But, as there are many causes of distortion, it is convenient to classify these non-congenital distortions with relation to the cause, as spasmodic, or paralytic, inflammatory, and traumatic.

#### MORTALITY IN PUBLIC INSTITUTIONS for the week ending July 15:—

	Males.	Females.	Total.
Workhouses...	33	43	76
Military and Naval Asylums	5	...	5
General Hospitals	27	21	48
Hospitals for Special Diseases	3	2	5
Lying-in Hospitals	...	...	...
Lunatic Asylums	5	4	9
Military and Naval Hospitals	7	...	7
Hospitals for Foreigners, etc.	1	...	1
Prisons	...	1	1

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING JUNE.

The subjoined report includes as usual the following:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, The Middlesex, the London, the Westminster, Charing-Cross, St. Mary's, the Metropolitan Free, and the Marylebone Hospitals.

*Lithotomy.*—The case (*Case 5*) left under treatment last month has recovered. Number of cases, 4; recovered, 3; under treatment, 1.

*Case 1.*—A boy, in good health, aged 12, under the care of Mr. Cutler, in St. George's Hospital. Two stones were removed, each of considerable size, and consisting of phosphate of lime, with lithic acid nucleus. Recovered. *Case 2.*—A boy, aged 8, in moderate health, who had suffered extremely from the irritation caused by the stone, and whose urine was habitually alkaline. The usual operation was performed by Mr. Hawkins, in St. George's Hospital, and a stone of moderate size removed. The nucleus consisted of lithic acid, and was surrounded by concentric rings of lithic acid, and lithate of ammonia, the outer coating being of triple phosphate. The patient is doing well. *Case 3.*—A man, aged 67, a farm-labourer, stout, florid, and in good health, under the care of Mr. Cock, in Guy's Hospital. The usual operation was performed, and a large stone removed. Recovered. *Case 4.*—A boy, aged 7, in good health, but who had suffered extremely from the stone, under the care of Mr. Cock, in Guy's Hospital. Recovered.

*Lithotrity.*—A man, aged about 54, is in the London Hospital, under Mr. Curling's care, on account of calculus in the bladder, on whom two lithotrity operations have been performed during the last month. Three years ago, Mr. Curling adopted the same measures, and succeeded in relieving him of all symptoms of stone, numerous fragments having been passed. He is the subject of a very much enlarged prostate, and habitually requires the use of a catheter.

*Lithectomy (in the female).*—Two cases have occurred during the month of operations for the removal of calculi from the female bladder. *Case 1.*—A woman, aged 21, under the care of Mr. Fergusson, in King's College Hospital, admitted on account of symptoms of urinary irritation. It was found on examination that she had stone in the bladder, and that there was also a portion of iron-wire, on which probably the incrustation had formed, and one end of which projected into the vagina. Mr. Fergusson's operation consisted in incising the left side of the urethra to a sufficient extent to allow of the removal of the stone (previously crushed), and of the wire. The latter proved to be a common hair-pin, and had doubtless been introduced by the patient herself. The case remains under care. *Case 2.*—A child, aged 3, under the care of Mr. Hilton, in Guy's Hospital. She had suffered so extremely from the irritation, that it was at first feared she would not bear any operation. After a few weeks' preparatory treatment, the chief measure in which consisted of opiate enemata, her health was thought sufficiently restored, and Mr. Hilton removed successfully a large calculus. It was necessary to incise both sides of the urethra, but the wounds healed kindly, and the child left the Hospital well, and with perfect control over the bladder. (We shall shortly report in detail both the above cases.)

*Herniotomy.*—The case (No. 11) left under treatment by last month's report, has recovered.

Number of cases, 10; recovered, 5; under treatment, 3; died, 2.

*Case 1.*—A woman, aged 47, under the care of Mr. Curling, in the London Hospital; hernia femoral; strangulation three days; sac opened. About a week after the operation faeces began to escape by the wound, and have since continued to do so. The patient is doing fairly, but yet under treatment. *Case 2.*—An infant, aged 1 year, under the care of Mr. Adams, in the London Hospital. The hernia was of the inguinal form, but did not extend into the scrotum; strangulation had existed for about twenty-four hours. The incision through the skin having been made, and the upper margin of the external ring divided, the intestine slipped back spontaneously. The child recovered well. *Case 3.*—A woman, aged 60, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been five days strangulated. The sac having been opened, it



was found to contain some fetid pus, and a knuckle of intestine, in a grey and gangrenous condition; the stricture was accordingly freely divided, and the bowel left *in situ*. The after treatment consisted in the application of poultices to the part, and the internal exhibition of opium. Shreds of slough soon after began to separate, and, on the fourth day, the bowel gave way, and faeces began to escape into the wound. On the seventh day motions began to pass by the anus, after which, the discharge by the wound gradually diminished. The healing process was complete on the twenty-fifth day, the recovery being perfect.

*Case 4.*—A woman, aged 65, hernia femoral; strangulation nearly three days; sac opened. Profuse suppuration from the sac followed, attended by symptoms of acute peritonitis, from which the patient died on the fifth day. No autopsy. *Case 5.*—A woman, aged 48, under the care of Mr. Hancock in Charing Cross Hospital, hernia femoral; strangulation 12 hours; sac opened; recovered. *Case 6.*—A woman, aged 52, under the care of Mr. Callaway in Guy's Hospital; hernia inguinal, and of small size; strangulation about 52 hours; sac not opened; recovered. In this case the whole tumour slipped up spontaneously as soon as the margin of the external ring was cut. *Case 7.*—A woman, aged 73, in Guy's Hospital, under the care of Mr. Birkett. She had, for many years been the subject of an irreducible femoral hernia on the left side; the tumour had become larger, and there had been well-marked symptoms of strangulated bowel for about 16 hours previous to the operation. The stricture having been divided, external both to sac and to fascia propria, the bowel was easily reduced. More hæmorrhage than usual followed the incision of the ring, but it was arrested by pressure. All symptoms of strangulated intestine ceased after the operation. The woman lived rather more than three days, and died apparently of bronchitis, to which she had long been subject. At the autopsy no decided evidences of peritonitis could be found; in the left iliac region lay a portion of ileum about three inches long, which from its appearing more congested than the rest, was judged to have been the strangulated part; its tissues were quite healthy. In the wound made by the operation was a clot of blood, which had probably proceeded from a vein, as no wounded artery could be discovered. The stricture had been divided external to the fascia propria, and the latter membrane was much thickened, and closely adherent to the peritoneal sac. The sac, the size of a small egg, contained a piece of omentum, which adhered to its neck, and a small quantity of dark coloured fluid. Most of the organs in the body were in a state of fatty degeneration. The bronchial tubes contained much mucous. *Case 8.*—A woman, aged 48, under the care of Mr. Stanley, in St. Bartholomew's Hospital; hernia femoral; strangulation four days; sac not opened; recovered. Mr. Stanley operated by means of a small incision, not more than three-quarters of an inch long. *Case 9.*—A man, aged 79, under the care of Mr. Lawrence in St. Bartholomew's Hospital; hernia scrotal, the size of two fists; strangulation thirty hours; sac opened; doing well. Eighteen inches of small intestine were exposed in a much discoloured state, but apparently sound; a mass of omentum weighing seven ounces was cut away. Some suppuration of the sac and phlegmonous inflammation about the wound followed, but are now subsided. *Case 10.*—A man of middle age, in the London Hospital; hernia scrotal; very large; of seven years' standing, but strangulated only half an hour; sac not opened; doing well.

*Ligature of Arteries.*—*Case 1.*—A man, aged 49, under the care of Mr. Curling, in the London Hospital, on account of a severe concussion, had a pulsating swelling form in the right orbit. The eye became pushed forwards, and vision much disturbed. There were all the signs of aneurism, and the conclusion arrived at was, that in the accident some injury had been inflicted on the trunk of the ophthalmic artery, which had led to its ultimately giving way. The tumour rapidly enlarging, Mr. Curling decided to place a ligature on the common carotid artery. The operation was successfully performed. Immediately afterwards the man lost all sight in the eye, but within a few days afterwards the faculty gradually returned. The recovery was perfect, all signs of tumour disappearing, and the eye having sunk back into its proper site, and regained its function completely. *Case 2.*—A woman, aged 30, admitted under care of Mr. Hancock into the Charing-cross Hospital, on account of an injury over the wrist. To arrest the bleeding pressure was used, but repeated attacks having made it evident that the ulnar artery was wounded, Mr. Hancock cut down upon that vessel, and tied both ends at the seat of injury. The operation was done a week after the accident, and the patient recovered well.

*Trephining of the Skull.*—The following case occurred in Guy's Hospital under the care of Mr. Birkett. A boy, aged 7,

was admitted with the account that a carriage wheel had passed over his head; but his scalp was not cut anywhere. Soon after admission the symptoms of compression became so urgent that Mr. Birkett was induced to divide the scalp over some extravasated blood, in order to examine the bone beneath. A fracture of the squamous portion of the right temporal bone running into the parietal having been discovered, the trephine was applied on its edge. No blood was, however, found between the dura mater and the bone. Death took place within a few hours of the accident. The *post-mortem* showed extensive laceration and contusion of both cerebral hemispheres, and besides the fracture just mentioned, one extending into the petrous portion of the right temporal bone. There was no blood external to the dura mater on either side.

*Compression Treatment of Aneurism.*—Mr. De Morgan's case in the Middlesex Hospital continues under care. Not much effect has as yet been produced upon the tumour. It is situated just above the popliteal space, between the hamstring tendons, and is about the size of an orange. The patient is a healthy, florid man, aged 60; he bears the treatment very well, and can now sleep with the compressor so tight as to quite arrest pulsation. Mr. De Morgan is applying light pressure over the sac itself. A man of middle age is under Mr. Cock's care in Guy's Hospital, for popliteal aneurism, on whom the compression plan is being tried. The aneurism was at first the size of a large egg, and now, after about a month's treatment, it has been reduced to that of a pigeon's egg, and has become more solid. It still, however, pulsates. The man is not able to bear quite continuously such an amount of pressure as arrests the pulsation entirely.

*Amputations.*—Of the cases left under care the following have ended fatally.—*Case No. 7 of the Report for March.*—The man had been much reduced by secondary hæmorrhage a week after the operation, and death, which occurred in the twelfth week, appeared to be induced by exhaustion. Bed sores had formed, and there had been profuse suppuration from them. *Of last Month's Report, Case 5.*—Death from pyæmia fourteen days after the operation. At the *post-mortem* secondary deposits were found in the lungs and liver. *Case 11.*—Death about one month after the operation, well marked symptoms of pyæmia having been present. With these exceptions the cases are either recovered or doing well.

Number of cases, 14; recovered, 1; under treatment, 12; died, 1.

*Of the Thigh.*—*Case 1.*—A boy of strumous diathesis, aged 8, under the care of Mr. Erichsen, in University College Hospital. Amputation through the condyles of the femur was performed on account of disease of the tibia following an injury, and involving both the ankle and knee-joints; under treatment, and doing well. *Case 2.*—A man, aged 29, under the care of Mr. Stanley, in St. Bartholomew's Hospital. An operation on account of ununited fracture of the femur had been performed three months ago, (See *Medical Times and Gazette* for April 22, page 406,) and had failed, leaving the man much debilitated by long suppuration, and with the parts in the condition of a compound fracture. There appeared no chance of recovery with a useful limb, and Mr. Stanley accordingly determined to remove it. Amputation was performed not much below the great trochanter. No fewer than twenty-six arteries required ligature before the bleeding could be arrested, and, in spite of the care exercised in this respect, a slight attack of secondary hæmorrhage occurred a few days afterwards. The man has since done well, and may now be regarded as convalescent. *Case 3.*—A boy, aged 13, of strumous constitution, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of necrosis of the lower part of the femur, involving the knee-joint. Amputation in the lower third of the thigh was performed, and the boy has recovered without a bad symptom. *Case 4.*—A man, aged 40, in good health, under the care of Mr. Cutler, in St. George's Hospital, on account of chronic disease of the knee-joint, which, although no abscesses had formed, prevented him from using the member. Doing well.—*Case 5.*—A boy, aged 14, under care of Mr. Cutler, in St. George's Hospital, on account of strumous disorganisation of the knee. Doing well. *Case 6.*—A man, aged 50, under the care of Mr. Paget, in St. Bartholomew's Hospital. Secondary amputation was performed two weeks after a compound fracture of the tibia and fibula; under treatment. *Of the leg.*—*Case 7.*—A woman, aged 31, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of diseased ankle. A flap amputation in the lower third of the leg was performed, and her progress since has been good. *Case 8.*—A man, aged 23, under the care of Mr. Critchett, in the London Hospital; a strong and healthy labourer. Primary amputation



after compound fracture. Under treatment. Of the *foot*.—*Case 9*.—A girl, aged 16, in tolerable health, under the care of Mr. Cutler, in St. George's Hospital, on account of strumous disease of the metatarsus and part of the tarsus. Chopart's amputation was performed, and the stump promises to be a very good one. *Case 10*.—A man of middle age, admitted under the care of Mr. Critchett, into the London Hospital, on account of severe compound fracture of the foot, in which the ankle-joint had been laid open, the femur on the same side being broken. With some difficulty the operator managed to obtain skin enough to allow of amputation at the ankle. The flaps afterwards sloughed away, leaving the bones exposed. The man, whose habits had been very intemperate, had, by the very free use of stimulants, been kept from passing into delirium, and his condition appeared promising, the stump being covered with healthy granulations. Nearly a month after the first operation it was decided to remove the projecting ends of the tibia and fibula, and the patient's consent to this measure was accordingly asked. The thought of a second operation seemed to annoy him very much, and he refused to submit to it. On the same evening, violent delirium set in, and continued till death, which took place three days later. At the *post-mortem*, the internal viscera were not examined; no phlebitis was discovered, but there was a collection of matter around the ends of the fractured femur. Of the *upper extremity*.—*Case 11*.—A man, aged 25, under the care of Mr. Ward, in the London Hospital, on account of crushed hand. Primary amputation at the wrist-joint was performed. Doing well. *Case 12*.—A man, aged 31, under the care of Mr. Cutler, in St. George's Hospital, on account of contusion of the forearm. Gangrene resulted ten days after the accident, and amputation above the elbow became necessary. The patient remains under treatment. Examination of the arm showed the ulnar and radial arteries plugged with lymph. *Case 13*.—A man of middle age, in the London Hospital, primary amputation through the forearm, on account of crushed hand. Recovered. *Case 14*.—By Mr. Quain, in University College Hospital, amputation above the wrist, on account of an epithelial cancer on the hand. The patient, a woman aged 60, in good health, is going on favourably.

*Excision of Bones and Joints*.—The numerous cases of this class previously reported remain under treatment. During the month there have been performed the following:—*Case 1*.—Excision of the head of the femur, by Mr. Erichsen, in University College Hospital. The patient was a boy, aged 8, much emaciated, and in advanced condition of hectic, from long-standing disease of the hip-joint. The head and neck of the femur were found to be extensively diseased, and undergoing absorption; the acetabulum was also involved, and required to be gouged out. The patient has done well since the operation. *Case 2*.—By Mr. Fergusson, in King's College Hospital, excision of the elbow-joint of a young man. The patient is under treatment. *Case 3*.—By Mr. Paget, in St. Bartholomew's Hospital, excision of the elbow-joint of a woman, aged 18. The patient had long suffered extreme pain in the joint, which treatment failed to relieve; the articulation was quite destroyed, and, among other measures, free incisions had previously been tried. After the excision of the diseased extremities of the bones, all pain ceased, and the case now promises a speedy cure. Mr. Paget did not make the ordinary H-shaped incision, but omitted the inner one of the longitudinal cuts, believing that he obtained quite sufficient room without it. *Case 4*.—By Mr. M'Murdo, in St. Thomas's Hospital, excision of the left half of the lower jaw on account of malignant disease. The patient was a cachectic man, of very nervous temperament, aged 28. The tumour grew from within the bone which it had expanded; it was rapidly increasing. Mr. Simon made an examination of its microscopic characters after the excision, and pronounced it an example of the fibro-plastic or myeloid tumour. The operation was attended by very little loss of blood. The patient did well for the first ten days, when he was attacked by erysipelas, under which he gradually sank, and death took place on the fourteenth day. No *post-mortem* examination of the viscera was permitted. *Case 5*.—Under the care of Mr. Birkett in Guy's Hospital; excision of the astragalus. The patient, a boy aged 8, had sprained his foot some months previously, and, in spite of treatment, the disease had advanced till an operation became unavoidable. Under the influence of chloroform, Mr. Birkett examined the part, and cut down upon and removed as much as practicable of the affected bone. Since the operation the boy's health has improved, and there seems some chance of saving the foot.

*Excision of Malignant Growths*.—Most of the cases mentioned last month yet remain under treatment; none have ended fatally. During the month there have been performed—*Case 1*.

—In the London Hospital, by Mr. Adams; excision of the upper part of the ear of a man, aged 66, on account of epithelial cancer. *Case 2*.—In St. George's Hospital, by Mr. Tatum; removal of large epithelial cancer from the lower lip of an elderly man. *Case 3*.—By Mr. Quain, in University College Hospital; on account of epithelial cancer on the hand; amputation above the wrist. (See *Amputations*.) *Case 4*.—By Mr. Lawrence, in St. Bartholomew's Hospital; excision of a mass of epithelial cancer the size of a walnut from the prepuce and side of glans penis of a middle-aged man; the disease was of eight weeks' duration; recovered. *Case 5*.—By Mr. Lawrence, in St. Bartholomew's Hospital; removal of two-thirds of the scrotum of a chimney-sweep, aged 33, on account of epithelial cancer. One of the testicles was so involved, that it was found necessary to remove it. The patient is doing well. *Case 6*.—By Mr. Paget, in St. Bartholomew's Hospital; amputation of the entire penis of a man aged 39. The disease was of three years' duration, and had formed in the cicatrix of an injury received in boyhood; recovered. *Case 7*.—By Mr. Paget, in St. Bartholomew's Hospital; excision of a scirrhus breast from a woman aged 46; recovered. *Case 8*.—By Mr. Poland, in Guy's Hospital; excision of a scirrhus breast from a woman aged 35. Doing well. *Case 9*. By Mr. Cock, in Guy's Hospital, excision of a tumour of doubtful nature from the scalp of a boy aged 14. The growth had rapidly reproduced itself after a former excision. (See *Case 3* of last month's report.) In the last operation, Mr. Cock removed the pericranium, and a thin shell of bone has since exfoliated. It is hoped, therefore, that the whole has now been extirpated. The lad is nearly recovered, and appears in good health. *Case 10*. By Mr. Avery, in the Charing-cross Hospital, excision of a scirrhus breast from a middle-aged woman; recovered. *Case 11*. By Mr. Birkett, in Guy's Hospital, excision of the right half of the lower lip, on account of epithelial cancer. The patient, a man aged 62, had suffered from the disease for two years, and one of the submental lymphatics had become enlarged. Phlegmonous erysipelas of the pharynx occurred on the third, and caused death on the ninth day after the operation. At the *autopsy*, pus was found infiltrated in all the tissues of the pharynx: the enlarged gland had softened in the centre. None of the internal viscera were affected with cancer. *Case 12*. By Mr. Birkett, in Guy's Hospital, amputation of the penis immediately behind the glans, on account of epithelial cancer. The patient was a man aged 67, not the subject of congenital phymosis. The disease had begun on the lining of the prepuce, which latter it had perforated, and then formed a sprouting wart-like growth on its outer side. The surface of the glans was only superficially involved. Recovered.

*Removal of Non-Malignant Growths*.—Nearly all the cases mentioned in the last report have recovered. In Mr. Birkett's case of epulis, a second operation has been performed for the removal of a small portion which had probably escaped on the first occasion.

During the month, there have been performed, *Case 1*, by Mr. Birkett, in Guy's Hospital, removal of a testis under the following circumstances. A man, aged 33, had, for three months before admission, noticed his right testicle larger than the other. Subsequently fluid had been effused, and he had been twice tapped for hydrocele. When he applied to Mr. Birkett, there were evidences of the presence of fluid, and a trochar then introduced drew off about half an ounce of serum. Hoping that the disease might prove hæmatocele, the operator next laid open the cavity of the tunica vaginalis. This was done by a free incision, and the testis exposed. The tunica vaginalis was seen to be entire, and expanded over a large growth within it. An incision having been made into it, a fleshy mass was exposed, and immediate extirpation of the whole gland was accordingly performed. The disease proved, on further examination, to be a fibrocystic tumour, about the size of an egg, surrounded by a firm fibrous cyst, and enclosed the expanded gland structure of the testis. The cord was quite healthy, and the testis, excepting from its expansion by the growth within it, did not appear diseased. Mr. Birkett made his incision in the integument more posteriorly than is usually done, in order to allow of the more easy escape of the purulent discharge. The healing process was completed without drawback. *Case 2*.—By Mr. Stretton (House-Surgeon), in St. Bartholomew's Hospital; excision of a small, painful, subcutaneous tubercle. In microscopic character the tumour appeared to be simply cartilaginous. The patient was a woman, aged 42. Recovered. *Case 3*.—In St. Bartholomew's Hospital, by Mr. Lawrence, removal of an exostosis about the size of an egg from the inner side of the femur at the beginning of its lower third. The patient was a young woman, and had known of its existence for three years. Recovered. *Case 4*.—By Mr. Birkett in Guy's Hos-



pital, removal of a growth of doubtful nature from the right mammary gland of a single woman, aged 37. It had been known to exist for six months, and, in June, 1851, Mr. Birkett had excised a similar one from the same part. Both the tumours were circumscribed and moderately firm. In neither were the elementary structures or their arrangement similar to those of any form of cancer. Besides the above, fatty tumours in two cases, and encysted in four, have been successfully operated on.

*Tracheotomy.*—In a case of croup, in a child aged 10, by the Physician's Assistant, in University College Hospital. The operation was performed on the second day of the disease, and afforded relief; but the child ultimately died of pneumonia, with extension of croupal inflammation down the trachea.

*Puncture of the Bladder.*—Mr. Simon's case remains under care.

*Operations for Urethral Stricture.*—The cases previously mentioned remain under care. During the month the following has been performed:—A man, aged 50, was admitted into St. Thomas's Hospital on account of extravasation of urine, the consequence of stricture. The parts were enormously distended, and the swelling reached as far as the right groin. The man was extremely sunken. Mr. Solly practised free incisions, by which much pent-up matter and slough was liberated. By degrees the man slowly recovered, and the incisions in the perinæum nearly healed. When the cure had thus far advanced, it was found impracticable to accomplish the dilatation of the stricture, on account of the constitutional irritation which the use of instruments always occasioned, and Mr. Solly accordingly determined to practise perinæal section. This having been done, a catheter was introduced, and has ever since been kept in. The man is improving in health.

*Ligature, etc., of Nævus.*—Mr. Lawrence's case of aneurism by anastomosis remains under treatment. During the month several cases of nævus have been operated on with success, but none of them require especial mention.

*Plastic Operations.*—The cases previously mentioned under the care of Mr. Brown, in St. Mary's Hospital, remain under treatment.

During the month the following have been performed:—*Case 1.*—By Mr. Hilton, in Guy's Hospital, an operation for the closure of a fistulous communication with the mouth. The opening had resulted from the sloughing caused by small-pox, and was situated about an inch from the right angle of the mouth. The bone had been involved, and the edges of the cicatrix adhered closely to it. There was at the posterior part of the opening a ridge of bone which projected, so that it would probably have frustrated any attempt to unite the borders of the aperture. Mr. Hilton accordingly performed a preparatory operation for the removal of this ridge; and having allowed the parts to heal, then proceeded to the final one. The latter consisted in freely cutting away the borders of the aperture, and then dissecting up the integument all around, cutting between the muscles and the mucous membrane, but not disturbing the latter. The flaps having been sufficiently freed, were brought into contact by means of three hare-lip pins, over which the twisted suture was applied. Union by first intention followed, and the success was most complete. *Case 2.*—Operation for cleft palate, by Mr. Pollock, in St. George's Hospital, on a young woman, aged 24. The fissure extended through the whole of the hard palate. The soft parts covering the hard palate were dissected and united before and behind, leaving a small hole in the centre. A second operation will be required in this, as also in the next case. *Case 3.*—Operation for cleft palate by Mr. Pollock, in St. George's Hospital, on a young woman, aged 16; the cleft extended into the hard palate but not through it. The operation consisted in uniting the soft palate, the posterior part of which healed kindly.

*Paracentesis of the Chest.*—*Case 1.*—A young woman, in Guy's Hospital, under the care of Mr. Cock, on account of a sloughing wound in the axilla, was attacked by symptoms of pleurisy with effusion. The dyspnoea having become urgent, and there being signs of the distension of the right side with fluid, the operation of puncture was determined on, and, in Mr. Cock's absence, performed by Mr. Poland. Only a few drops of serum escaped by the trocar, which had evidently entered some solid substance. Death from increase of effusion took place a few days afterwards, and at the *post-mortem* it was found that there existed a large mass of subpleural deposit of medullary cancer, and that in the middle of this the puncture had been made. The pleura contained a large quantity of serum, which might have easily been reached by puncture in other parts away from the tumour. *Case 2.*—A man, aged 30, in St. George's Hospital, under the care of Dr. Bence Jones for acute pleurisy, with effusion. The first time a

grooved needle was used, what appeared to be serum only escaped, and the operation was accordingly deferred. On puncturing with the trocar a week later, about twenty ounces of pus were drawn off. The operation was repeated a second time with like result, but subsequently, owing to the presence of signs of air in the cavity, a free opening has been made, and the matter allowed to discharge itself. The patient is in a very dangerous condition.

*Operation for Ununited Fracture.*—In Mr. Stanley's case of ununited fracture of the femur, in which the ivory pegs and silver wire had been used, it has at length been deemed necessary to amputate the limb. Union had not resulted, and the man's health was suffering much. He has done well since the amputation. In Mr. Lawrence's case of ununited fracture of the tibia in a boy, the trial of rest with a starch bandage having quite failed, the introduction of a seton has been resorted to. The case remains under treatment.

*Operation for Imperforate Anus.*—Mr. Quain's case, mentioned last month, remains under treatment, and is doing well. There has been no further difficulty with the opening in regard to its tendency to contract.

## GUY'S HOSPITAL, AND THE CITY HOSPITAL FOR DISEASES OF THE CHEST.

### SHORT NOTICES OF HOSPITAL THERAPEUTICS.

*Treatment of Gout.*—A few weeks ago, a man, aged 58, was admitted, under the care of Dr. Hughes, into Guy's Hospital, suffering from chronic rheumatic gout, which affected all the joints of his hands. The attack had lasted for six weeks, and was increasing in severity. He had frequently before suffered from the same disease. Dr. Hughes prescribed the following:—

R Extract. acet. colch. gr. i., pulv. Doveri gr. ij.; ft. pil. ter die sumend. Pulv. Doveri, gr. v. o. n. sumend., et pulv. rhei cum magnesiâ ðij. o. m.

In a few days the pain had quite disappeared, and the man could sleep well, which he had not done for many weeks. Subsequently the decoction of bark was ordered as a tonic, and in about ten days he was well in every respect. Dr. Hughes remarked to the pupils present, that the treatment adopted was one which he almost never found fail to afford very speedy relief in all forms of gout. He believed the acetic extract of colchicum to be quite a specific for the disease, and was inclined to attribute the failures which some met with to impurities or adulterations of the drug.

*Habitual Cough of Long Standing Cured by Anthelmintics.*—In the treatment of chronic cough, unattended by appreciable pulmonary mischief, it is important that the possibility of its dependence on intestinal parasites should not be forgotten. The following case is in point:—John R—, a tolerably healthy-looking man, aged 28, was admitted, two months ago, under the care of Dr. Risdon Bennett, at the City Hospital for Chest Diseases. He was very anxious about a cough which had troubled him for some months. On careful examination, no signs of disease of the lungs could be discovered. A calomel and jalap purge was first ordered, and its action brought away several yards of tape-worm. After this, in the idea that the whole of the animal had been expelled, a long course of tincture of iron in infusion of quassia was given. The patient, however, did not experience under this treatment any relief whatever to his cough; his appetite notwithstanding continued good. He remained at his work, and felt himself nearly as strong as usual. It was at length determined to try a more powerful anthelmintic, and the following was ordered:—

R Ol. terebinth. ʒss., ol. ricini ʒi., primo mane sumend.

The dose brought away an enormous length of worm, and within a few days after its action his cough had entirely left him. He was kept under observation for a fortnight, and no return of the symptom took place.

## THE MIDDLESEX HOSPITAL.

### DEATH FROM CHLOROFORM.

[Case under the care of Mr. DE MORGAN.]

WE regret to have to inform our readers that another death has occurred from the administration of chloroform. The following are the particulars of the case:—

The patient was a stout, muscular, and florid man, sixty-five years of age, and was admitted into the Middlesex Hospital July 4, 1854, under the care of Mr. De Morgan, for a large



malignant tumour, growing on the inner side of the left femur. The patient was a labouring man, had always been accustomed to hard work, and had never had any serious illness till the time he discovered the tumour on the thigh, which was two years before. After a consultation it was agreed to perform amputation at the upper part of the thigh. The patient was accordingly taken to the operating theatre on July 13. Chloroform was then administered by Mr. Sibley, the Registrar to the Hospital. Snow's inhaler was employed. The quantity at first placed in the inhaler was rather less than two drachms, and another drachm was added eight minutes afterwards. The patient inhaled the chloroform without difficulty, and went through the usual stages; at the end of about ten minutes violent spasm was induced; this continued about three minutes, and then somewhat abated. The pulse, which had risen to about 120, descended to 70, having a full, steady, and deliberate beat. The pupils, which had been much dilated, became less so. The respiration continued free and deep, but not stertorous. The colour of the face remained good.

At this moment, which was between thirteen and fourteen minutes from the commencement of the inhalation of the chloroform, the pulse gave a few rapid and irregular beats, and then ceased. Respiration, which, as has been stated, had been going on freely, ceased simultaneously. The face became suddenly pallid and deathlike. The inhaler was removed instantaneously, and cold water dashed on the face. Mr. Sibley immediately commenced to carry on artificial respiration, by applying his mouth to that of the patient, and inflating the lungs. The period that elapsed between the sudden cessation of the pulse and the inflation of the lungs, was only a few seconds. After a few inflations there appeared to be a slight effort at inspiration, but this was the only sign of life discovered after the syncopal attack. Galvanism was in operation within two minutes after the cessation of the pulse. Artificial respiration was carried on at first from mouth to mouth, and afterwards through a canula, which Mr. De Morgan inserted through the cricothyroid membrane, for about forty minutes, at the end of which time, the body growing cold, the efforts at restoration were abandoned.

An examination of the body was made by Dr. Corfe forty-eight hours after death. In the head nothing particular was discovered; the brain was firm, and rather more vascular than natural; the blood in the sinus was partly coagulated; the heart was rather larger than natural, and was extremely loaded with fat, especially on the right side, where fat formed three-fourths the thickness of the wall of the ventricle; the muscular tissue was extremely pale and soft, and exhibited both to the naked eye and the eye assisted by the microscope, an extreme degree of fatty degeneration; the blood in the cavities of the heart was firmly coagulated; on both sides it was almost purely fibrinous; the clot on the right side was larger than that on the left; a fibrinous clot extended down the aorta.

In this case, both the mode of death and the pathological appearances indicate unequivocally the manner in which death took place—namely, by the sudden cessation of the action of the heart. This sudden cessation arose from there being a heart barely capable of performing its functions to a system in a state of tranquillity. But here a stimulant had been applied, exhausting the muscular energy of the organ by excessive action; at the same time the venous system, both central and ganglionic, was supplied with blood containing a fluid, which, after exciting, would deaden its action. The heart, in this way exhausted by undue action, when stimulated to contract by a venous force less than natural, failed to respond, and death immediately ensued.

Mr. Sibley, to whom we are indebted for the above particulars, intends, we believe, shortly to publish some further comments on it, and on the general question which it concerns, together with the results of some original experiments in poisoning by chloroform.

materials for profitable reflection. An Hospital, therefore, of the size and prestige of that to which I have the honour to be attached, may well be expected to offer an ample field both for the energy of the Physician and the instruction of the student; and, should the detail of the cases which have fallen under my superintendence fail in interest, the fault will lie in my own powers of observation and description.

It will be seen, that in the Norfolk and Norwich Hospital, as in other similar institutions, the great majority of diseases are of a chronic type, offering, indeed, a wide scope for the exercise of therapeutic skill, but not admitting of the rapid and more palpable cures which impart so much gratification in private practice. Setting aside acute rheumatism, it is a rare thing to witness a Medical case in its early development, the patient having either neglected his symptoms altogether, or his treatment having been initiated by other hands, failing which only does he become an Hospital patient. It will not, then, be my province to paint the triumphs of our art in warding off an impending apoplexy, or in saving the lung from solidification, and the heart from the too often permanent damage of inflammation; neither shall I be called upon to describe the instructive management of fever in its varying phases. I hope, nevertheless, that, as a record of the daily experience of Hospital clinique, the following observations will not be thought entirely devoid of value.

The arrangement of subjects which it is my intention to follow is that which I have adopted in another publication, consisting of diseases of the system in general, and diseases of particular organs classed under their special functions.

#### DISEASES OF THE SYSTEM IN GENERAL.

*Anæmia.*—Without stopping to criticise the correctness of this term, as generally employed, I shall merely observe that it is here used to designate two different forms of disease, in one of which the loss of globules is due to a direct abstraction of the circulating fluid, while in the other their deficiency depends upon a failure in hæmagenesis. Of the former class I find but three cases recorded, of the latter thirty-five.

These cases, which were instances of anæmia, with defect in the catamenial function, or as it is otherwise termed chlorosis, occurred for the most part in unmarried women, either domestic servants, or operatives closely confined in shoe-binding, mantua making, etc. The ages of the patients varied from fifteen to thirty-four, and in all the cachectic condition was gradual in its access, originating in, and being maintained by, close application in ill-ventilated rooms, together with insufficient diet, and habitual neglect of the alimentary excretions. The symptoms were in all nearly identical, consisting in a pallid exsanguineous appearance, breathlessness on exertion, palpitation, indented tongue, and œdematous extremities. In some, there were the additional symptoms of spinal tenderness, neuralgic pains in the head, intercostal regions, and pelvis, frequent vomiting, and vicarious hæmorrhages. In one case, a remarkable ecchymosis of both lower eyelids appeared at stated intervals of a month. In four instances, the anæmic state was complicated with pulmonary tubercle, adding much to the difficulty of treatment, and, as may be imagined, materially influencing the result. In another instance, an embarrassing complication was presented in an affection resembling phlegmasia dolens.

A jugular murmur of greater or less intensity was observed in every case but one, its depth of intonation appearing to be in all cases in direct ratio to the extent of the anæmic etiology. A soft systolic cardiac bruit was a frequent but less constant phenomenon.

In reference to the venous murmur, allusion may be made to the assertion of Andral, that its intensity is a measure of the degree to which the defect in the globular constituent of the blood has arrived, and that it therefore becomes a trustworthy guide both as to the indications of treatment and to the amount of melioration obtained. This is, in my belief, the exact expression of a clinical fact; but it is right to observe, that the investigations of Dr. Leman, of Berlin, and Dr. Davies, warrant the opinion, that the view which connects the jugular bruit solely with anæmia is too exclusive, and that, in truth, this bruit is a natural phenomenon in children of both sexes up to a certain age, and is then irrespective of their condition as to vigour and coloration. This opinion, if verified, would, it is obvious, materially affect the clinical value of the sign.

The treatment adopted in the series of cases of anæmia from direct loss of blood, consisted in the exhibition of iron and quinine with malt liquor and liberal rations. The source of the hæmorrhage in two cases was the uterus, in the other hæmorrhoids. The uterine losses which occurred at the climacteric period were readily controlled by gallic acid and secale, of each

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### NORFOLK AND NORWICH HOSPITAL.

#### REPORT ON MEDICAL CASES TREATED DURING THE YEARS 1850, '51, '52, AND '53.

By W. H. RANKING, M.D. Cantab.

THERE is no institution for the treatment of disease, however small, which, if the cases received into its wards be accurately noted, and analysed with judgment, is not capable of furnishing



eight grains every six hours; the hæmorrhoids were remedied by surgical aid. The recovery of each of these patients was prompt.

The series of cases classed as chlorosis required in general only the treatment usually adopted, viz., attention to the bowels, chalybeates, and generous treatment, with regular exercise in the open air. The purgative usually prescribed was the *Pilula ante cibum* of the Norfolk Hospital, which consists of *Extract. aloes aquosi*, *Extr. rhœi*, aa gr. iss., *Pulv. capsici* gr. i. This pill is taken about six in the afternoon, and continued daily unless contra-indicated. The form of chalybeate varied according to the special circumstances of the case, but as a general rule I prefer to exhibit iron in effervescence, as in the following formula:—

R *Ferri ammonio-citratis* gr. x., *sodæ sesquicarb.* gr. xv., *aquæ* ʒiss. Ft. *Haustus ter indies sumendus*, *succi limonum recentis cochlear. amplo commixtus*.

This mode of giving iron I have seldom had occasion to depart from, unless vomiting was a prominent symptom, when bismuth, combined with the sulphate or magnetic oxide of iron in pill, was substituted.

In those cases, five in number, in which the chlorotic condition was associated with the presence of pulmonary tubercle, the simply chalybeate treatment was not found to suffice; and it was found expedient, under such circumstances, to combine with the iron the exhibition of cod-liver oil, which was usually done by adding from 10 to 20 drops of the *Syrup. ferri iodidi* to each dose of oil. As will be anticipated, the benefit derived in these latter instances was less than in the uncomplicated forms of chlorosis, of which, it may be stated, every case was discharged cured, with re-establishment of the catamenial function.

It happened, in a few examples, that although the general anæmic condition was rectified, the uterus was tardy in resuming its periodic action. In such cases, I had recourse to direct stimulants to this organ, such as savine, biborate of soda, and electricity, and to local depletion by leeches. The unpleasant notoriety attaching to a case which has recently been canvassed in the Medical journals, imparts an interest to the use of savine as a medicine, to which it would not otherwise be entitled. My experience of its effects is certainly not favourable to its reputation as an emmenagogue, but I have no hesitation in stating, from repeated trials, that, judiciously given, savine is a perfectly safe remedy. On the whole, however, when the menses are delayed, after the reconstitution of the blood has been accomplished, I prefer the application of three or four leeches to the vulva, as near the usual catamenial period as can be ascertained, followed by stimulating hip-baths, for three or four nights. This plan has rarely disappointed me.

The only case, in this class of malady, which is worthy of detailed notice, is one in which the chlorotic anæmia was complicated with crural phlebitis.

#### CHLOROSIS.—CRURAL PHLEBITIS.—CURE.

Ann Large, aged 23, became in the first instance an out-patient of the Norfolk and Norwich Hospital in February, 1853. She is a large-made woman, a domestic servant. Her symptoms were general debility, pallid face, palpitation, breathlessness on exertion, indented tongue, and loud *bruit de diable*. The catamenia had been suspended four months. She was treated *secundum artem*, and improved to a certain extent; but, as her diet was insufficient, and she complained of swelling of one leg, she was made in-patient on the 5th of March. On examination, the left leg and thigh were found to be enormously swelled, white, and shining; pressure over the crural vein gave great pain, and the vessel could be felt to be hard and cordy. Leeches were immediately applied over this region, with constant warm poppy fomentations, and, after a few days, the limb was daily rubbed with the *Linimentum hydr. camphoratum*. Under this plan the tumefaction and tenderness of the limb speedily subsided, and on the 25th, she was walking in the ward, and had resumed her tonic medicines. She continued to progress favourably until the 9th of April, when she had a precisely similar attack in the opposite limb, which yielded promptly to the same measures. As is usual in the phlegmasia dolens of the puerperal state, the limbs required bandaging for some time before they recovered their normal size and strength.

I regard this case as specially interesting as illustrating the occasional occurrence of phlebitis in the course of cachectic diseases and affections which have induced great prostration of the vital powers. I have witnessed the same phenomena in phthisis. This connexion has been remarked by various writers, but the most circumstantial account of the occurrence is to be found in an essay by M. Bouchut, "On the Coagulation of the

Blood in Cachectic Diseases." The pathology of these cases is supposed by this author to be explained by the spontaneous formation of a coagulum in the vein, in consequence of the altered crasis of the blood, and encouraged further by the languid current of the circulation. The clot once formed is considered to act as a local irritant, and to excite inflammation in the coats of the vein. The cases reported by M. Bouchut were instances of cancer and phthisis.

## Medical Times & Gazette.

SATURDAY, JULY 22.

### ROYAL FREE HOSPITAL.—THE INQUEST ON ALFRED RICHARDSON.

AFTER a long and protracted inquiry, which has been fully reported in the daily papers, the jury arrived at the following verdict:—

"We find that the deceased, Alfred Richardson, died of inflammation, caused by an operation unskillfully performed by Mr. Thomas Weedon Cooke and Mr. Thomas Wakley, jun.

"The Jury, finding great difficulty in coming to a satisfactory conclusion respecting the other matters deposed to before them, they have resolved to exercise the discretion permitted to them by declining to give any opinion on them."

One of the duties devolving on the Medical Journalist is to guard the public from incompetent Practitioners, whether they be ignorant charlatans, or men holding high appointments in our public Institutions whom age has rendered unfit for their duties, or interest has thrust into offices which, by education, intellectual endowments or physical powers, they are unqualified to fill with honour to themselves, or advantage to their patients. But there is another duty no less incumbent on him—to guard the Practitioner from the ill-founded and unjust censures of the public in cases where the latter are prejudiced or incompetent judges.

In performing these duties with reference to the inquest just terminated, we shall confine our remarks to the strictly Medical part of the question; and refrain, as the Jury have done, from all comments on the alleged attempts to suppress the inquest, and on all other matters extraneous to the real question at issue—the cause of the death of the child, and the conduct of the Surgeons who operated on it. However much we may regret that this inquiry was ever publicly instituted, it is impossible for us to pass it by without a critical examination.

The facts of the case have been briefly summed up in another column, to which we may now refer, and proceed to inquire how far do these facts and the Medical evidence justify the verdict of the Jury? That the boy died from the injuries inflicted on him during the operation there cannot be a question; that he would have recovered had Mr. Weedon Cooke succeeded in his effort to enter the bladder, is in the highest degree probable, seeing that, out of 281 children, under 10 years of age, operated on in the Norwich Hospital, the mortality was only 1 in 14 $\frac{3}{4}$ ; that of 35 children, under 10, operated on by Cheselden, only 1 died; and, according to Mr. Erichsen, "of 56 cases of children operated on at St. Thomas's, but 1 proved fatal." But, while this must be granted, it becomes a very serious question, whether, in a case where a Surgeon has committed an error which, although it certainly shows a want of skill, has been committed many times before by other Surgeons, a jury are to be justified in attributing death to his inexperience.

Had the Jury simply found, that the boy died from peritonitis, the effect of an operation for stone, without appending the statement that the operation was unskillfully performed, we should have concurred in the justice of the verdict; but



they did append this statement, and thereby have inflicted a most serious and irreparable injury on the professional career of the operators. If we would look at this verdict in its true bearing, we must consider it, not only in reference to this special case, but in reference to its bearing on the members of the Profession generally. Sir Astley Cooper, for example, amputated the thigh of a man at Guy's Hospital. The man died, and after death it appeared that a ligature had been placed upon the crural nerve, and it was supposed that this mistake had caused certain dangerous symptoms exhibited by the patient. Mr. Liston operated for strangulated inguinal hernia. He opened not only the sac but the bowel, and the patient died from the injury thus unintentionally inflicted. Mr. Liston, intending to open an abscess in the neck, put his knife into a carotid aneurism. Now, in all these cases, it is manifest, that had the operators possessed or exhibited greater skill or care, that the patients *might*, to say the least, have recovered. But ought every Surgeon who commits an error, either in judgment or manipulation, to have his professional character and his prospects in life blasted, by the verdict of a jury totally incapable of appreciating the difficulties that he has had to encounter? Were this so, no Surgeon in the kingdom could feel himself safe from an action,—the most able would be deterred from holding public appointments, or from operating in numberless cases, to the serious detriment of the poorer classes of the community.

But while thus expressing dissent from the fairness of the verdict, we must advert to one point in the management of the case where an error in judgment on the part of the operators was unquestionably proved in evidence. The child is admitted by the operators to have been on the table for at least fifty minutes. We can offer no excuse for this delay in removing the child to bed. Long ere the expiration of an hour, the operators must have been conscious that they were foiled, that they had met with a difficulty they were unable to overcome, and should have had the patient removed; had they done so, it is very probable that the child would have recovered.

The verdict of the Jury casts as severe censure on Mr. Thomas Wakley as on Mr. Cooke; all that could be said in favour of Mr. Cooke, might, with equal force, be said in favour of Mr. Wakley, so far as concerns the want of skill displayed. The situation the two young Surgeons occupied was a very painful one. Mr. Cooke was engaged in his first operation for stone; Mr. Wakley holding the responsible office of Chief or Senior Surgeon to the Hospital, had operated for stone but once.

It is usual, when a junior at an Hospital performs a capital operation, for one or more of his seniors to assist him. They are present to share the responsibility, to give confidence to the operator, and to interfere if any accident occur to baffle their inexperienced colleague. When Mr. Thomas Wakley accepted the post of Senior Surgeon to the Hospital, he took on himself all the duties of that office, and we should have supposed that he was present in the theatre when Mr. Cooke was about to operate for the first time for the stone, to share the responsibility of the operation with his Junior, to assist him by his counsel, and to aid him directly in case of difficulty. But the Senior Surgeon of the Royal Free Hospital repudiates all responsibility, goes out of his way to maintain that there was but one operator,—writes letters to all the daily papers, asserting that he had no share in the operation, suggesting by this very officiousness that he was ashamed of what had been done, and subsequently, in his evidence, says, that Dr. Greenhow, a mere looker-on, and not he, the Senior Surgeon to the Hospital, is answerable for the child continuing on the table after it ought to have been removed. Had Mr. Wakley shown a single spark of generous feeling—had he come forward at the first in a straight-

forward, manly, brotherly manner, and said, that Mr. Cooke had met with a difficult and perplexing case—that this might happen to an expert and skilful Surgeon—that he (Mr. Wakley) had given his best advice and assistance to his junior colleague, but had been unable to overcome the difficulty—that his anxiety to complete the operation had possibly led him to commit an error in judgment, and keep the patient too long on the operating-table, and that he was willing to take his full share of the responsibility—he would have acted as we firmly believe every other Surgeon but himself in the British dominions would have acted; and there is every probability that a Jury of Englishmen would have responded to the feeling, and have returned a very different verdict, and that the whole body of the Profession would have duly estimated the course he had pursued.

But we trust for the credit of the London School of Surgery, as well as for the sake of humanity, that the Managers of the Royal Free Hospital will soon secure for that Institution the services of an experienced Surgeon; for at present, be it remembered, we witness the remarkable fact of a large London Hospital having attached to it two Surgeons, and two only, who, between them, have operated but twice for stone,—the stone in one of these two operations having been, moreover, left in the bladder of the patient for want of the presence, at the operation, of an experienced Surgeon. For our part, we sincerely pity Mr. Cooke; and although we have been compelled to blame Mr. Wakley, we also pity him; the former we pity for having had the misfortune to have so inexperienced a Senior present when performing a difficult and dangerous operation; the latter for being placed in an office for which he must feel that his inexperience unfits him.

Sir Benjamin Brodie has well observed, "Whether it be in our own Profession or in any other, I know of no individuals who are much more to be pitied than those whom fortuitous circumstances have lifted into places the duties of which they are not well qualified to perform." It is most improbable that there is any other Hospital in the kingdom in which the operation of lithotomy would be performed by a Surgeon for the first time with no more experienced Senior to apply to for advice or assistance in case of difficulty than another Surgeon who had performed it but once himself. The Managers of the Royal Free Hospital are greatly to blame for placing Mr. Wakley in so trying a position. They must repair their error, if they wish to obtain the support of the public for an Institution which, if well directed, would be a most deserving charity, but which, under its present management, has been a disgrace to the Hospitals of the Metropolis.

We cannot conclude without calling the attention of our readers to other well-known cases in which Surgeons, performing the operation of lithotomy, have been charged with want of skill. Many years ago, the late Mr. Shaw, in one of his early operations at the Middlesex Hospital, divided the pudic artery, which took an unusual course, and the patient died of hæmorrhage. This case was heralded forth to the world by one who is now made to feel that every unfortunate case a Surgeon meets with is not to be used for his ruin. Week after week it was paraded with embellishments, and the cowardly insults were repeated (according to the *Medical Gazette*) some days after the body of the dead Surgeon was in his coffin. Not long after this, Mr. Bransby Cooper met with a case in which the perinæum was very deep, the prostate larger than natural, its third lobe forming a kind of valve at the neck of the bladder, and the calculus was very small. Great difficulty resulted, but the stone was extracted in fifty minutes; and after death it was proved that there was a "fair lateral section of the prostate." Mr. Cooper had performed many successful operations before, but he had publicly expressed his disapprobation of the principles of the *Lancet*, and the opportunity was seized to ruin his



reputation by an unfeeling libel. The operation was described as the "performance of a tragedy," and divided into acts. The embarrassment of the Surgeon was exultingly caricatured. The fact that his operation lasted *nearly an hour* was illustrated by a quotation from John Bell respecting "long and murderous operations," and the public were assured that the "average maximum time was about six minutes." It was insinuated, that the patient lost his life because "it was the turn of a Surgeon to operate who is indebted for his elevation to the influence of a corrupt system;" and the operator was insulted by vulgar jokes about the "nevey" of the great Sir Arstley. It is true that Mr. Cooper obtained damages in a Court of Justice, but he never recovered the injury he sustained from these attacks. It would almost appear as if the old Mosaic law, "an eye for an eye, a tooth for a tooth," were still in force; for surely a more remarkable example of retributive justice has seldom been recorded, than that afforded in the case of Alfred Richardson.

#### MEDICAL RELIEF AND THE POOR-LAW.

If the Profession had not learned by long experience the scanty measure of justice which is meted out to it by the two Houses of Parliament, we should have reason to be well satisfied with the Report lately presented to the House of Commons by the Select Committee appointed to inquire into the mode in which Medical relief is administered in the different Unions of England and Wales. On the whole, that Committee has taken as liberal a view of the question as could have been expected; and, if their recommendations be adopted, the Profession will obtain a considerable boon. Several leading principles for which we have long contended have been distinctly recognised by the Committee, who recommend "that the Poor-law Board should continue to direct their attention to the extent of the Medical districts, to the reduction of their area where they are found to be inconveniently large, and to the appointment of additional Medical officers in such cases." They also recommend that "every Medical officer to be appointed after the 25th of March, 1855, shall continue in office until he may die, resign, or become legally disqualified to hold such office, or be removed therefrom by the Poor-law Board." They also recommend that the Poor-law Board should direct their attention *to the salaries of the Medical officers, which, in some cases, appear to be inadequate to the duties they are required to perform.*

It is to be hoped that these representations may produce a due effect in the proper quarters, and that the disgraceful system which has hitherto been pursued towards our Medical brethren may be abolished. At present it is almost a discredit (at least, in certain districts) to take a Union practice at all, so insufficient is the remuneration afforded, and so insufferable is the treatment towards the Medical officers which is adopted by the parish Dogberries. Hope as we may, however, we shall never have the Poor-law Medical officers occupy their just position until they are under purely Medical superintendence, answerable alone to the Medical heads of their department, relieved from the charge of supplying drugs, and properly paid for attendance. They should form one division of one general "Civil Medical Service"—paid from the Poor-rates, but the guardians should have no more share in their appointment or dismissal than they have in the commissions of the Medical Officers of the Army or Navy.

We have received from Mr. Ransom, one of the Surgeons of the Cambridge Union, an account of the services rendered by the three District Medical Officers of that locality for one quarter, and we find the results tabulated as follow:—

In the first division there were 522 distinct cases during the quarter, 2156 attendances at the residences of the patients, 1727 attendances at the surgery by the patients and their friends; 1000

mixtures were supplied, 1326 pills and powders, 91 lotions and embrocations, and 63 blisters and ointments. In the second division there were 321 distinct cases, 2120 attendances at the residences of the patients, 1638 attendances at the surgery by the patients and their friends; 1059 mixtures were supplied, 666 pills and powders, 95 lotions and embrocations, and 4 blisters and ointments. In the third division there were 305 distinct cases, 2888 attendances at the residences of the patients, 2815 attendances at the surgery by the patients or their friends; 2776 mixtures were supplied, 2604 pills and powders, 100 lotions and embrocations, and 68 blisters and ointments. For these services, and this supply of mixtures, pills, powders, lotions, embrocations, blisters, and ointments, each of the Medical Officers receives the munificent sum of 15*l.*!!

Mr. Ransom suggests, that other District Medical Officers should make out similar lists, and we need not remark that we shall continue to lend our aid in exposing these monstrous anomalies, and in redressing the grievances which afflict the Medical Officers of Poor-law Unions. But again we say to our brethren, *be true to yourselves*, or the efforts of the Medical Press will be fruitless, and the sympathies of the right-thinking portion of the public will be excited in vain.

#### SMOKE NUISANCE PREVENTION ACT.

WE are just on the eve of witnessing the operation of Lord Palmerston's important sanitary Act relative to the consumption of smoke in the Metropolis, which comes into force on the 1st of August. Many of the parties who, by this date, ought to have completed their arrangements for fulfilling the requirements of the Act, have up to this time done nothing, although they have had the indulgence of a whole year and more to examine the rival claims of various smoke-consuming apparatus, or to apply their inventive genius for their own and the public advantage. Not a few of the great smoke producers are waiting to see what will be done by their neighbours, who in like manner are waiting on their example with corresponding deference. But this need not be, for at the Office where this Paper is printed there exists a simple apparatus, which cost only five pounds, and, with ordinary care on the part of the fireman, consumes the smoke effectually.

The public will not be cheated of the large benefit to which they have a legal claim, in consequence of the neglect of the manufacturers to prepare for the improved state of things required by the enactment of last year; and the result will be, without doubt, a vast amount of surprise and inconvenience when the valiant men, who seem as if they had nailed the black flag to the mast, find that they are obliged to submit to the stern requirements of the law, against whose penalties no combination can defend them. There is no reason to apprehend that the Act in question will prove a dead letter, and that those who have a vested interest in the smoke nuisance will be allowed, as heretofore, to obscure the vision and damage the lives of the people, who have hitherto suffered and complained in vain.

To the boon which has been provided by the Legislature for the inhabitants of London a very great addition may be made by their own voluntary efforts. That which must be done of necessity by the manufacturers may be done by the population generally in the case of their domestic fires, so as to enhance to the greatest degree the benefit provided by the Legislature. The members of our Profession, who are necessarily qualified to describe the evils which are produced by saturating the air with smoke, may materially assist in bringing about the conditions which are favourable to the health of London, by recommending the use of smoke-consuming fire-places in private houses.

Very opportunely Dr. Neil Arnott has lately (in May last,



in a paper read at the Society of Arts,) introduced to the public notice the "fire-place" which he has designed as the result of protracted investigations, and by which he retains for our English people the comfort and cheerfulness of an open fire with the healthful warming of apartments, and a considerable saving of fuel.

The principle of Dr. Arnott, and the details involved in its application, are perhaps sufficiently known to render their description here unnecessary. The Arnott fire-place supplies the fuel from below, instead of at the top, and thus avoids the production of smoke to be discharged into the chimney, and economizes the heat produced for the apartment, instead of discharging five-sixths of it, as at present, up the chimney. By the aid of the hood placed over the fire to catch the true smoke before it has been allowed to increase its volume by admixture with the air, its effectual discharge is secured, and so great is the economy of heat thus secured, that in a room with two large windows, the three dimensions of which are 15 ft., 13½ ft., and 12 ft., the coal burned to maintain a temperature of 55° in the coldest winter days, has been 18 lbs. for 19 hours, or less than a pound an hour. For the purpose of ventilation, Dr. Arnott has a valve made into the chimney from near the top of the room; and if the chimney be contracted to the small dimensions required for the escape of the true smoke, the valve proves much more useful than the well known Arnott valve placed in the too wide chimneys now in use. By means of this valve there will be a constant discharge from the upper part of the room of the hot and foul air, proceeding from the breath of the inmates, or any other cause.

We observe that an impression exists in some quarters, that Dr. Arnott's invention is incomplete, in consequence of his not having provided for the admission of cold air, as he has provided for the escape of smoke. About a week since we heard this objection made to the arrangements of Dr. Arnott at one of the educational meetings at St. Martin's Hall, at which that great public benefactor had been invited to show the applicability of his method to the warming and ventilation of schools. This objection has been completely met by the fact, that Dr. Arnott had provided for the admission of cold air from without the building, which should pass directly to the fire, so as "to prevent cold draughts approaching from behind persons sitting around the fire."

We recommend the examination of Dr. Arnott's fire-place and its accessories, and earnestly invite the good services of the Profession in inducing the public to secure for London as pure an atmosphere as can be obtained in the vast area in which two millions and a-half persons are at present subjected to an unnecessary excess of sickness and mortality, from causes over which they may exercise effective control.

#### OUR MEDICAL CHARITIES.

On Monday last, July 17, the Annual General Meeting of the Benevolent Medical Society for Essex and Herts, was held at the Brunswick Tavern, Blackwall. Mr. Gilson, of Halstead, was in the chair, during the business proceedings, and Sir John Forbes during the subsequent dinner.

This is one of those excellent local charities that are spread pretty widely over England, but still in much smaller number than is required by the wants of the distressed widows and orphans of Medical men. It was founded so far back as the year 1786, and has been maintained in useful activity to the present time through the subscriptions of the members of the Profession in the two counties, assisted by those of the local gentry. Since the establishment of the Society, the Directors have been enabled to fund no less than between eight and nine thousand pounds; from the interest of which, and the subscrip-

tions, they pay between three and four hundred pounds annually in the form of annuities to the distressed widows and orphans of their deceased brethren. It is an excellent feature of this Society, that although none but the relatives of subscribers can profit by it, even they cannot profit by it unless they are either destitute or very poor.

It is impossible to contemplate the advantages of such a charity as this without regretting that similar institutions do not exist in every county in England, or at least in every district, whether consisting of one or more counties. If such were the case, the Medical Benevolent Fund would be less oppressed than it is by numerous and distressing applications for relief; and the Medical Benevolent College, when organised, would not have to shut its doors (as it may be forced to do) against applicants too numerous for its means of accommodation. Those two admirable charities will still be indispensable, however numerous may be the local institutions; but the existence of these latter must be regarded as equally if not more deserving the support of those members of the Profession whose lot is cast in their vicinity. The Medical Benevolent Fund and the Medical Benevolent College are necessary complements to all local Medical charities; and, from their unrestricted and catholic spirit, have a right to claim the support of every member of the Profession, of whatsoever rank, and wheresoever situated. The objects of these two noble Charities, though equally praiseworthy, being for the present different, the subscription to one affords no excuse (to those who have the means) for not subscribing to the other; nor yet for the subscribers to the local institutions to refrain from subscribing to either or to both.

#### REVIEWS.

*Practical Observations on Gout and its Complications, and on the Treatment of Joints Stiffened by Gouty Deposits.* By T. SPENCER WELLS, F.R.C.S. London, 1854. Small 8vo. Pp. 288.

SOME ten years since, Sir John Forbes, while exposing the absurdities of homœopathy, was led to point out the one lesson which wise men might learn from the then fashionable folly—namely, that we should place more reliance upon the natural or hygienic treatment of disease, and less upon drugs. In his famous article on "Young Physic," he indicated the course which should be pursued by those who wish to advance scientific medicine, strongly urging, among other things, the importance of studying the natural history of disease, and the influence of pure air, exercise, careful diet, cleanliness, suitable food, drink, and clothing, and mental relaxation, over its progress. Mr. Wells claims the merit of adopting this advice, and of producing one of the first works in which these principles have been applied practically to a special subject, showing, at the same time, how artificial aid from drugs may be adopted with safety and for the benefit of the patient.

In treating upon the nature and cause of gout, the Author enters fully into recent chemical investigations, showing how careful analyses of the blood, and of the secretions and excretions, afford evidence of the presence of noxious elements in the blood. He shows how the chemical changes in the blood which constitute gout are the effect of derangements in the process of nutrition of the body; and, after discussing the causes which lead to these derangements, reviews the doctrines of Liebig and Prout as to the nature of the changes which take place during the disintegration of tissue. An extract from this part of the work may not be unacceptable:—

"Liebig has offered an explanation of these disordered processes; and, according to his commentators, his views lead to the inference, that gout is 'an inflammation in parts in which the usual changes which the oxygen effects are unable to take place, in consequence of an excess of the non-nitrogenous principles in the body.' (Bence Jones, page 61.) According to these views of Liebig, the acids formed in a state of health from the amylaceous, saccharine, and mucilaginous components of non-nitrogenized food, are converted into carbonic acid and water, by combining with oxygen. When any circumstances prevent or



diminish the supply or action of oxygen, the changes are more or less retarded, and the lactic and acetic acids remaining in the blood must be thrown off from it. This is the derangement of the first stage of assimilation. Then, during the metamorphosis of tissue, oxygen being conveyed to the worn-out tissues, combines with their elements, and forms products of which lithic acid is the principal. A further supply of oxygen and water converts the insoluble lithic acid into soluble urea and carbonic acid, so that the disintegrated tissues have their elements so arranged as to reach the excreting organs in a soluble form. This conversion of lithic acid into urea is only complete when the supply of oxygen is sufficient; and in this way non-nitrogenized food, by monopolizing a great proportion of oxygen to secure assimilation, and prevent development of lactic and acetic acid, prevents the conversion of lithic acid into urea, and the former remains in the blood in a greater or less proportion, and appears in the urine. All other causes which diminish the supply of oxygen act in the same way.

"Dr. Gairdner, as we have just seen in his recent work on gout, supports these views, which, though very ingenious, unfortunately for the theory, are completely contradicted by observation at the bed-side. According to them, a vegetable, carbonised, or non-nitrogenous diet, should increase the formation of lithic acid; while an animal, or nitrogenous diet, should diminish it. Yet observation proves that the very opposite of this is the case. Other things being equal, an animal diet increases, and a vegetable diet diminishes, the formation of lithic acid. Magendie found that lithic acid disappeared from the urine of carnivorous animals on restricting them to a vegetable diet. It is not present in the urine of herbivorous animals; and it was difficult to procure the converse of Magendie's experiment by making herbivorous animals take animal food,—they will not do so. Lately, however, M. Bernard thought of the ingenious, though cruel plan, of subjecting them to a prolonged fast. In this way they nourish themselves—they are fed by the absorption of their own tissues, and thus become for a time carnivorous animals. Then lithic acid appears in the urine. Dr. Lehmann, of Leipzig, proved, by ascertaining the quantity of urea and lithic acid excreted by himself in 24 hours, under four different systems of diet, viz., exclusively animal, mixed animal and vegetable, exclusively vegetable, and of food containing no nitrogen whatever, that a vegetable and non-nitrogenous diet diminishes, and an animal or nitrogenous increases, the quantity both of urea and lithic acid. More recent experiments, performed on ducks, by Boussingault, to show the quantity of acid excreted after the ingestion of various articles of food, confirm this view.

"These facts are sufficient to prove that Liebig's theory is unsound, and that practice founded upon it must be erroneous, and is likely to be dangerous. Some Chemists also assert, that his numerical results are incorrect, and the tendency of the most recent researches is to establish the truths of the doctrine long since advanced by Dr. Prout, that urea and lithic acid are formed from the nitrogenised elements of disintegrated tissues, and from the nitrogenized food, which, being in excess, is imperfectly assimilated by the digestive organs. It is also extremely probable, though not absolutely established, that lithic acid is the special product of the disintegrated albuminous tissues, and urica of the gelatinous. This explanation is in perfect accordance with the results of practical observation, and proves the necessity of diminishing the supply of nitrogenized food when the formation of lithic acid in excess shows that the blood is receiving an inordinate supply of nitrogenized elements, either from the lacteals of the digestive organs, or from the lymphatics which return the products resulting from the disintegration of tissue."—Pp. 55—58.

The following observations will probably lead to further investigations upon a very interesting subject. Speaking of the blood of gouty patients, Mr. Wells says—

"The only nitrogenised substances hitherto known to have been detected, are urea and lithic acid, or its compounds; but I am convinced, from observation, that these are by no means the only forms in which nitrogen may be found in excess; for I have observed, in two cases, that when a few drops of the serum of the blood were allowed to evaporate on a piece of glass, and were examined under the microscope, that yellowish crystals, neither resembling the ordinary salts of the serum nor the lithates, were observed. In one of these cases I was able to obtain about six ounces of blood, in 1849; and my friend, Dr. Meyer, examined it. He informed me that on treating the serum with alcohol and chloride of zinc, he obtained a precipitate which partly dissolved in boiling water, and left, on evaporation, crystals of a highly nitrogenised substance, which I have since been convinced must have been kreatine or kreatinine. I could

detect no similar matter in the urine in that case. It was low in specific gravity, varying only from 1010 to 1015, but otherwise normal.

"I have also found that, in some gouty patients, who suffer habitually from hepatic derangements and hæmorrhoids, that carbonised substances abound in the blood, and may be detected in the urine, in the form of hippuric acid, or hippurate of ammonia."—Pp. 59, 60.

Two Chapters follow upon the complications of gout with rheumatism and syphilis. The views of the author upon the latter complication appear to be quite original.

In the Fourth Chapter the morbid anatomy of gout is discussed, and the following conclusion arrived at:—

"That, as in strong persons certain derangements in the processes of nutrition lead to deposits of the lithates in the fibrous tissues about the joints, so, in delicate or enfeebled persons, the same derangements lead to deposits of the phosphates in the fibrous tissues of internal organs."—P. 120.

This leads to an account of various forms of latent or irregular gout, depending on deposits of saline and earthy matter in or upon the fibrous tissues in different parts of the body, and upon the efforts of nature to throw off gouty matter from the blood through the kidneys.

In the fifth chapter, on gout in the female, the author shows that it is a much more common disease in the sex than has been hitherto supposed, and describes certain forms of dyspepsia, general and local nervous affections, irritable uterus, leucorrhœa, and disease of the placenta leading to abortion, as the distinct evidences of gouty impurities in the blood.

Under the head of the "Natural Treatment of Gout," he enlarges upon "diet, exercise, friction, habits of life, and climate, as preventive measures and remedial influences, in acute and chronic attacks of various kinds, and as means of retarding relapse." He treats the "Cold Water Cure" as intermediate between the natural and medicinal treatment of disease, and points out the cases in which it is beneficial, as well as those in which it is injurious or dangerous, showing how it may be pursued at the home of the patient under ordinary Medical advice.

An extract from the chapter on the medicinal treatment may be given as a specimen of the practical section of the work, and of the application of chemical discovery to bedside medicine.

"Chemical solvents are also very important remedies in gout. The solvents of lithic acid, or those which render it solvent by converting it into the lithates of potass or soda, may be occasionally required and used as palliatives, while we are endeavouring to remove the state of system on which the formation depends. The Vichy water, or the artificial substitute made by Dr. Struve, is the best form for administering them; half a pint being taken early in the morning, and again an hour or two before dinner. The liquor potassæ is less useful than the carbonates of potass or soda. Dr. Golding Bird recommends half a drachm of bicarbonate of potass three times a day, with five grains of citric acid, which is just enough to render the solution sparkling. The patient should use diluents freely at the same time, to assist in the solution of the lithic acid.

"No means of rendering the urine alkaline, however, can be persevered in without injuring the general health, leading to muscular debility, or to a tendency to the formation of other urinary deposits. The borate of potass is strongly recommended by M. Bouchardat as a solvent of lithic acid. He gives fifteen grains in a tumbler of water several times daily. It is said to be less injurious than the alkaline salts just recommended, but I have had no experience of the results of its use. The phosphate of soda is another powerful solvent of lithic acid. It may be given in doses of a scruple, or half a drachm freely diluted. It even lessens the pain, and allays the feeling of general irritation during an acute attack, and, after the attack has gone off, promotes convalescence. The phosphate of ammonia, recommended by Dr. Buckler, of Baltimore, in doses of ten grains three times a day, has been tried by Dr. Golding Bird. He says, 'It has always succeeded in keeping uric acid in solution in the urine, and in this respect, it has appeared to be at least equal, if not superior to borax and phosphate of soda; but I certainly have never seen it diminish the tophaceous deposits of chronic gout. In more recent effusion in the joints, in the subacute forms of rheumatic gout, it has certainly been of service.' I have, however, heard of very unpleasant symptoms following its use. Benzoic acid and benzoate of ammonia have been used with advantage, but Mr. Ure has not established his proposition that the benzoates are useful by converting insoluble lithic into soluble hippuric acid. The benzoate of ammonia is the most useful, as it has a decided tendency to promote perspiration. It is easily given by prescribing five



grains of benzoic acid with an equal quantity of sesquicarbonate of ammonia, to be dissolved in two ounces of boiling water, and taken three times a day with a little syrup. But of all chemical solvents, I am disposed to regard the iodide of potassium as the most useful, as it has so great a solvent power on the lithate of soda, which is the most common impurity in the blood of gouty patients. A concentrated solution of the iodide dissolves the lithate of soda very readily out of the body, and to a much greater extent when the lithate is recently prepared and the solution is warm; but it has very little power of dissolving pure lithic acid. I have given it very extensively for the last thirteen years in almost all forms of gout, except during the acute attack, and in almost every case with the most encouraging results. I have tried it in doses from eight grains three times a day to one grain daily in divided doses. I have had patients who have continued the latter small dose for several months, and after carefully watching the effects of discontinuing its use and returning to it, I have been convinced, that the improvement in health which accompanied and followed its use, was really connected with, or dependent on, the use of even so small a quantity. It clearly affects the blood, for it may be detected in the urine; and I can only suppose that it must tend to keep small quantities of lithate of soda formed in the blood in a state of solution, although it is, I confess, difficult to see how so very small a quantity could act upon a sufficient quantity of lithate of soda to make any appreciable alteration in the condition of the blood. However this may be, the good effects are too uniform to leave any doubt as to the value of the remedy."—Pp. 216—220.

In discussing the use of colchicum, Mr. Wells argues, that the tincture of the flowers is the best and most uniform preparation, and that the ill effects of this drug are attributable to the unnecessarily large doses in which it is given. He gives as small doses as one drop of the tincture three times a-day, but continues it for many weeks, believing that, "in gout, although colchicum diminishes the quantity of lithic acid and the lithates in the urine, yet that it leads to a greatly increased discharge of urea, and that its beneficial action depends upon a power it possesses of so modifying the chemical changes which go on during the assimilation of nutriment and the metamorphosis of tissue, that any excess of nitrogen present is thrown off as soluble urea, instead of as insoluble lithic acid, or as lithate of soda." P. 225.

We have not space to follow the Author through his account of the treatment of the various forms of gout, or of the constitutional and local treatment necessary to restore the normal condition of joints stiffened by gouty deposits. We may state, however, that he has entered very fully into all these important subjects, and has communicated the results of many years' observation at the bedside. A fair opinion may probably be formed, from the extracts we have quoted, of the manner in which he has executed his task; we think it advisable, therefore, to let the work speak for itself, and simply to recommend it to the consideration of our readers.

*Lettsomian Lectures on Insanity.* By FORBES WINSLOW, M.D., D.C.L., late President of the Medical Society of London. Pp. 160. London. 1854.

THESE lectures were delivered before the Medical Society of London, and have already appeared in the pages of a contemporary Journal. The lectures are three in number; the first being devoted to a consideration of the psychological vocation of the Physician; the second to the Medical treatment of insanity; and the third to some remarks upon Medico-legal evidence in cases of insanity. The volume will be found serviceable to all Medical Practitioners, and the observations on Medico-legal evidence are particularly interesting to the Profession, as containing a great amount of useful information, drawn in great measure from the Author's own experience.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### CLINICAL LECTURE UPON NASO-PHARYNGEAL FIBROUS POLYPI.

By M. NELATON, Hôpital des Cliniques.

A MAN, aged 31, had been subject to frequent attacks of epistaxis, from the age of 10 to 12; occasionally, the hæmorrhage recurred three or four times a-day, and was so abundant as to oblige him to have recourse to the application of cold. For the

last few years, the losses of blood were less frequent, but, nevertheless, they took place every week or fortnight. He stated, that a fall, which he had had three years ago, was the cause of the production of a polypus; the top of the head came against the ground, and from that time the symptoms displayed themselves, manifesting the existence of the growth. M. Nelaton does not connect the development of the polypus with this accident. Eighteen months ago, a surgeon endeavoured to extract the polypi, but without success.

The patient's right cheek appeared swollen; the right eye was more prominent; the right nostril was occupied by a deep violet-coloured body, ulcerated upon the surface. The nasal bones were changed in form. Part of the tumour extended backwards into the pharynx, and projected below the free border of the soft palate, which was pushed forwards. The diagnosis of "fibrous polypus" was founded, 1. upon the age of the patient; 2. upon the consistence of the tumour. A cancerous tumour is soft, and easily friable, when it forms in this situation.

What, asks M. Nelaton, are the consequences of this malady? Read the observations upon fibrous polypi at the base of the skull, and it will be seen that they have been collected, for the most part, from young subjects; and two points are to be borne in mind:—1. That the disease occurs only in youth; 2. That a patient, the subject of a fibrous polypus, does not attain old age, unless the development goes on extremely slowly. Most of these growths kill, not by affecting the constitution, but by frequent hæmorrhages, or by slow suffocation. Some prevent the act of deglutition; others suppurate, and the putrid pus makes its way into the alimentary canal.

When the peduncle is small, the polypus may be torn away, or separated by means of a ligature; but when the base is large, or when there are more growths than one, another proceeding is required. M. Nelaton showed that a horizontal plane passing from the mouth does not strike upon the upper cervical vertebrae, but upon the occipito-atloid articulation; and hence he affirms that the extremity of the finger introduced backwards through the mouth would not touch the vertebral column, but rather the base of the skull. He states that these polypi never arise from the vertebrae; that they never grow lower down than the basilar process; and that, when they descend into the pharynx, the course pursued is between the muscular and mucous layers.

What, then, are the true points of origin of these polypi? They are—the inferior surface of the basilar process; the inferior surface of the sphenoid bone; the internal surface of the pterygoid processes. But they may send processes into other and distant regions; as, for example, into the nasal fossæ, into the speno-maxillary fissure, or into the maxillary sinus. In the case before M. Nelaton, there was no prolongation of the polypus into the two latter regions, and it was supposed that the root was the inferior surface of the basilar process of the occipital bone.

The operation of extraction by the forceps did not promise to be satisfactory, inasmuch as only the more prominent parts could be seized, when the growth would be lacerated but not extracted. The application of a ligature was not considered possible; but, even if possible, would not have been recommended, since, as was shown by Dupuytren, patients sometimes die from the introduction of putrid matter from the strangulated parts into the stomach.

The complete extirpation of these tumours is an idea of modern origin, but Surgeons are yet divided as to the propriety of the operation. In 1849, M. Achille Flaubert, a Surgeon of Rouen, removed with success in such a case the whole maxillary bone of one side. Since then that operation has been repeated by M. Michaux, of Louvain; by M. Robert Huguier; and Maisonneuve, of Paris. M. Nelaton, desirous of sparing the patient so much deformity, suggested the following proceeding, by which the polypus was removed from the mouth.

It should be premised, that some time ago M. Mane, a Surgeon of Avignon, recommended the division of the soft palate; but in his day no other plan was thought of except that by the ligature or the forceps. The advice seemed to M. Nelaton so good, that he has followed it; but by such a proceeding the inferior part only of the polypus is exposed; the root must be divided that the patient's relief be complete. The bony palate must be included in the division.

*Operation.*—The palatine membrane is first divided, and the bony arch is exposed. With a knife the palatine membrane is separated from adjacent parts, the nasal prolongation of mucous membrane being divided by scissors. Into the bony arch of the palate thus exposed a perforator is introduced, both on the right and left side, into the two perforations. Liston's forceps are inserted, and a large portion of the bone, together with the lower



part of the septum nasi, is removed. There results a vast perforation, through which is seen the posterior part of the nasal fossæ, the corresponding part of the ethmoid, the inferior surface of the sphenoid, and the basilar process. The polypus being thus exposed in full, its complete removal is easy.

In the first case, M. Nelaton dragged the polypus forwards after its exposure, and cut through its neck. For fifteen days the wound was kept open, that different kinds of caustics might be applied. The patient is now quite well, the operation having been performed in 1847. The same proceeding has been frequently repeated since that time. In the present case the operation was slightly modified; because, in consequence of the progress of the disease, the bony palate had undergone considerable loss of substance. It was successful. The preservation of the alveolar border and the teeth renders this operation far preferable to the extirpation of the superior maxillary bone.—*Moniteur des Hôpitaux*, July 8, 1854.

#### SOLITARY HABITS; HALLUCINATIONS OF SIGHT AND HEARING.

THREE ATTEMPTS AT AMPUTATION OF THE PENIS; SUCCESS IN THE LAST; IMMEDIATE CURE OF THE CEREBRAL PHENOMENA.

By Dr. BRUGNONI.

G—, a student of law, of delicate complexion, gave himself up to habits of masturbation at the age of fourteen. He continued his studies, though weakened in health, up to the age of nineteen, when he fell into a state of torpor. He then complained, that his head felt as if compressed in a circle of fire; a voice kept muttering to him that his organs of generation were abnormally formed; that the extremity of the penis was the seat of a morbid growth, etc. Then came suddenly an imaginary cry of "amputation!" "amputation!" He made his first attempt ten days afterwards. On December 27, 1852, he made another and more serious attempt. Although placed in the Asylum of Astino, he managed to get an opportunity of cutting off two-thirds of the organ, when three hours afterwards his delirium was gone.—*Gazetta Med. Ital. Lombardia*, June.

#### UPON CROUP.

M. Quersart communicated to the Société Médicale of the Second Arrondissement, some interesting details upon croup, which for several years past has been increasing in frequency and severity, as proved by the more numerous operations of tracheotomy practised in the Children's Hospital. In 1850, there were 10 operations; in 1851, 25; in 1852, 30; in 1853, 60. In 161 cases of operation there were 36 cures, or about one in five. The author believes that this statement would be more favourable had the operation been performed at an earlier period, and before symptoms of asphyxia had supervened. He states that at the outset of the disease, emetics, calomel, and alum, are the remedies which he has found of most avail. He often cauterises the false membranes, but does not attach much value to the practice.

### GENERAL CORRESPONDENCE.

#### PREMONITORY DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having lately observed in your valuable Journal several communications from Dr. McLoughlin, bearing on the question whether cholera is invariably preceded by diarrhœa, I beg to send you the history of two cases admitted to this Hospital a few days ago, and quoted from the journals.

The first case is that of a woman, 55 years of age, a sempstress, admitted on the 5th instant, at 4.30 p.m. She stated on her admission that she had been in perfect health up to one o'clock the same day. She had been sitting all the morning, busily employed at her work, when about that time she suddenly felt sick, fainted, and fell off the chair on which she was sitting, striking her head against the corner of another chair, and inflicting a deep cut immediately over her right temple. She was then lifted into bed, and as soon as the faintness went off she was seized almost simultaneously with vomiting and purging, followed in less than fifteen minutes by violent spasms in her left foot and leg, and shortly after in both her hands. She continued to get worse till the time of her admission (three hours and a-half after), when she was found to be in a state of complete collapse, and presenting all the symptoms of true malignant or Asiatic cholera.

Soon after admission, she was put under the treatment recommended by Dr. Ayre, of Hull, and lived till twelve noon the

following day, having taken altogether 220 grains of calomel in one-grain doses every five minutes. The case will thus be seen to have lasted twenty-three hours.

The above history is corroborated by that of her daughter, an intelligent young woman, who accompanied and nursed her mother while in the Hospital.

The second case is that of a female, 56 years of age, a washerwoman, admitted on the 9th inst., at 12 noon, who stated, that she had gone to bed the previous night in perfect health, having had no looseness of the bowels whatever. Next morning at 5 a.m., she awoke out of sleep, with an undefinable feeling of sickness. She had one large watery evacuation from the bowels, and in less than half an hour thereafter followed by violent spasms in both her upper and lower extremities. She continued to get worse, and on admission, seven hours after, was found to be in a state verging on collapse, presenting all the well-known symptoms of malignant cholera. One peculiarity in this case was the entire absence of vomiting. She was treated on the saline plan (slightly modified) recommended by Dr. Stevens, but she only lived till 11.30 p.m. the same night, the case having lasted nineteen hours.

Another case at this moment occurs to my mind, and I shall quote it from memory. It occurred some time ago, and was that of one of the washerwomen employed in the Cholera Hospital. In this case the disease was fully developed before any diarrhœa showed itself. I was requested to see her at 2 p.m., and found her labouring under symptoms of common cold. At 5 p.m. vomiting came on, and, at 6, the most violent spasms in her lower extremities. On being visited at 5 p.m., she stated that her bowels had not been open for four days, and considered them quite regular. A small dose of castor-oil (3ij.) was given, but the bowels were not opened for an hour after the spasms set in, when slight diarrhœa came on. Ultimately this case recovered under the saline treatment. It was carefully noted at the time, and considered as a well-marked case of cholera.

In the above cases, and I could refer to many others of a similar kind, there was evidently no premonition; in the first case, the patient, in less than fifteen minutes from the time of seizure, had all the symptoms of cholera; in the second in less than half an hour; and in the last, as I have already said, the disease was fully developed before diarrhœa set in. In these cases the patients had nothing to gain by concealing the truth, and the most careful inquiry was made into each.

Should you consider the above remarks worthy a place in your columns, their insertion will oblige

Yours, &c.

A. W. MARSHALL, Surgeon.

Cholera Hospital, Glasgow, July 12, 1854.

#### SUPPLY OF MEDICAL OFFICERS FOR THE FLEETS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Observing, in the *Medical Times and Gazette* of June 10, a short notice on the want of Medical Officers in the Baltic fleet, in which was expressed a desire to learn the number of Medical Officers now serving in the Baltic and Black Sea fleets, I beg to forward you a Table of all the ships at present in the Baltic, with the number of Medical Officers serving in each contrasted with the complements allowed by the Admiralty scale:—

	On Board.	Allowed.		On Board.	Allowed.
Duke of Wellington..	4	4	Hecla ..	2	2
Neptune ..	3	3	Valorons ..	2	2
Leopard ..	2	3	Vulture ..	2	2
Edinburgh ..	2	3	Magicienne ..	2	2
Nile ..	2	3	Penelope ..	2	2
Prince Regent ..	3	3	Odin ..	2	2
Royal George..	2	3	Desperate ..	2	2
St. Jean d'Acre ..	3	3	Dragon ..	2	2
Monarch ..	3	3	Archer..	1	2
Majestic ..	3	3	Bulldog ..	2	2
Hogue ..	3	3	Conflict ..	2	2
Princess Royal ..	3	3	Rosamond ..	1	2
Cressy ..	3	3	Gorgon ..	2	2
James Watt ..	3	3	Basilisk ..	2	2
Blenheim ..	2	3	Driver ..	2	2
Cæsar ..	3	3	Cruizer ..	2	2
St. George ..	3	3	Lightning ..	1	0
Imperieuse ..	2	3	Alban ..	1	0
Enryals ..	2	2	Zephyr..	0	0
Arrogant ..	2	3	Pigmy ..	0	0
Chumberland ..	3	3	Otter ..	0	0
Ajax ..	3	3	Porenpine ..	0	0
Amphion ..	2	3	Chickoo ..	0	0
Belleisle ..	5	5	Loenst..	0	0

In explanation, it is necessary to know, that the ships are



classed according to the number of men they carry, and have Medical Officers in the following proportions:—

Ships with more than 350 men have 3 Medical Officers.				
Ships	"	100	"	2
Ships	"	55	"	1

Thus, ships with a thousand or more men have the same number of Medical Officers as one with 400 men only.

The Belleisle, being the Hospital-ship, has for her staff one Inspector, two Surgeons, and two Assistant-Surgeons. The Commander-in-Chief's ship is another exception to the general rule, and carries four Medical Officers.

All ships carrying fewer than 55 men are not supposed to require a Medical Officer at all, except when, by some unusual accident, they happen to be commanded by a post-captain or a commander, as in the case, at present, of the Lightning and Alban, the dignity of whose presence is to be consulted far before the health and welfare of 50 men.

As far as our experience shows us of the opinion that ships or gun-boats in the Baltic with less than 55 men do not require any Medical Officer, we must condemn it, from the strong proofs of its erroneousness produced by the sickness prevalent in the Pigmy and others.

The first, having no Medical Officer of her own, was visited regularly by one of the Medical Officers of the Flag-ship for a considerable time after her arrival here; and the second, being similarly situated, was compelled to forward to the Flag-ship her sick (three in number) from Elsinore, where she touched on her way out from England.

I cannot give the particulars of the condition of the patients on their arrival; but surely it could not have been the best, after their diseases had been allowed to run wild, without control or treatment, for three weeks.

I should have contrasted our Medical force here with the French, but I am sorry to say that my information in that respect extends only to the Austerlitz, which carries one Surgeon and four Assistant-Surgeons, although she is not a flag-ship, nor so large as many of our own ships. They have also a frigate fitted out as an Hospital, with every convenience; but I have not ascertained the strength of her staff.

This question of the proper supply of Medical Officers to the Fleet is becoming more important every day, from the continued prevalence of cholera in the ships; and surely if there really exist that abundance of applicants to join the service put forth as a truth to the public, it would be wise in the Lords of the Admiralty to allow a few to enter and fill up the many vacancies existing here.

I am, &c.

AN OBSERVER.

Baro Sound, Baltic, July 10, 1854.

#### SIR JOHN FORBES'S SCHEME OF MEDICAL REFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have been so much pleased with the letter of Dr. Fairless, in your last *Medical Times and Gazette*, that, as one of a numerous class concerned, I cannot forbear tendering him thanks for his very sensible and satisfactory suggestions on the measure of Medical Reform so ably, laudably, and comprehensively framed by Sir John Forbes. In the draft of that Bill I do not perceive that any title or nominal rank would be conferred on the candidate for Medical examination conjointly with the College of Surgeons; and, therefore, such examination would be only filling up the Medical qualification for the Surgeon, which the Society of Apothecaries do now, and by which they confer a Medical diploma; but even were it otherwise, it must be a question whether the Apothecaries' Society would give up, without a struggle, their long-held and honourable Institution, —as much an Institution as the College of Physicians or Surgeons, and which may challenge either for its standing as to its relative benefit for professional attainments and the public good. I would also beg leave to ask, would it be fair and just to such an Institution, in a reconstruction of the Profession, to erase it; and would it be right and becoming in us, the Surgeon-Apothecaries of the kingdom, to allow it? Decidedly I think not, and I trust most of my brethren will support the view of Dr. Fairless in expressing the wish, that in any general recasting of the Medical and Surgical community, we may be formed, by the instrumentality of the Apothecaries' Society, into a "College of Medical Practitioners."

I am aware a great many of us do not like to be called Apothecaries; but to be called a Member of the College of Surgeons and a Member of the College of Medical Practitioners, would, I conceive, entirely do away with all distaste for the term "Apothecary."

I am, &c.

THOS. STOKES.

Nailsworth, July 12, 1854.

#### MR. FERGUSSON ON AMPUTATION AT THE KNEE-JOINT.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall feel obliged if you will correct an error which appears in a Clinical Lecture of mine, published in your Number for July 8, on the subject of amputation at the knee-joint. Instead of the name of Mr. Greenhow (p. 26) it should be Mr. H. G. Potter, of Newcastle-on-Tyne, to whom and to whose paper on the same subject the remarks in my lecture applied.

I am, &c.,

W. FERGUSSON.

King's College Hospital, July 19, 1854.

#### THE NEW TEST FOR SUGAR.

[To the Editor of the Medical Times and Gazette.]

SIR,—Dr. Bence Jones and several other Medical gentlemen having raised the question as to whether any of the other constituents of urine are likely to produce a similar result, as attributed to sugar when my test is used; for the information of your readers, I beg to say that I am not aware of anything that in the least interferes with it, and therefore consider it in every respect a perfectly unique and reliable test. Perhaps the most satisfactory way of showing it would be in using a white ware evaporating dish to heat the urine in; then, on adding a sufficiency of the test and boiling, the green colour gradually develops itself, commencing at that part which is most contiguous to the flame, and spreads throughout the mass.

In the absence of diabetic urine, the following experiments will suffice to demonstrate the effect:—

*Experiment 1.*—Having adjusted your apparatus, put into the evaporating dish ten or twelve drops of simple syrup (cane sugar,) and dilute it with water. On adding a little of the test, and applying the heat of the spirit lamp, no change of colour will be produced.

*Experiment 2.*—Take another evaporating dish, and having put in the same quantity of simple syrup diluted with water, add two or three drops of acid. sulphur. dil., and boil for a few minutes. This will convert the cane into grape or diabetic sugar; if we now add the test, and apply heat, the effect becomes apparent in the change of the colour of the liquid to that of an intense green, the colour of course varying with the quantity of sugar contained and the test used.

I am, &c.

JOHN HORSLEY, Analytical Chemist.

Cheltenham, July 17, 1854.

[To the Editor of the Medical Times and Gazette.]

SIR,—If Mr. Horsley will refer to page 67 of the Introduction to Simon's Animal Chemistry, he will find that he has merely been describing a slight modification of Hünefeld's test, which has been known to every chemist for the last ten or fifteen years, and is, perhaps, the least trustworthy of all the sugar-tests.

July 17, 1854.

G. E. D.

#### REPORTS OF SOCIETIES.

##### EPIDEMIOLOGICAL SOCIETY.

JULY 3, 1853.

The President, Dr. BABINGTON, in the Chair.

A paper was read by J. H. TUCKER, Esq.,

##### ON THE USE OF VEGETABLE AND MINERAL ACIDS IN THE TREATMENT, PROPHYLACTIC AND REMEDIAL, OF EPIDEMIC DISORDERS OF THE BOWELS.

The author commenced by alluding to the remarkable but well-established fact, that in 1849 the cider districts of Herefordshire, Somersetshire, and part of Devonshire, were to a great extent exempt from the epidemic ravages of cholera while the disease was raging around. Upon further inquiry it was ascertained that this exemption was confined a good deal to those individuals who drank cider as a common beverage, and that those who partook of malt liquor occasionally suffered. He also remarked, that in some parts of France, and in Normandy more particularly, where cider is the common beverage, cholera is seldom known to exist; and, further, that Switzerland was reported to have been free from its visitation. Having adduced



these and other facts in proof of the prophylactic power of cider, the author expressed his opinion that other vegetable acids would be found of service, such as lemon-juice, orange-juice, and some wines made from grapes, or even from goosberries. And as it would be found impossible to supply the whole of London with a sufficient quantity of pure cider, Mr. Tucker suggested that vinegar might be found a useful substitute in case of another outbreak of cholera, provided that it could be obtained in a state of purity. Ancient and modern authors were quoted in proof of the antiseptic and medicinal properties of vinegar. The author then proceeded to show that acid drinks were not only preventive but remedial in epidemic disorder of the bowels. Cases were related in which not only persons were exempt from attacks of cholera raging around them who drank large draughts of cider, but a case of severe cholera was also related, which yielded to the diluted juice of some apples. The efficacy of the mineral acids, especially the sulphuric, in diarrhoea, and especially in choleraic diarrhoea, was also advocated, by reference to numerous facts and authorities. The author also referred to some established facts connected with the spread of epidemic dysentery in the Army, showing the efficacy of vegetable acids in that disease. In conclusion, Mr. Tucker suggested a necessary caution relative to the use of the wretched and unwholesome substitute for vinegar commonly sold in the London shops.

The Chairman said, the subject brought forward by Mr. Tucker was one eminently deserving the attention of every well-educated Physician. It was a known fact, that many gentlemen living in India, and suffering from enlarged livers, and bad chronic dysenteric affections, had been cured without the aid of medicine, by eating nothing but grapes on their arrival at the Cape of Good Hope. The mode in which the vegetable acids acted as prophylactics, or curatives, was by the quantity of citrate of potash that was eliminated through the kidney, acting as a purgator of the blood, and the secretions generally.

Mr. Hunt confirmed Mr. Tucker's statement as to the immunity from cholera enjoyed by the inhabitants of cider districts, and mentioned that on one occasion in Exeter the inhabitants, who drank cider, were free from cholera, while the soldiers in the barracks, who drank malt liquor, suffered severely from that disease. A case, he said, had been reported in which a patient who was ill with all the symptoms of cholera had an ardent desire to drink cider, but it was refused him. At length, however, having arrived at the state of collapse, his case was considered hopeless, and he was permitted to have what he liked; he accordingly drank, in one night, nine pints of cider, and the next morning was convalescent. A year and a-half afterwards, he was again attacked with cholera, and was taken to an hospital; he was then not allowed to drink cider, and he soon died. A second case had also been reported, in which a cholera patient drank an enormous quantity of cider, and, contrary to all expectation, recovered. At all events, indulging in acid drinks or fruits, during cholera times, had been proved to be safe, if not salutary. In the summer of 1849, bottled cider was the common drink of himself (Mr. Hunt) and his whole family, not one of whom had even an attack of diarrhoea, while all the servants, who drank malt liquor, were attacked severely. As a Medical man, he thought the instincts of nature ought not to be disregarded in practice. If a person of temperate and moderate habits, had, during illness, a very strong desire for any particular article of diet, he (Mr. Hunt) should take it as an indication that that diet was the best for him. He remembered a bad case of typhus fever, in which the patient, a young lady, had a strong desire for some pickled walnuts. He gave her permission, and she accordingly ate nine walnuts, and drank at two draughts a pint of the liquor, and the next morning she was convalescent.

Mr. Probert highly commended the use of sulphuric acid in cases of cholera. Its effects, he said, were wonderful; and he was fully determined to use it extensively when the epidemic appeared again.

Dr. Snow did not agree with Mr. Tucker in regard to the prophylactic effects of cider, though he believed that beverage to be more wholesome than malt liquor. Cider districts were not the only ones that were comparatively free from cholera. Places in the most thinly populated districts were generally those that were least attacked, the disease not being conveyed to them. The cholera, however, was severe in some of the large towns in the cider districts; and in some of the small fishing villages of Cornwall and Devonshire, where it was excessively severe, cider was the chief beverage of the inhabitants. Cider might be often useful in diarrhoea; not, however, from its acid quality, but from the astringent matter it contained. Mineral acids, especially sulphuric acid, were particularly useful in diarrhoea, but not, he thought, in developed cholera. With regard to Exeter, he

believed that in 1832 there were more than 300 deaths from cholera.

Mr. Cox said, that in 1832 the cholera was brought into Exeter by sailors and other persons from Plymouth who indulged freely in malt liquors, and they were the persons who suffered most. There was scarcely a single case in any of the neighbouring villages. During the attack in Exeter one patient, contrary to instructions, drank a quantity of vinegar, and recovered the next day. He (Mr. Cox) had been informed by a friend who had long resided near Darmstadt, that the villages in Germany where the people drank a great deal of cider, enjoyed a great immunity, while neighbouring districts were attacked. With regard to sulphuric acid, he was convinced of its extreme efficacy in choleraic diarrhoea, but not in the developed stages of cholera. Last year he had seventy-four cases of choleraic diarrhoea and two of cholera among the men at the Kensall-green gas works; he treated them all with sulphuric acid, not having given a grain of calomel; all the patients recovered, and not one was under treatment more than three days. He had tried nitric acid, recommended by Mr. Tucker, and found it a failure, but he had never tried sulphuric and nitric acid mixed. Many persons had suggested the combination of opium with sulphuric acid; but he (Mr. Cox) protested against that practice, having seen evil results attending it. He believed the practice of giving opium in choleraic diarrhoea or in any stage of cholera was the most injurious practice that could be adopted. In cases of cholera, where collapse had occurred, he should discard acids and use calomel.

Dr. Camps mentioned, that there were cases of cholera in Jersey, a cider district, in 1832; and that in several villages in Cambridgeshire, where cider was unknown, cholera had not appeared.

Dr. Jeanneret thought Mr. Tucker had not fully proved his case. He concurred in his opinion as to the use of certain acids in dysentery; but he thought acids ought not to be taken as a class of remedies, differing as they did very materially in their qualities and action. He had lately cured a patient of cholera with sulphuric acid, but he believed the patient afterwards killed himself by taking super-tartrate of potash.

A vote of thanks was then unanimously accorded to Mr. Tucker for his paper.

At the next meeting Mr. Spencer Wells will read a paper on the "Practical Results of Quarantine," in order to renew the discussion upon Sir William Pym's reply to Dr. Milroy.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF LORDS.—FRIDAY, July 14.

The Earl of Shaftesbury replied to the accusation brought by Lord Seymour against the Board of Health, and bore testimony to the indefatigable zeal of Mr. Chadwick and Dr. Southwood Smith.

The Bishop of London, Lord Carlisle, and Lord Brougham followed in the same strain; after which the matter dropped.

### HOUSE OF COMMONS.—THURSDAY, JULY 13.

The Amendments to the General Board of Health Bill were agreed to.

Colonel Dunne obtained leave to bring in a Bill to extend the rights enjoyed by the Graduates of the Universities of Oxford and Cambridge in respect to the practice of physic to the Graduates of the Universities of Ireland and Scotland.

### FRIDAY, July 14.

#### THE DIRIGO.—CHOLERA IN EMIGRANT SHIPS.

Mr. J. O'Connell rose to ask if the attention of the Government had been called to the recent cases of outbreak of cholera on board of emigrant ships, in particular to that of the ship *Dirigo*; and whether, taking these cases into account, and the extensive mortality from cholera in the emigration of last autumn, and that from the port of Limerick in the spring of this year, the Government would not, in pursuance of one of the recommendations of the Emigrant Ships Committee, pass a Bill this Session to stop emigration from any port where cholera or any other epidemic might prevail during its prevalence?

Mr. F. Peel regretted the outbreak of cholera on board the *Dirigo*, and was happy to learn from the most recent accounts that the progress of the cholera had been arrested. It would be impossible to stop emigration altogether from such a port as Liverpool because a case of epidemic cholera had broken out in a vessel that had left that port. A port of embarkation might



be uninfected, and yet cases of cholera might break out on board vessels sailing from it, like the *Dirigo*, having on board persons coming from different parts of the country, who might bring the disease with them. The remedy would be, if the Queen had the power, to make regulations and restrictions with regard to an increase in the space allowed to passengers, and the improvement of the Medical attendance on board these ships. The present Session was too far advanced to permit the introduction of an Act on this subject. The recommendation to which the hon. gentleman had alluded was only one of many valuable suggestions of the Emigrant Ships' Committee, which would be considered during the recess. He hoped to bring in a Bill to amend the law on this subject next Session.

The General Board of Health Bill, and the Registration of Births, etc. (Scotland) Bill, were read a third time and passed.

MONDAY, JULY 17.

A Petition was presented by Sir E. Perry, from William Jacob Spry, Registrar of Births at Devonport, complaining of defects in the Compulsory Vaccination Act.

PUBLIC HEALTH ACT AMENDMENT BILL.

Lord Seymour gave notice that, on the Motion for the second reading of this Bill, he should move, that the Bill be read a second time that day three months.

MEDICAL OFFICERS (BALTIC AND BLACK SEA).

On the Motion of Mr. Brady, a return was ordered of the number of ships and vessels in Her Majesty's service, employed in the Baltic and Black Sea, deficient of the number of Surgeons and Assistant-Surgeons according to regulations; also the number required in each to complete the war complement of these officers.

TUESDAY, JULY 18.

VACCINATION ACT AMENDMENT BILL.

On the order of the day for the committal of this Bill being read,

Mr. Brady submitted to the Right Hon. Baronet who had charge of this Bill the propriety of suspending legislation upon the subject for the present session. The machinery we at present had for carrying out an effective and general system of vaccination was so defective, that it was most undesirable until that machinery was considered and adapted to the wants of the country to pass any measure of this kind. We had gone on from the year 1841 to the present time passing Vaccination Acts year after year, which had been found wholly unworkable, and the same result would follow the present Bill if passed. So long as the system of vaccination assumed the form of pauperism by being placed under the Poor-law, it was impossible to carry it into effective operation. This Bill proposed to make it compulsory to vaccinate within three months after birth, but no provision was made for obtaining a proper supply of lymph. There should be a Central Board, and a dépôt for providing to the offices a sufficient supply of lymph from time to time, without which the Bill would afford no security against the spread of smallpox. He suggested that the Bill should be withdrawn, and that legislation should be postponed till February, when he promised himself to introduce a measure. He concluded, by moving that the Bill be committed on that day three months.

Sir J. Pakington said the object of the Bill was merely to remove certain defects in the Act of last year with reference to the number of days within which the child was to be presented for vaccination, and as to the mode of recovering the penalties imposed for neglect. The Bill had come down from the Lords, where it had been fully considered, and he trusted that it would be allowed to pass.

The Amendment, after an observation from Mr. T. Duncombe, was withdrawn, and the House went into Committee on the Bill.

Upon the first clause, (for which and others, see *Medical Times and Gazette*, July 8, p. 47.)

Mr. Brady expressed a strong objection to making the work-houses vaccination stations, and moved an Amendment to prevent it, which, however, was ultimately negatived.

Lord Seymour wanted to hear from the Right Hon. gentleman the President of the Poor-law Board, the view the Government took of the measure of last year, and, in the absence of such explanation, proposed to throw out the Clause altogether, in order to throw upon them the responsibility of legislating on the subject.

Mr. Brady again urged that the Bill should be withdrawn altogether for the present Session.

Mr. Henley objected to the Poor-rate being made chargeable with the expense.

Mr. Baines, in answer to the appeal made to him by Lord Seymour, as to his opinion of the Act of last year, said he was

not present when that Act was passed, and he was, therefore, personally in no way responsible for it. But such an Act having passed, he felt it his duty to endeavour to carry it out in the sense which he understood the Legislature intended. For himself he entertained doubts whether it was the wise course to place the vaccination in connexion with the Poor-law in any way—(hear, hear)—but Parliament having taken a different view, his duty was simply to carry out the law as he found it. With regard to the present Bill, the House was aware that the Act of last year contained a provision that the child should be brought in for vaccination on the eighth day, and imposed a penalty on the parent for neglect; but it had since been discovered that the eighth day was the wrong day, and that it should have been the seventh. To cure that fault, therefore, this Bill was necessary. With regard to the charge, the Act of last Session having received the sanction of the Legislature, it was better, in order to carry out that law, to place the charge upon the poor-rate instead of the consolidated fund. If it was thrown upon the consolidated fund, it would be difficult to say what jobbery might take place, or what the extent of the expenditure would be, and therefore he thought it more desirable that the control should be with those who paid the money.

Sir J. Pakington begged to observe that this Clause had been introduced at the request of the Registrar-General.

Mr. Henley moved to strike out certain words in the Clause, with the view of putting his opinion against the Bill on record.

Mr. Fitzroy suggested, considering the feeling of the House, whether it would not be best to negative the first Clauses, and next Session to refer the whole matter, including the Bill of last year, to a Select Committee.

Mr. W. Michell urged, that Medical men all over the country declared that they were unable to carry out the provisions of the Bill of last year. He was opposed to it on constitutional grounds, as no parents ought to be compelled to have their children vaccinated. *He denied that vaccination was any preventive of small-pox, and was often the cause of blindness and scrofula.*

Sir J. Pakington hoped the hon. gentleman would not induce the House to agree with him, that vaccination was no preventive of small-pox. As to the course to be taken with the Bill, he could only say that it was not his Bill, having come down from the other House; but he thought legislation on the subject laudable. He did not feel justified in abandoning the Bill.

Lord Seymour said he did not object to the principle of the Bill, but only to the mode of carrying out the details. He referred to the difficulty of carrying out the Clause compelling the parent to take the child for inspection a certain day after being vaccinated. He proposed to reject all the Clauses except the second, so as to leave the question to be dealt with generally next Session.

Mr. Brady urged that the small-pox was more prevalent than usual this year, and that arose from the Act of last Session absolutely operating to prevent Medical men from vaccinating with the necessary facility.

Mr. Barrow moved that the Chairman leave the chair, with the view of getting rid of the Bill.

Mr. Fitzroy hoped the hon. gentleman would not press that Motion, because it was important that the second section of the Bill which related to the penalties should be passed.

Clause 1 was then put and negatived. Clause 2 was agreed to.

On Clause 3,

Sir J. Pakington said, if this Clause was not passed, it would reverse the legislation of last Session enacting compulsory vaccination, which he thought desirable. He could not abandon the Clause.

Mr. T. Duncombe moved the addition of words making it necessary that a child should be inspected twice within fifteen days after being vaccinated.

The Amendment was negatived.

The Clause was then put and negatived, as were all the other Clauses, and the House resumed.

On the Motion of Sir J. Walmsley, (in the absence of Mr. Hume,) returns were ordered of the number of Medical officers serving in Her Majesty's ships of war in the Black Sea, and the number required to complete the war establishment of such ships; and a similar return of the ships in the Baltic.

THURSDAY, JULY 20.

The MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL was read a third time and passed; and the MEDICAL GRADUATES (IRELAND AND SCOTLAND) BILL, though opposed by Mr. Craufurd, passed through Committee, Lord Palmerston at the same time intimating that a general measure of Medical Reform would be introduced next Session.



## UNIVERSITY OF LONDON.

## MATRICULATION.—1854.

(Including only such Students as were attached to Universities or Hospital Schools.)

## FIRST DIVISION.

Baziere, P. V., Univ. Coll.	Messenger, J. F., King's Coll.
Beale, G. B., King's Coll.	Moxon, W., Univ. Coll.
Bowen, E. E., King's Coll.	Pemberton, C. L. H., Queen's Coll., Birmingham.
Browning, B., Univ. Coll.	Pickop, T., King's Coll.
Bullock, F., King's Coll.	Prevost, A., Univ. Coll.
Catt, A., King's Coll.	Pulling, J. L., Univ. Coll.
Chapman, W. S., Univ. Coll.	Reynell, G. C., King's Coll.
Cobb, H. P., Univ. Coll.	Roberts, C. D., Univ. Coll.
Cooke, J., St. Thomas's Hos.	Scott, J. G., Queen's Coll., Birm.
Down, J. L. H., London Hos.	Shuttleworth, R., Univ. Coll.
Durham, A. E., Cheltenham Hos.	Siccama, R. R., King's Coll.
Emanuel, L., Univ. Coll.	Smith, E., Univ. Coll.
Fulham, J., Univ. Coll.	Squire, A. J. B., Univ. Coll.
Garrard, F., King's Coll.	Sterling, H. H. J., Univ. Coll.
Giles, J., London Hos.	Sturges, D., King's Coll.
Godfrey, C., Univ. Coll.	Sutton, H. G., King's Coll.
Godrich, H., King's Coll.	Swift, J., Univ. Coll.
Goodman, J., Univ. Coll.	Thomas, J., Univ. Coll.
Grant, W., King's Coll.	Warren, T. P., Univ. Coll.
Hartley, J. H., King's Coll.	Watkins, J., Univ. Coll.
Hodges, W., Guy's Hos.	Watson, T., Glas. Univ.
Jones, F. F., Univ. Coll.	West, W., King's Coll.
Jones, P. S., Univ. Coll.	Williams, J. A., Queen's Coll., Birm.
Legh, W. D., King's Coll.	Wilson, J., King's Coll.
Lewis, F. H., Univ. Coll.	Woodward, A., King's Coll.
Liddon, W., King's Coll.	Yeldham, W., King's Coll.
Lloyd, E. H., London Hos.	
M'Calmont, H. B. B., King's Coll.	
Mason, F., King's Coll.	

## SECOND DIVISION.

Abbey, W., Queen's Coll., Bir.	Hillier, J. G., Queen's Coll., Oxford.
Adlington, G., Univ. Coll.	Hind, A., Guy's Hos.
Alderson, J., Queen's Coll., Bir.	Leigh, J., King's Coll.
Barrett, O., Guy's Hos.	Morris, H., King's Coll.
Copestake, J. C., Queen's Coll., Birmingham.	Phillips, D. W., Queen's Coll., Birmingham.
Darlington, H. C., King's Coll.	Roberts, J., Univ. Coll.
De Pledge, W. W., Univ. Coll.	Rule, S., London Hos.
Harris, G. H., Queen's Coll., Birmingham.	Walters, J., King's Coll.

## MEDICAL GRADUATES OF SCOTLAND AND IRELAND.

THE following is a copy of the Bill brought in by Mr. Cowan and Colonel Blair to "extend the Rights enjoyed by the Graduates of the Universities of Oxford and Cambridge, in respect to the Practice of Physic, to the Graduates of the Universities of Ireland and Scotland":—

"Whereas bodies politic and corporate, by the name of the Universities of Dublin, in Ireland, and Saint Andrew, Aberdeen, Glasgow, and Edinburgh, in Scotland, have at various times been constituted by the Royal Charter, with power, after examination, to confer the several degrees of Bachelor of Medicine and Doctor of Medicine, and to examine for Medical degrees in the three branches of medicine, surgery, midwifery, and pharmacy; and whereas it is expedient that such and the same privileges relative to the practice of physic in all its several branches, as are enjoyed by Graduates in Medicine of either of the Universities of Oxford and Cambridge by virtue of their degrees, or under any authority or licence conferred upon them by either of the said last-mentioned Universities, should be enjoyed by the Graduates in Medicine of the said Universities: be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same as follows:—

"I. Every Bachelor of Medicine and Doctor of Medicine of any of the aforesaid Universities of Ireland and Scotland shall, by virtue of his degree, and without the necessity of undergoing any further examination, or of obtaining any further authority or licence, be forthwith entitled to practise physic in all or any of its branches as fully, effectually, and extensively in all respects as any Bachelor or Doctor of Medicine of either of the said Uni-

versities of Oxford and Cambridge is or can be entitled to practise by virtue of his degree, or under any power, license, or authority conferred or capable of being conferred upon him by either of the said last-mentioned Universities.

"II. And whereas it is apprehended that divers Graduates in Medicine of the said Universities of Ireland and Scotland are or may become exposed to divers forfeitures, pains, or penalties, by reason of their having practised physic in all, or some, or one of its branches, or of their having done acts as or under the description of Physicians, or Practitioners of Physic in all, or some, or one of its branches, without any other qualification for their so doing than their having studied for and obtained the Medical degrees of the last-mentioned University; and in particular, it is apprehended that, under the Act passed in the Session of Parliament held in the 16th and 17th years of the reign of Her present Majesty, chapter 96, and the Lunatic Asylums Act, 1853, any Graduate of the aforesaid Universities practising as a Physician, if not otherwise answering to the definition of a Physician set forth in the interpretation Clauses to such Acts, who may have signed any certificates under those Acts, or either of them, in which he shall have been described as a Physician, is liable to be indicted for a misdemeanour; be it enacted, that all such Graduates in Medicine of the aforesaid Universities who have so practised Physic, or have so done any such act, or signed any such certificate as aforesaid, shall be indemnified, freed, and discharged from all such forfeitures, pains, penalties, and disabilities, as they would or might have been exempt from had they taken their several degrees at, or obtained authority or licence to practise from, either of the said Universities of Oxford and Cambridge, and that all such acts and certificates heretofore done or signed by any Graduate in Medicine of the said Universities of Ireland and Scotland, shall be deemed, to all intents and purposes, as valid and effectual as if this Act had passed previously to the doing or signing such acts and certificates respectively.

"III. This Act may be cited as 'The Universities of Ireland and Scotland Medical Graduates Act, 1854.'"

## THE INQUEST ON ALFRED RICHARDSON.

THE following is a short summary of the evidence adduced in this case:—

A child, 3½ years of age, suffered from symptoms of stone in the bladder. Mr. Cooper, of the Bloomsbury Dispensary, after repeated examinations, and Mr. Chaplin, were convinced that there was no stone, in the month of April last. The child was taken in the same month to the Royal Free Hospital, when the House-Surgeon, Mr. Scobell, sounded the child, and agreed in opinion with Mr. Cooper. Mr. Cooke, however, discovered a stone, and on the 13th of April performed part of the operation of lithotomy upon it. No stone was extracted, and the child died on the 16th of April. The mother swears that Mr. Scobell informed her on the afternoon of the operation, and on the next day, that a stone had been extracted. Mr. Weedon Cooke also assured the mother about a fortnight after the death that there was a stone, but does not appear to have said that he had extracted it at the operation. When the mother asked to see the stone, she swears she said: "If I had asked at the time I could, but he had taken it home in his waistcoat pocket, and it was at his house." Mary Roper, a nurse who attended the child as the friend of the mother, swore that his bowels were very confined, and that they had not been open either on the day of operation or the day before. She swears that the child was taken to the operating theatre before two, and it was brought back at a quarter to four. Some brandy was given to it between five and six o'clock. On the following morning, at half-past ten o'clock, Mr. Cooke saw it, and ordered some brandy, which the child threw up. He saw it again on the next morning, at the same hour, and the child died at eight on the Sunday morning, before he came. Elizabeth Russin, one of the nurses at the Hospital, swears that the child was taken to the operating room a little before two, and brought back shortly before four. She says she heard Mr. Scobell tell the mother that the stone had been extracted.

The Medical evidence before the Jury was that of Mr. Cooper, to the effect, that a child being on the operating table an hour and forty minutes, would very likely be fatal, and that the longest period he had ever known an operation to last was from five to ten minutes. Mr. Headland said, that the longest operation he had ever seen on an adult never exceeded rather more than half an hour. Mr. Popham, after describing Mr. Cooke's



use of the knife and forceps, and examination with the finger for some time, he "could not say how long," and the examination with the stethoscope, says, "All that was done after that was done by Mr. Wakley. He introduced some instrument or instruments. \* \* The whole time the child was under operation was an hour and a-half. I think the child might have been under the influence of chloroform a quarter of an hour before the operation commenced." Dr. Greenhow, after describing the repeated examinations and consultations with Mr. Wakley, says: "Mr. Thomas Wakley introduced his finger and the knife, I suppose for the purpose of extending the incision. After that, Mr. Cooke again used the forceps." Then, he says: "I am certain that Mr. Wakley made use of an instrument which at the time I believed was the forceps, and still believe it. Mr. Wakley's manipulations did not last beyond five or ten minutes at the very outside. I am perfectly certain that he passed the knife with his finger into the wound." Mr. Curgenven deposed, that he had made the *post-mortem* examination; that the bladder had not been opened; that he found a stone in the bladder; that the membranous portion of the urethra was entirely cut through. Mr. Coulson deposed, that, since his book had been written, he had known of five cases in which the bladder had been missed, and the knife had gone between the bladder and rectum; in two cases, the operators being very skilful men. Such a mistake had happened frequently to very skilful men. He had performed very nearly 100 operations for lithotomy, but such a mistake had never happened to him. Mr. Skey said that such an occurrence was not a *casualty*, but a *blunder*, which a skilful Surgeon would not be long in finding out if it occurred to him. There was a decided want of judgment in keeping the child upon the table even after an hour; the safety of the child required it to have been removed earlier. No Surgeon ought to keep a child under such an operation for more than half an hour. Mr. Weedon Cooke details the steps of his operation without reserve, in a candid manner. He says: "The child having been brought in was placed under chloroform. I think the staff was not introduced until the child was under chloroform, and I introduced the staff and felt the stone. I gave the handle of the staff into Mr. Wakley's hand, who also indicated that he felt the stone. I asked the other gentlemen present to do the same while I turned myself to secure the knife to prepare for the operation. When I introduced the staff I felt the stone floating about in the bladder. I then adjusted the staff, and gave it into Mr. Wakley's hand to hold, as my assistant on that occasion. I then made my incision, the child being held in the proper position. I made my incision, which was an inch and a-half long, and then introduced my finger to feel for the groove of the staff, and felt the groove covered by the urethra. I then introduced the knife, guided by my finger, cut the groove, and, believing myself to be in the bladder, I then, guided by my finger, introduced the forceps, and was unable to feel the stone. On two occasions I did feel the stone fall into the blades of the forceps, covered, as I thought, by a membrane, but in truth covered by the bladder. I imagined that the stone had become encrusted, as it is sometimes, or that it had become enclosed within the folds of the bladder. I therefore closed the forceps upon it, and made some little effort to detach it from the bladder, but used no violence. I changed the forceps for one of a different form. I felt then that my operation had not been successful. I then endeavoured to reintroduce the staff, but found I could not, as the point of the staff passed out of the wound made in the urethra. I directed them to get me a syringe and catheter to inject the bladder. I passed the catheter in the same way I had done the sound. I injected a little lukewarm water through the catheter, which came out of the external wound, so that I felt that the catheter was not in the bladder. I then thought I had done enough; and I said to my colleague, Mr. Wakley, 'See if there is anything more can be done.' I then directed my attention specially to the condition of the child, and, seeing that it was getting somewhat exhausted, after Mr. Wakley had by means of the sound tried himself to get into the bladder again, in doing which he was not occupied above eight minutes, I desired the child to be taken back again to the ward, having myself sponged the face of the child with water, and given it a little wine to destroy the influence of the chloroform. There was scarcely a teaspoonful of blood lost during the operation. I left the theatre soon after the child was removed, and went round the wards to see my in-door patients. It must have taken half an hour before I came to the child, and ordered wine and medicine, and gave directions for its treatment. I saw the child again the same night, and was in the Hospital two hours, from 10 to 12, being exceedingly anxious about it. The next day (Friday) I saw the child twice, and on the Saturday I saw it once. Mr. Scobell saw

the child, as well as Mr. Curgenven also, night and morning. Mr. Wakley promised to see the child with me on the Friday, but he was detained in the country. Each time when I saw the child I found flannels and fomentations on the stomach, according to my directions. On Sunday, Mr. Curgenven took out the bladder and urethra in my presence. He observed the opening that I had made in the urethra, and, having slit up the bladder, Mr. Curgenven took out the stone and gave it to me. It is not true, as stated by Richardson, that I told him I had extracted the stone. I saw the mother afterwards. I told her there was a stone, and if she came to my house she could see it. I never told her I extracted it at the operation, or that it was taken out at the *post-mortem*. I did not think it necessary to hurt her feelings by telling her the operation failed."

He expressly denies the charge of inattention, and attempts to shield his Senior colleague by stating that he thinks the short time occupied by Mr. Wakley was not detrimental to the child.

Mr. T. Wakley, jun., said, that the operation had not lasted more than fifty minutes—that he never used the forceps, but he used a sound—had a knife in his hand, but did not use it any way in a surgical sense—acknowledged that the time he was examining the child might have been about seven minutes—and gave his opinion, that if Dr. Greenhow had not positively declared that there was a stone, Mr. Cooke would have relinquished the operation before.

## CHOLERA.

LONDON.—Five deaths from cholera were registered in the week ending July 15. The following are the cases:—At 23, King-street, on 8th July, a mariner, aged 53 years, died of "diarrhoea (3 hours), Asiatic cholera (12 hours)." The Registrar says:—"I have been informed by the widow of the deceased and neighbours, that he was a mariner lately employed as a coalwhipper; he was of sober and industrious habits, there were no bad smells in the house, and the rest of his family are in good health." At 10, Gray's-buildings, Marylebone, on 12th July, the wife of a labourer, aged 47 years, "cholera (36 hours)." The Registrar adds:—"This death occurred in Gray's-buildings, where, since the break up of Orchard-place, the labouring poor are more than ordinarily congregated, and where the buildings are admirably contrived to shut out air and shut in disease. The woman had been an ailing subject for some time, and the symptoms were, as far as I can ascertain, those of English rather than Asiatic cholera." On board the Ouse, off Bermondsey, on 9th July, a mariner, aged 50 years, "cholera (16 hours)." At 3, Danvers-street, Chelsea, on 7th July, the daughter of a carpenter, aged one year, "diarrhoea (2 weeks), cholera infantum (24 hours)." At 2, Albert-place, Union-road, Rotherhithe, on 8th July, the wife of a coffeshop-keeper, aged 32 years, "cholera (30 hours)."

LIMEHOUSE.—On Saturday afternoon an inquest was held on the body of Sarah Harvey, aged 24, a single female, who died at No. 21, St. Anne-street, Limehouse. Mr. J. Woolridge, Surgeon, stated that he was called to see deceased. She was vomiting, and had severe cramps, with low attenuated speech, and a slight pulse; the skin was also of a bluish colour. He had no doubt that she had an attack of Asiatic cholera, which led to her death.

LIVERPOOL.—Five deaths from cholera occurred in Liverpool in the week ending Saturday last.

THE DIRIGO.—LIVERPOOL, July 13.—No deaths have occurred among the emigrants since yesterday morning. A favourable change has taken place in those who yesterday were reported dangerously ill, and hopes are entertained that they will all recover.

MANCHESTER.—George Quin died on Friday night, after a short illness; and Mr. Carr, the Medical gentleman called in to attend him in his last moments, expressed an opinion that it was a true case of Asiatic cholera.

DURHAM.—On Sunday last, a female residing in the village of Trimdon, in the county of Durham, was found dead in bed, having every appearance of death from cholera, and during the day 3 fatal cases occurred. Since then 13 new cases have declared themselves, 6 of which ran into the collapsed stage, but as yet no more deaths have been announced. Trimdon village contains about 850 inhabitants, 780 of whom are engaged at the local colliery, and the rest are publicans, tradesmen, etc. Of the 3 fatal cases, 1 was that of a person of drunken habits, and the other two had been for some time exposed to the wet, gathering mushrooms, of which they had also eaten largely. Information of the outbreak has been forwarded to the Government. The *Sunderland News* says, that one of the persons who died from



cholera had previously eaten *eighteen* fresh herrings at one meal. (?)

EDINBURGH.—Cholera has lately re-appeared with some virulence in various parts of the country, chiefly in the mining and manufacturing districts. In Glasgow, during the last week, there were 43 cases reported, but these by no means show the prevalence of the disease; for it is raging to a considerable extent among the higher classes.

WISHAW.—Medical assistance and nurses have been brought from Glasgow to Wishaw to overtake the alarmingly increased number of cases towards the close of last week. On one day lately there were ten corpses lying in the village.

AUSTRALIA.—One of our greatest immunities in this, the *soi-disant* "finest climate in the world," has been an exemption from this dreaded scourge. But now rumours are afloat, that this fell enemy has at last invaded our (Australian) territories! If filth, as it is generally admitted that it will, generate this fearful visitation, then, most assuredly, and thanks to our municipal arrangements, we do most justly merit the affliction. But, however defective our sanitary system may be, (and that it is so our nasal organs give us olfactory proof in all directions,) we have come to the conclusion that an overindulgence in grapes, etc., at this season, induces many to imagine that they are suffering from cholera.—*Argus*.

JAMAICA.—We regret to state that cholera prevails to a great extent in many of the agricultural parishes, but most virulently in the districts of St. Ann's and St. Thomas-in-the-Vale. The crops will be seriously affected by the scarcity of labour, occasioned by the great mortality among the peasantry, and by the circumstance that those of them who have not succumbed to the pestilence are quitting the parish in large numbers.

BARBADOES.—By a private letter just received from Barbadoes, dated June 26, we learn, that since the 14th of May to the date of the letter, there had been 4560 cases of cholera in the island, of whom 2414 had died. This is from the police returns; but the inspector believed that there had been double that number, as they had not been able to collect the information, half the police force having been swept off by the disease. In one parish, out of 81 cases, 80 died. Nine-tenths of the cases are of negroes. The deaths among the English soldiers have already amounted to 420. The following is the latest report of the cholera in Barbadoes from the *Globe* of the 26th ult.:—"Suddenly springing up some eight weeks since, the desolating scourge rapidly extended itself in every direction. The denizens of the numerous crowded villages, alleys, and lanes, have been swept off at an average of some 150 per diem. The disease has on the whole considerably abated, but there is yet a vast deal of diarrhoea among the citizens, and several very malignant cases have recently occurred. We have found it impossible to obtain anything like an accurate report of the number of cases, or the extent of the mortality in the parishes; but we are satisfied that, if accurate returns could be procured from the rural districts, it would be found that something like a gross total of 6,500 persons of all classes, sexes, and ages, have fallen victims since the 14th of May last, the day on which the first case was announced."

MALTA.—The quarantine is again in force in this island, and several rooms in the lazaretto are occupied. On the 4th inst. the French mail steamer *Egyptus*, from Marseilles, arrived in port, when it became known that two of the soldiers on board had died on the previous day, and 12 of the others had been attacked by violent colic and dysentery. The vessel was immediately placed in quarantine. It seems that the *Egyptus*, a small steamer, was crowded with troops and horses, besides supplies of forage, in addition to the usual number of passengers. These were all landed in the lazaretto on the 5th. The number of sick left behind was 22, of whom two died on the evening of Thursday, one on Friday morning, and one on Saturday; and one of the men engaged in coaling the vessel has been attacked and died. Although there can be little doubt that cholera is the disease that now exists in our lazaretto, yet at present it is not of a very malignant character. The men attacked were troops who, having been marched from Avignon to Marseilles, were kept on the quay at the latter place four hours previous to embarking under a broiling sun; they indulged in the enjoyment of fruit and wine without moderation, and afterwards embarked in a vessel greatly overcrowded.

PARIS.—The hospital reports from the 6th to the 12th July inclusive, give 202 cases received, 104 discharged, and 102 deaths. Between the 13th and 16th inclusive there were 61 admissions and 38 deaths. The total from the commencement gives 3462 admissions, 1351 recoveries, 1828 deaths, and 283 remaining under treatment. The disease is also prevalent in Marseilles. The deaths average 100 daily.

AT NEW YORK the usual notice has been issued respecting the prevalence of cholera. The two operas were closed, in consequence of the indisposition, from slight attacks of cholera, of Mesdames Anna Thillon and Maretzek. At Boston, Philadelphia, and at St. Louis, especially, where 207 deaths occurred in a week, the epidemic was spreading. Accounts from the Plains state that the disease was creating much havoc among the emigrants.

## MEDICAL NEWS.

OXFORD UNIVERSITY.—Considerable improvements are now in progress at the Radcliffe Library, with a view to make it more useful, and better adapted for literary and scientific meetings. These improvements are mainly owing to the present librarian, Dr. Acland, who is indefatigable in his office, and most desirous of making this splendid building more subservient to the purposes of literature and science; and in this object he has had the cordial support of the Trustees to the Library.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 14th inst.:—

BING, W. H., Spalding.  
DYSON, E., Almondbury.  
GOODDEY, G., South Hiendley, Barnsley.  
HARRIS, S., Quorndon.  
HARPER, CHARLES HARRIS, H.E.I.C.S.  
HORSFALL, JAMES SMITH, Halifax, Yorkshire.  
HURMAN, H. B., Curry Rivel, near Taunton.  
MARRIOTT, R. R., Ipswich.  
MILLARD, R. S., Ross, Hereford.  
MORRIS, E., Stoke Damerel, Devon.  
SUMMERS, S., Hemel Hempstead.

The following gentlemen were admitted Members on the 17th inst.:—

DOBIE, WILLIAM MURRAY, Chester.  
IRVINE, ALEXANDER, Aberdeen.  
NORRIS, NATHANIEL, Liverpool.  
ORTON, THOMAS JERRAM, Guelph, Canada West.  
RUSSELL, EDWARD, Liverpool.  
VEAL, THOMAS STICK, St. Columb, Cornwall.  
WILSON, WILLIAM, Royal Navy.  
WRENCH, EDWARD MASON, Cornhill.

THE COLLEGE STUDENTSHIP.—We have great pleasure in recording the rapid promotion of one of the late students in Humau and Comparative Anatomy of the Royal College of Surgeons. It will be recollected that only a few months since a notice appeared in this Journal that a Director of the Hon. East India Company (Mr. W. H. C. Plowden) had, quite unsolicited, given an Assistant-Surgeoncy to Mr. John Henry Sylvester, the senior student of the College of Surgeons. A few weeks after joining the 1st battalion of the Artillery he was appointed Acting Curator of the Museum of the Grant Medical College, Acting Professor of Anatomy and Physiology, and Acting Assistant-Surgeon of the Jamsetjee Jejeebhoy Hospital, Bombay. All these appointments have been conferred on Mr. Sylvester simply as a reward of merit, and must be as gratifying to Mr. Plowden and to the Council of the College of Surgeons as it is to his family.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in classics and mathematics at Apothecaries' Hall, on Tuesday and Wednesday, the 18th and 19th July:—

ADAMS, SAMUEL H., Bedford.  
ALDERSON, JOHN, Aslackby, Lincolnshire.  
ARMSTRONG, JOHN C., Gravesend.  
BATTEN, RAYNER W., Plymouth.  
BELCHER, PAUL, Burton-on-Trent.  
BELCHER, ROBERT S., King's College.  
BIRD, JOHN D., Tollerton, Easingwold.  
BRISTOCKE, RICHARD W., Milford Haven.  
BROWNING, BENJAMIN, Hanley-street.  
CANDY, JOHN, Harleyford Place.  
CHENHALL, WILLIAM, Princess Street.  
COOK, JOHN, Northampton.  
DANIEL, THOMAS P., Beaminster.  
DAY, HENRY A., Pembroke.  
DOWLING, THOMAS, Chew Magna.  
DUNN, FREDERICK, Wolverhampton.  
EASTON, JOHN, Blackfriars Road.



FORD, JAMES, Barnstaple, Devon.  
 FURSE, EDWIN, Southmolton.  
 GERVIS, HENRY, Tiverton, Devon.  
 GIMSON, WILLIAM GIMSON, Walton, Leicestershire.  
 GREENE, FREDERICK WILLIAM, Leadenhall Street.  
 HARRISON, REGINALD, Stafford.  
 HELLICAR, CHARLES J., Clifton, Bristol.  
 HICKMAN, WILLIAM, Melcombe Place, Dorset Square.  
 JENVEY, JOHN H., Upper Stamford Street.  
 KENNEDY, WILLIAM, Worcester.  
 LANCHESTER, HENRY T., Yoxford, Suffolk.  
 LAWRENCE, ARTHUR G., Carmarthen.  
 LEACHMAN, THOMAS, Islington.  
 MADDEN, CHARLES W. C., Bristol.  
 MARCH, HENRY C., Newbury, Berks.  
 MITCHELL, THOMAS C., Kempston, Beds.  
 MORGAN, WALTER, Tremains, Bridgend.  
 NOBLE, SAMUEL C., Kendal.  
 OLIVEY, HUGH P., Mylor, Cornwall.  
 ORANGE, WILLIAM, Torquay, Devon.  
 SECCOMBE, JOHN T., Dalston.  
 SMITH, FREDERICK H., Greenwich.  
 SMITH, THOMAS P., High Street, Croydon.  
 SMYTH, JOHN H., Upper Finchley Road.  
 SOMER, JAMES, Barnstaple.  
 TRIMNELL, THOMAS, Harleyford Place.  
 TYLECOTE, JOHN H., Haywood, Stafford.  
 WADE, HENRY T., General Hospital, Birmingham.  
 WATTON, CHARLES, King's Langley.  
 WILLIAMS, BLAIR H., Kempston, Beds.  
 WILLIAMS, JOSEPHUS A., Scarborough.  
 WINKFIELD, ALFRED, Bedford.  
 WYER, OTHO F., Bedford.

## APPOINTMENTS.

ROYAL PIMLICO DISPENSARY.—Mr. William Milner has been appointed Surgeon to this Institution.

ROYAL SOUTH HANTS INFIRMARY.—Mr. Jas. King Sampson has been elected Surgeon.

ST. BARTHOLOMEW'S HOSPITAL.—At a Court of the Medical and House Committees, held on Thursday last, Mr. G. W. Callender was elected Medical Registrar, in place of Dr. Kirkes, resigned. At the same Court Dr. Martin was elected to the Lectureship on Natural Philosophy, vacant by the resignation of Dr. Gibbon.

## VACANCIES.

CHARING CROSS HOSPITAL.—There is a vacancy for an Assistant-Surgeon in this Institution. Election, July 24.

CHEPSTOW UNION.—A Medical Officer is required for the Caldicot District of this Union.

## TESTIMONIALS.

At the meeting of the West Riding Medical Charitable Society, on Thursday week, a testimonial was presented to J. P. Garlick, Esq., who for the first twenty-five years was the active Honorary Secretary of the Society. The testimonial consisted of a large silver tray and a silver tea-kettle and stand, and its exceedingly chaste character excited general commendation. It bore the following inscription:—"Presented, on the 13th of July, 1854, to Joseph Prince Garlick, of Leeds, Esq., F.R.C.S., by the members of the Medical Charitable Society for the West Riding of the County of York, in grateful acknowledgment of his services as their Honorary Secretary for twenty-five years, during which time, by the most unwearied efforts, he largely aided in accomplishing this great object of his active benevolence, that the institution over whose early years he so faithfully watched should become a permanent blessing to the disabled and necessitous members of his Profession and to their indigent widows and orphans."

LIEBIG.—The sum subscribed in England as a testimonial to this eminent chemist has exceeded 1000*l.*, a moiety of which has been spent in the purchase of a service of plate.

## DEATHS.

BACON.—July 14, at Exeter, John Fergusson Bacon, Esq., late Surgeon on the Bengal Medical Establishment.

CORY.—July 8, at Banstead, Surrey, Edward Augustus Cory, M.D., late of Clarke's Terrace, London.

JONES.—July 13, at Edward Terrace, Pentonville, George Jones, Esq., aged 31.

THOM.—July 6, at 1, Warwick-street, Charing-cross, of paralysis, Alexander Thom, Esq., First Class Staff-Surgeon,

formerly of the 11th and 86th Regiments, and late principal Medical Officer at the Mauritius. By the death of Staff-Surgeon Thom, the British Army has been deprived of one of the most talented, energetic, and efficient officers of its Medical Service, to which he was an ornament, and at a time, too, when his great practical experience of the diseases of military life in foreign climates, and his acknowledged superiority as a superintending and directing Medical Officer might have become available for economising the valuable lives of our officers and soldiers now serving on the banks of the Danube. The merit and services of Mr. Thom were well known to, and fully appreciated by, the present Chief of the Army Medical Board, under whom he had served two years at Chatham, before he exchanged with the Surgeon of the 86th Regiment, then in Sindh. Dr. Smith's ever-ready forwardness to advance Mr. Thom's prospects in the Service, and his kind attention to him during his last moments, are all gratifying proofs how richly he considered him deserving of public reward. Having been selected by his Chief for the important and onerous task of bringing up arrears of public Medical business at the Mauritius, though labouring under indifferent health at the time, he did not shrink from the duty which had been assigned him. Leaving Bombay, where, for some time after the death of Dr. Kinnis, he had been acting as Deputy-Inspector of Hospitals, he assumed the office of Principal Medical Officer at the Mauritius on the 10th of April, 1852. The estimation in which his services, military and civil, were held by the authorities of this settlement, was evidenced by the complimentary Government order issued on his departure for England, and by the Address from the Meteorological Society of the island, requesting him to accept the office of Honorary President, with a vote that his portrait should be hung in the rooms of the Society. Apart from his duties there, as Principal Medical Officer to the troops, were those appertaining to his office of Chief Medical Adviser to the Government; and between these his labours were so greatly increased, that he fell a sacrifice, it is feared, to his keen sense of public duty and his unthiring energy. Mr. Thom served with distinction in Portugal, the Ionian Islands, and in India. Next to his Professional studies, the subject of Meteorology was his favourite pursuit. His well-known work on Storms was published in London, 1845, at the pressing request of Captain Beecher, Assistant-Hydrographer to the Admiralty, and of Captain Stokes, who had just returned from a survey of the Eastern Seas. Its publication led to many gratifying testimonials from the scientific men of the day, with many of whom afterwards the author kept up a friendly correspondence. Only three years ago, a Captain of the Royal Navy of Holland, on arriving at Calcutta, and hearing that Mr. Thom was at Bombay, wrote to him, saying how anxious he had been for an opportunity of expressing to him the great value and utility of his work, which he himself had translated into the Dutch language, and which was now, by order of the King of Holland, used by every ship of the Dutch Navy. He mentioned, moreover, that, by closely adhering to the directions in the work, he had just passed through a most fearful hurricane without losing a spar or a sail. His excellent Report on Cholera, as it affected the troops at Kurrachee, but more particularly the men of H.M. 86th Regiment, during June, 1846, was published, by order of the House of Commons, in March, 1848. The dreadful mortality of this epidemic, which, in a few days, destroyed 700 fighting men and several thousand civilians, deeply impressed the Profession and the public; and the Report which embraces its history has been acknowledged to be a masterly production. Mr. Thom's career is proof of how much a man, by persevering industry, can accomplish for the honour of his Profession, and for the benefit of his fellow-creatures. His body is interred in the Kensal-green Cemetery.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—A Deputation from the President and Council of the Royal Medical and Chirurgical Society of London had an interview with Sir William Molesworth on Saturday last, at the office of Public Works and Buildings in Whitehall-place. The Deputation consisted of Dr. Copland (president), Dr. Bright, Mr. Arnott, Dr. Moore (treasurer), and Dr. Basham and Mr. Holmes Coote (secretaries). The object of the Deputation was to apply for rooms where the Medical and Chirurgical Society might be removed, in Burlington House, which the Government intends to purchase for the use of scientific bodies.

BRISTOL INFIRMARY.—350*l.* was contributed to this institution during the past year by the working men of that city.



QUEEN'S COLLEGE, BIRMINGHAM.—At a Special Meeting of the Council, held on the 12th instant, the Vice-Principal in the chair, the following alterations in the Professorships and additional appointments were made, to meet the requirements of the Army, Navy, and India Boards:—*Materia Medica and Therapeutics*: Dr. Fife. *Surgical Anatomy*: Mr. Sands Cox. *Descriptive Anatomy*: Mr. Langston Parker. *General Anatomy and Physiology*: Dr. Heslop. *Comparative Anatomy and Zoology*: Dr. Jordan. *Assistant Demonstrator of Anatomy*: Mr. Walter Careless Freer. Richard Grainger, Esq., has accepted the invitation of the Council to open the Winter Session.

WEST-RIDING MEDICAL CHARITABLE SOCIETY.—On Thursday week, the twenty-sixth anniversary of the West-Riding Medical Charitable Society was held in the Board-room of the Halifax Infirmary; Dr. W. Alexander occupied the chair. Dr. Chadwick, of Leeds, Hon. Secretary, read the Report, from which it appeared, that "in no former year has so large a sum been distributed to the needy recipients of their bounty as during that which has just elapsed. The balance remaining in the banker's hands, twelve months ago, augmented by the surplus since accumulated, after meeting the grants and defraying the necessary expenses, has been advanced on loan to the Leeds Corporation, on the sufficient security of the Improvement Rate, in the sum of 1,000*l.* bearing interest at the rate of 4*l.* 10*s.* per cent. per annum. Among other casualties, the Society has to mourn the removal of our valued friend and active Vice-President Mr. Hodgson, of Halifax. The meeting was then made private, in order that the members might discuss the numerous applications for relief from the Society's funds. Grants to the amount of 316*l.* were made on this occasion. After the meeting, a considerable number of the members dined together at the White Lion Hotel; the proceedings of which dinner were enhanced in interest by the presentation of a handsome testimonial to J. P. Garlick, Esq., of Leeds.—(See TESTIMONIALS.)

CHOLERA IN THE BALTIC FLEET.—Thirty men have died in the Austerlitz, seven in the Duke, and a few in other ships.

MORTALITY NOTABILIA.—A thousand and fifteen deaths were registered in London in the week that ended last Saturday, a number which slightly exceeds that of the previous week. Average number raised in proportion to increase of population, 1030. The mortality of last week was below the calculated result by a small amount. Deaths from diseases of the zymotic class numbered 270; average, 285. The increase of 17 on the previous week is due principally to diarrhoea, which, with cholera, now shows a disposition to become more prevalent. Fatal cases of diarrhoea were in the last two weeks 32 and 46. (For details of cholera, *vide* Art. CHOLERA.)

DEATHS REGISTERED in the Metropolis for the Week ending Saturday, July 15, 1854.

CAUSES OF DEATH.	JULY 15.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	502	333	163	1015	9357
SPECIFIED CAUSES .. .. .	498	332	163	993	9277
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	204	49	17	270	2583
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	8	17	12	37	421
3. Tubercular Diseases .. .. .	82	117	8	207	1855
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	40	27	24	91	1083
5. Diseases of the Heart and Blood-vessels .. .. .	4	17	10	31	287
6. Diseases of the Lungs and of the other Organs of Respiration ..	57	32	27	116	871
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	23	25	8	56	656
8. Diseases of the Kidneys, etc. ..	..	13	10	23	90
9. Childbirth, Diseases of the Uterus ..	..	12	1	13	95
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	1	4	..	5	69
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	..	1	..	1	10
12. Malformations .. .. .	1	..	..	1	30
13. Premature Birth and Debility ..	31	1	..	32	232
14. Atrophy .. .. .	36	3	8	47	282
15. Age .. .. .	..	..	37	37	400
16. Sudden .. .. .	2	2	..	4	57
17. Violence, Privation, Cold, and Intemperance .. .. .	9	12	1	22	242
CAUSES NOT SPECIFIED .. .. .	4	1	..	22	80

## BOOKS RECEIVED.

- Wilson's Anatomists' Vade Mecum. Sixth Edition. London: Churchill. 1854.  
 Lettsomian Lectures on Insanity. By Forbes Winslow, M.D., D.C.L. London: Churchill. 1854.  
 On Gout: Its History, Its Causes, and Its Cure. By W. Gairdner, M.D. Third Edition. London: Churchill. 1854.  
 Sudden Death. By A. B. Granville, M.D., F.R.S. London: Churchill. 1854.  
 Ueber einige durch Erkrankung der Gelenkverbindungen verursachte Missbildungen des Menschlichen Beckens. Von Dr. E. Gurlt. Berlin. 1854.  
 The Micrographic Dictionary. By J. W. Griffith, M.D., and A. Henfrey, F.R.S. Part III. London: Van Voorst, 1854.  
 Statement of Cases Treated at Abington Abbey. By T. Pritchard, M.D. Northampton. 1854.  
 Wanderings Among the Wild Flowers. By Spencer Thomson, M.D. London: Groombridge. 1854.—[An interesting popular work on botany, with two chapters on the economical and medicinal uses of our native plants.]  
 A Handbook to the Peak of Derbyshire, and to the Use of the Buxton Mineral Waters. By W. H. Robertson, M.D. London: Bradbury and Evans. 1854.  
 Parker's Catechism of Chemistry. By W. Barker. London: Scott. 1854.—[A new edition of a work expressly adapted to those who desire to become acquainted with the first elements of chemical science.]  
 Nice, and its Climate. By Edwin Lee. London: Hope. 1854.  
 Notes on Spain. With a Special Account of Malaga and its Climate. By Edwin Lee. London: Hope. 1854.  
 The Indian Annals of Medical Science. No. II. Calcutta: Lepage. 1854.  
 Report of the York Lunatic Asylum. York. 1854.  
 On Some Diseases of Women admitting of Surgical Treatment. B. I. B. Brown, F.R.C.S. London: Churchill. 1854.

## TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your excellent periodical, page 572, you have a drawing of a probe, as made by Mr. Hilton's direction.

I have repeatedly seen one of the same character in use, and, on referring to a catalogue I have, got up by Mr. Coxeter, I find one very similar delineated, so that it is far from a new kind.

I am, &c.,

S. E. S., M.C.S.

AMPUTATION AT THE KNEE-JOINT.

[To the Editor of the Medical Times and Gazette.]

SIR,—The subject of amputation at the knee-joint has been engaging the attention of surgeons of late; and now, that so eminent an operator as Mr. Fergusson is disposed to investigate its merits, materials will probably be accumulated, by means of which some satisfactory conclusion in regard to the operation will be arrived at. The Clinical Lecture by Mr. Fergusson, in last week's Number of the *Medical Times and Gazette*, contains reference to some of the cases that have occurred. Others are furnished by different writers, at home and abroad, and I have thought it might be interesting to forward you an extract from Dr. Francis' book on "Change of Climate," p. 142, which adds the experience of a Spanish surgeon to that which is more generally known.

Dr. Francis, speaking of Don Jaime Campresio, whose practice at Seville he witnessed, says: "This bold and intelligent gentleman has three times amputated at the knee-joint, and each time with success. Articular amputations at the wrist and other large joints, are frequently practised by him, of which he showed me two successful instances."

July 15, 1854.

I am, &c.

A SUBSCRIBER.

Dr. E. Simpson.—Many thanks.

Students, Exon, should, to be secure, make the inquiry of the Secretaries of the College and Hall, and keep the letter of reply to the inquiry.

Cruz.—1. Apply to Williams and Norgate, Henrietta-street, for a catalogue. 2. Doubtful. 3. Carpenter's Human Physiology is the best work extant on the subject—a new edition has lately appeared. 4 and 5. It is not known. 6. Pillischer, New Bond-street.

Mr. Walters.—The cases shall appear in an early Number.

Mr. Harrington, Reading.—The letter shall be sent to Dr. Todd. There are reasons why an individual who has supported the mesmeric impostors should not be countenanced now for what he did before his aberration.

M.D.—Such trash had better pass unnoticed. Notoriety is all the members of the so-called College desire.

Mr. Woolrych.—We will attend to the matter.

S. P. E.—Applications should be made to the Directors-General of the two departments. The Navy, at Somerset House; the Army, at St. James's-place.

Mr. J. B. Blythe.—No foreign diploma confers any right to practise Medicine or Surgery in any part of Great Britain. The gentleman named is a Doctor of Medicine of Edinburgh, and a Member of the College of Surgeons of that City.

Dr. Sieveking's paper and Mr. Robinson's letter are in type, but unavoidably postponed.

COMMUNICATIONS have been received from—

Mr. MARSHALL, Glasgow; Mr. AUSTIN, Exeter; Mr. YOUNG, East Shields; Mr. WATERS, Liverpool; Dr. PRIESTLEY; Dr. LAKE, Southampton; Mr. HARRISON, Reading; Mr. SHARPIN, Bedford; Dr. VERHAEGHE, Ostend; Dr. J. BIRD; S. E. S.; A SUBSCRIBER; Dr. E. SIMPSON; STUDENS, Exon; CRUZ; Mr. WALTERS; M.D.; Mr. WOOLRYCH; S. P. E.; Dr. SIEVEKING; Dr. STOKES; Dr. LYONS; Mr. WARD; Mr. BRODHURST; Mr. HILLER; Mr. HOLMES; Mr. HASTINGS; Mr. EDWARDS; Mr. CALLENDER; Mr. STRETTON; Mr. HUMPHRIES; Mr. BUTLER; Mr. DIAMOND; Mr. WILLIAMS; Dr. ROULSTON; Dr. PARKES; Mr. ERICHSEN; Mr. ALLCARD; Mr. SMITH; Mr. WEBSTER; Mr. E. WILLIAMS; Mr. BIRKETT; Mr. ATHOL JOHNSON; Mr. SHARPIN; Mr. SIBLEY.



## ORIGINAL LECTURES.

## CLINICAL LECTURE

ON

## CALCULUS IN THE FEMALE BLADDER.

DELIVERED AT

King's College Hospital.

By WILLIAM FERGUSSON, Esq., F.R.S.,

Professor of Surgery in King's College, London, and Surgeon to King's College Hospital, etc.

GENTLEMEN,—The subject to which I invite your attention is one that may be considered to belong to a class of cases constituting what are termed the “curiosities of Surgery.” I will give you the history of the case in point, and then make some general observations upon the treatment of calculus in the female bladder.

“E. G., aged 21, a female servant, single, placed herself under the care of the out-patient Physician on the 29th of March last, complaining of frequent desire to void her urine, with great pain during micturition. She also complained of pain in the lower part of her abdomen, extending to the loins. Her water was examined by Dr. Johnson, and found to contain large quantities of phosphates and pus, which rendered the deposit very viscid. A considerable amount of blood was also passed with the urine, which became almost solid on the addition of dilute nitric acid. She was ordered to take a mixture containing the muriated tincture of iron with dilute nitric acid, and a compound soap-pill at night. The bladder was frequently washed out with tepid water. The woman failing to get better under this treatment, was admitted into the house, when large doses of the mineral acids were administered with morphia at bed-time, to allay the severe pain that came on every evening at that time. After a long trial the patient received no benefit. During all this time the bladder was frequently syringed out. One day, just after the operation, a calculus about the size of a horse-bean came away with the flow of urine, and, on the day following, another of the same size passed. It was now determined to place her under the care of Mr. Fergusson, who, on sounding the bladder, detected a large calculus firmly fixed to the bottom of that organ. On passing his finger into the vagina, it came in contact with the ends of what appeared to be a *hair-pin*, projecting backwards from the anterior wall towards the rectum. The remaining part of the hair-pin was, no doubt, in the bladder, where it had been for some time, and was, in all probability, the nucleus around which the stone had formed. Upon questioning the patient, she admitted that, last August, she *sat upon a hair-pin*, which passed some way into the vagina, and, notwithstanding her utmost endeavours, she was unable to extract it. It caused her no inconvenience at the time, till a few months ago, when the present symptoms first commenced.”

You will see from what I have read, and from the allusions that I made after the operation, that prior to the discovery of the stone, the patient had been under treatment for disease of the urinary organs, and that part of the treatment consisted in the occasional syringing out of the bladder with water. Although this had been done many times, it was long before the stone was detected, and I cannot easily imagine how it was so; but instances often do occur, especially in cases of calculus in the bladder of the male, in which the stone long remains unnoticed, instruments having been often used; although, as a general rule, it is more difficult to detect in the male than in the female. I perceived a feature in the history in addition to the symptoms that are usually met with in this disease;—the patient complained of an excruciating pain coming on of an evening, which led me to suspect that there might be some complication, which I will presently explain. And here let me mention how important it is for the Surgeon to be prepared to meet any unusual difficulty that may occur in connexion with disease, and how much it adds to his tone and character, if he be able, from any previous experience, to jump, as it were, rapidly to a right conclusion. Forming an opinion, is in many instances similar to experiencing a dream, in which, perhaps, the principal events extending over a period of twenty or thirty years, are brought instantly and vividly to the recollection.

On passing a sound into the bladder I easily detected a stone, but found I could not touch it at all points, and so it was impossible to make an accurate estimate of its size. It seemed to the touch as if it were in some manner fixed to the lower part

of the bladder. Now, you know that sometimes the stone in females is found in the urethra as well as in the bladder, and occasionally it happens that the stone may pass a certain way along the canal and then stop, making for itself a pouch between the urethra and vagina, the urine flowing on either side.

Calculus of large size occurs but seldom in the female, and it is accounted for in various ways; the reason most commonly assigned is the size of the urethra, which allows the stone, when of recent formation, to pass out with the flow of urine.

I was anxious, in forming my diagnosis, to ascertain whether the stone was in the urethra or in the bladder, and if in the bladder, what there was to account for its lying immovably at the bottom of that organ. An examination by the vagina enabled me to obtain a clear appreciation of the whole case. Besides the mere operation of sounding, it is generally necessary to introduce the forefinger into the vagina to obtain a more correct idea of the size and shape of the stone, by which means the diagnosis is materially assisted. In the male subject a similar examination is made by the rectum, and no good surgeon would ever think of operating before he had fully satisfied himself on all points which he could arrive at by such a procedure.

My forefinger, when in the vagina, came in contact with the two ends of what I supposed to be a hair pin, which had penetrated the coats of the bladder and entered the vagina, and were in all probability the means, with other circumstances, of causing the excessive paroxysms of pain. Having discovered the stone, and satisfied myself of the nature of the complication, a nice question had to be decided, How was the calculus to be got rid of? It is more difficult to decide in cases occurring in females than in males. In the latter we only know of two methods by which to get rid of the stone, viz., by “crushing or cutting;” but in the former another mode can be adopted in addition to the two just named—that of dilatation. Now, I think that neither the operation of “cutting or crushing” can be considered dangerous to life, although death may occur, as it occasionally does, after venesection, and other apparently non-dangerous operations. Although there be but little danger in operating upon the female for this disease, still great delicacy of manipulation is required, for any slight cut into the neck of the bladder or urethra is very frequently followed by incontinence of urine. Dilatation of the canal is rather a favourite operation with some surgeons, and its supposed superiority over “crushing or cutting” has been ably advocated, but I fear incontinence is too apt to follow this method. The canal may be quickly or slowly dilated. The advocates of the slow dilatation imagine that incontinence is less likely to follow. For my own part, I have great hesitation in giving an opinion one way or the other, as my experience with regard to the benefits of either plan leads me to think that the result in either case is very uncertain.

Now, as a general rule, I think crushing the stone to be the superior operation, as there is little or no danger to the urethra, although, after its performance, a slight nervous irritation may last for a short time. Where such is, however, impracticable, I prefer dividing the front part of the urethra on the left side with a probe-pointed bistoury, and then gently dilating the posterior part of the canal and the neck of the bladder, so as to allow of the free entry of the lithotomy-forceps. In this way I have frequently extracted calculi from the female bladder, the patients being able, shortly after the operation, to retain their urine. My friend Sir Philip Crampton has expressed himself highly satisfied with the result of two or three cases in which he performed an analogous operation.

The external orifice of the female urethra I believe to be the least dilatable of any part of the canal, and this I have verified by frequent dissection, having constantly found a ring of fibrous tissue encircling the outlet. I thought the better plan to pursue in this case would be to adopt a kind of compound operation, if I may so say. I therefore first resolved to crush the stone, which I caught in its long diameter, when, on closing the blades, I found it so soft, and met with so little resistance, that it gave the sensation as if I were cutting through some soft tissue. I used the lithotrite two or three times, and broke the stone into several fragments, then, seizing with a pair of forceps one end of the hair-pin, succeeded in drawing it out, but had some difficulty in tracing the direction of the other extremity, being fearful of in any way doing more than necessary damage to the soft parts. After a careful examination, I found it directed towards the right labium, and then by means of a little twisting and slight traction succeeded in drawing the whole pin out, somewhat encrusted with phosphatic deposit.

In order to get the small lithotomy-forceps into the bladder to extract the fragments, I was compelled to divide the urethra as I have recommended, dilating with my forefinger the neck of



the bladder; by these means the larger fragments were removed, and the remaining detritus cleared away by the lithotomy-scoop, and an injection of tepid water. The stone, which was about the size of a large walnut, and of a grey colour, was composed of phosphate of lime, the nucleus being the hair-pin; it was very soft, chiefly owing to its rapid formation. Very lately, I have seen the report of a similar case, in which a hair-pin likewise formed the nucleus of the stone. The patient, a young woman, about 21 years of age, was under treatment for stone in the bladder, which had been gradually forming for six years. Dr. Wheeler, of Boston, in America, who reports the case, detected a calculus lying fixed to the bottom of the bladder, causing great and constant pain. Lithotrity was first tried, but the pain was so excessive, and the stone so large and hard, that the instrument failed to make any impression on it. The patient was subsequently placed under the influence of ether, and lithotomy performed. The bladder was reached through the vagina, and the stone extracted. The patient then acknowledged that she pushed the pin into the bladder through the urethra. The calculus consisted of phosphate of lime, and was unusually hard, which may be accounted for by its tardy formation and long residence in the bladder. The patient recovered from the operation; but there remained a permanent urinary fistula, which has evaded every means of cure.

You will notice in this instance that the patient was not rendered insensible during the time lithotrity was being performed. Now, it is supposed by some Surgeons, and I think wrongly, that the bladder is more apt to be injured by the blades of the lithotrite when the patient is unconscious, as little or no evidence exists of the mucous membrane being caught and damaged by the closing of the blades; for my own part, I think I can generally tell when such be the case, and, therefore, have no hesitation whatever in using chloroform. You will also notice, that the bladder was opened from the vagina, partly on account of the large size of the stone, and partly to avoid injuring the urethra.

To return to the case in our own Hospital. Since the operation the urine has dribbled away, but the patient is so very unsatisfactory in her answers that the true state of affairs cannot be arrived at. I lately saw the parts, which looked very healthy, little or no inconvenience having resulted from excoriation of the adjacent tissues. The dribbling may arise from the urine trickling through the holes formed by the hair-pin; but I expect it is also owing to the wounding of the urethra. A very interesting and important problem remains yet to be solved,—which is the best way of extracting a stone from the female bladder? I hope the time may arrive when a true solution will enable the operation to be performed without incurring the hazard or annoyance of an incontinence of urine, which, I am sorry to say, is but too apt to follow any operation involving the female urethra.

## CLINICAL LECTURE ON HYSTERIA.

DELIVERED AT

Charing-Cross Hospital.

By R. ROWLAND, M.D. EDIN., F.R.C.P.

SEVERAL patients are now under treatment for some form of hysteria, and others have lately left the Hospital who had been similarly affected. These cases offer the opportunity of examining this curious disorder in some of its aspects, with the view of gaining a few hints respecting its nature and pathology.

Hysteria differs from most other affections in the wide range of its symptomatology. It is proverbially uncertain in its habitudes, and to predict what shape it might eventually assume in any instance would be impossible; but, although it often creates a large amount of functional disturbance, it leads to no organic changes, and it is probably under the direction of pathological laws of the most simple description.

One of the most important points connected with this disease is to determine how far it is dependent upon uterine irritation. Opinions on this question are still at variance, for there are some who would class hysteria among cerebral disorders, believing it to be essentially conjoined with a morbid condition of the brain or cerebellum. It is not merely whether the cerebral functions are often severely implicated in the disease, which no one could deny, but whether it primarily arises from deranged action of the encephalon.

In the hysterical patients admitted into the Hospital, and the much larger number among the out-patients, it was found that,

with very few exceptions, the symptoms were associated with some kind of disturbance in the functions of the womb. It is curious that the cases in which this connexion was least apparent were precisely those where the disorder put on its most violent and characteristic form, that of the hysterical fit or paroxysm. In three or four instances, these seizures appeared to have come on suddenly after excessive mental excitement or emotion, in persons who were previously in good health. But in general it was otherwise; and, even in regard to attacks of this nature, it was found that there had been preceding uterine symptoms, and that invariably when the hysterical paroxysms were frequently repeated, in whatever way they arose, the functions of the uterus became subsequently involved, while from the latter source a crowd of fresh hysterical symptoms directly emanated. In almost every other form of the disease which came under notice, there was uterine derangement of some kind; and it seems impossible to deny, that if not a necessary element of hysteria, it is, at least, seldom absent in well-marked cases.

It has often been urged against this theory, that hysterical symptoms are sometimes observed in men. Such cases, if, strictly speaking, they ever occur, are so rare, that some persons of large experience have never witnessed an example. Highly nervous men may, it is true, be subject to attacks of violent agitation from emotional causes, which resemble, and possibly are in some respects analogous to, the hysterical seizures of females. But, if the circumstances approach at this point, they become distinct enough upon a more extended view. How often does it happen, for example, that there is any hesitation in diagnosis whether a morbid murmur of the heart, or a persistent palsy, or obstinate aphonia, in a male patient, is hysterical or otherwise; and, when examined on a sufficiently comprehensive scale, hysteria in the female presents many peculiarities which separate it from its supposed analogue in the other sex.

It would, of course, be interesting to ascertain the kind of uterine disorder which is most generally connected with hysteria. Upon this point the results obtained are not such as might be anticipated. In almost every case it was found that functional disorder of the womb, especially when accompanied with irregular menstruation, was the prevailing cause. Thus hysteria was very common in young women at the first approach of the catamenia. Many suffered from it at each periodical return of the discharge. The most severe and obstinate cases were associated with painful or difficult menstruation. In simple retention of the menses, the disturbance was seldom so urgent, and in menorrhagia it was still less. In the latter affection, however, nervous symptoms of rather a severe character sometimes preceded the flow, which were subsequently mitigated. But it is remarkable that the organic diseases of the womb, even when they gave rise to acute pain of the back and pubes, were usually unattended with marked or urgent hysteria.

It was found that a considerable majority of the patients never had an hysterical paroxysm, and in some of the most severe and protracted cases, it was stated that there had been no fit. These attacks, even in the patients now under observation, presented several modifications, although retaining a generic character sufficient to establish their identity with hysteria. The most usual mode of seizure is an outburst of a strange medley of laughing, crying, and sobbing, followed by convulsive movements, in which nearly every muscle of the trunk and extremities is in turn engaged, the paroxysm ending with a repetition of the sobbing and laughter. In the patient Amos, the attack was of a very different description. While she was in the Hospital we had several opportunities of watching her fits. On one occasion, when another girl was seized with an ordinary attack of hysteria, Amos, who, at the moment, was walking quietly across the ward, threw herself on a bed, and in an instant afterwards she was apparently in a most profound sleep. The countenance was flushed, but tranquil; the respiration scarcely audible; the pulse soft and regular. There was neither spasmodic motions, nor rigid contracture of the limbs, which could be readily placed in any position, but did not continue permanently in a forced or painful one. The attack lasted about five minutes. The recovery was without noise or agitation. She did not lose consciousness in the paroxysms, although she was not capable of giving any sign of intelligence.

Another example of this kind of seizure was recently in the Hospital. C. B. was said to be liable to frequent attacks of syncope. She suffered from dysmenorrhœa, and was much troubled with the globus hystericus. The day after admission, when we were inquiring into the nature of her symptoms, she suddenly fell into a fit without noise or agitation of any kind. The pulse continued firm and regular; the breathing tranquil.



and the features were not altered. There was, in fact, no approach to true syncope.

In one or two patients the attacks were so severe as to approach those of epilepsy in severity, being marked by a mixture of tonic and clonic spasm, distortion of the features, and suffocative breathing. The term "hysterical epilepsy" has been applied to such attacks, which, if it has merely reference to the violence of the symptoms, is perhaps admissible; but, if it is intended to imply by this title that the pathology of these cases is identical with that of epilepsy, there is a difficulty in adopting it. In the latter, there must be some peculiar condition of the brain acting as a predisposing cause, and which is a necessary element in its production. There are no sufficient facts to establish the principle, that the main difference between these two affections consists merely in the degree of cerebral congestion which attends them, or that hysteria is converted into epilepsy by increased turgescence of the vessels of the brain. It is not even proved that cerebral congestion is essential to the production of the epileptic paroxysm, nor is it always found in cases where death occurred in the seizures; and, on the other hand, congestion may exist in a high degree without epilepsy. The brain must previously be attuned, as it were, to the disease, as an instrument strung to certain notes, which no application could otherwise elicit. Besides, there are found, in the most aggravated hysteria, some points that announce its true nature. The profound coma that marks the epileptic seizure from its commencement to its end, is not observed in the hysterical paroxysm. Consciousness is sometimes apparently lost in the latter, but not at the moment of seizure; and it is usually retained, either throughout, or for a greater portion of the attack. Indeed, the condition appears to be rather that of mental abstraction than of deep insensibility, and the lethargy is capable of being overcome by rough shocks and stimulants, that in epilepsy would be powerless. It is seldom, too, that hysteria preserves this violence at all times; but there are intervening attacks, accompanied by globus, laughter, sobbing, and other symptoms, that at once betray its nature.

The character which, as a general rule, is most distinctive of hysteria, is a want of permanency in its symptoms, and it often happens that the disorder suddenly puts on entirely new aspects, and varies from day to day. Yet it certainly is by no means uncommon to meet with cases of an entirely opposite tendency, and which are chiefly remarkable for their pertinacity in preserving the same unvarying features for an indefinite period. Such long-continued morbid action in an organ without inducing structural change, is at least as significant of hysteria as its more generally recognised Protean properties. We have had cases of aphonia, vomiting, palsy, and other affections continuing unaltered and almost unmitigated for weeks or months, the symptoms in most of them having come on suddenly, and at last, disappearing abruptly. There is a remarkable example of this description now in the Hospital.

A. W., aged 27, was first admitted in October, 1852. About nine weeks previously, after some altercation, she began to make a croaking noise in the throat, like a succession of eructations. From that time to the present, with an interval of only a few weeks, this action has been continued, except in sleep. The trachea in inspiration is drawn forcibly towards the spine, but there is no dyspnoea, and the air enters freely into every part of the lungs. The noise occurs with expiration. It is loudest over the trachea, but is distinctly heard at all portions of the chest. Upon pressing the spine at the lower cervical region, a complete storm of the noise is always produced, although there is no morbid tenderness at that point. Menstruation is accompanied by pain. The general health is good. She says that a fellow-servant was in the habit occasionally of making noises in the throat. At this time, all the remedies tried were equally ineffectual: aloes, iron, assafoetida, valerian, musk, and many other medicines were given; leeches were applied to the spine and uterine region; twice she was put under chloroform, when for a few minutes the croakings were arrested, but, on each occasion, as the anæsthetic effects went off, she had a violent hysterical paroxysm, and the noise began again, and was louder than ever.

Since her re-admission, some slight benefit has been gained by blistering the throat. The affection is not arrested, but the noise is not quite so frequent nor so loud. The blistering has at least withdrawn all voluntary participation with the complaint, for, as the motions of the trachea cause pain, the will is exerted to restrain them as much as possible.

It would be endless to follow hysteria in its wanderings, but some notice of the pain which so commonly attends it is requisite. In most cases, even when affecting remote parts, it is

merely the reflection of uterine irritation, and varies in severity with the condition of the organ primarily affected. But a secondary cause may sometimes be detected, directing the suffering to a certain locality. Thus epigastric pain, one of the most common symptoms in hysterical patients is sometimes clearly traceable to improper food. The stomach is extremely sensitive in these patients, and with the utmost care digestion is often painful. The bismuth, or a mixture containing a few drops of hydrocyanic acid, will sometimes remove this symptom. It is important, however, that the stomach should be gradually initiated into harder habits by a less guarded diet, and with this view its morbid sensibility might in some cases be very properly diminished by the aid of an opiate.

The pain is in other cases directed to the abdomen, in consequence of some irritating matter existing in the intestinal canal. There were two patients admitted some time ago under these circumstances, whose history was in all respects alike. There was acute pain of belly, costive bowels, and other symptoms imitating peritonitis. Both were relieved by aloetic purgatives, which brought away a load of accumulated scybala.

The pain under the left breast so general in hysteria seems to be occasioned by the beats of the irritable heart against the thorax. In some cases it is obviously produced by palpitation; and in others there is a peculiar abruptness of the heart's contractions, which, if continued for any time, produces tenderness or pain of the left side.

The means of distinguishing hysterical pains seated in a vital organ from those of inflammation, have often been pointed out. In the former, there is generally some irregularity of menstruation, spinal tenderness, pain of back and pubes, besides other hysterical signs. Pressure, however applied, does not always relieve these nervous pains, and it sometimes aggravates them; but, when it has been employed a little while, the extreme tenderness goes off, and, even if the patient's attention is then directed to it, she will confess that its acuteness has disappeared; whereas, in inflammation, this mode of examination always increases the suffering the more the longer it is continued.

The effect of the hysterical condition on the vascular system is remarkable. There is often a rapid pulse, not merely from momentary excitement, but at all times. It is important to note this circumstance, as it is calculated to mislead, especially when the quick pulse is accompanied by some of the hysterical affections that imitate organic disease. Not less interesting are the morbid murmurs distinguishable over the large vessels and the heart in hysteria. These may vary, not in intensity only, but in their seat. This was shown very remarkably in the patient R. T. She was subject to hysterical fits. A loud systolic bruit confined to the apex was present for several successive days. It then vanished from that point, and was reproduced at the semi-lunar valves. In a few days, it again changed to its original seat, and several times afterwards was heard alternately at one or other of these spots, and finally disappeared entirely. Allowing that the murmur at the apex, coincident with the heart's systole, in this case to have been hysterical, it militates against the notion, that nervous bruits of the heart are produced only with the onward course of the blood; for, according to the rules of auscultation, this sound must have been dependent upon regurgitation from the left ventricle. Some care is necessary to avoid a hasty diagnosis in regard to the nature of these morbid heart-sounds. It certainly does happen, especially under the irritation that attends the first approach of the catamenia, that the heart's movements are accompanied by bruits which may be persistent for weeks or months, and yet finally cease with an altered condition of the system. The history of the patient, and the other circumstances, should be taken into account before the judgment is pronounced.

The continuous drawling murmur, principally over the vessels of the neck, was heard in numerous instances. Without entering minutely into the theories of its origin, a brief statement of some of the circumstances, which were noticed in regard to this sign, may be given; and, in the first place there appeared to be no little caprice and uncertainty in its appearance, for it was silent in some patients, in whom all the conditions for its formation were apparently present. Occasionally, it was observed to come on in the progress of treatment, although the other symptoms were beginning to subside under the use of iron, and other remedies; but this occurrence might be possibly fallacious, for the murmur was by no means constantly heard, even in those cases where, at times, it was most distinct. It was observed also to become fainter, or to subside completely, when the examination for it was continued for some time, or when several persons in succession listened for it. Sometimes pressing the vein so as to arrest the circulation through



it would instantly stop the sound, which again returned when the pressure was withdrawn; but this result could not be obtained in the majority of cases, for the murmur went on although the vessels were firmly pressed. Almost invariably, indeed, the first effect of this kind of manipulation was to increase the force of the sound often very considerably, but only for a brief period, when the ordinary note was resumed. Its augmentation was perhaps occasioned by the efforts of the muscles to contract under the irritation. In addition to the monotonous murmur there was occasionally distinguishable a swell of the note into a louder and fuller tone, resembling a pulsation, and probably produced by the stream of arterial blood causing some disturbance of the neighbouring veins; but sometimes an arterial bruit, perfectly distinct from the venous one was plainly heard, when a similar sound was also present over the heart and aorta.

From a review of all the circumstances belonging to this curious symptom, it may be questioned whether it wholly depends upon an impoverished state of the blood. It is seldom very manifest except in chlorosis with hysteria, and is probably, at least in part, dependent upon the excessive irritability of the muscular tissue of the heart and blood-vessels which so evidently accompanies hysterical affections.

## ORIGINAL COMMUNICATIONS.

### NAVY MEDICAL REPORTS

No. XXI.

#### REPORT ON THE DEODORIZING AND DISINFECTING PROPERTIES OF THE CHLORIDE OF ZINC.

By EDWARD HILDITCH,  
Deputy-Inspector of Naval Hospitals.

THERE having been an unusually large expenditure of the "disinfecting fluid" at this Hospital during the last quarter, I beg leave to state, that it occurred in consequence of its extensive use previous to and during the prevalence of yellow fever at these islands.

At the first intimation of the existence of the epidemic at St. George's, a house-to-house inspection was made by myself and other officers; and, as a part of the means of prevention of disease, the use of the disinfecting fluid was recommended, and liberally employed in consequence. It had the effect of instantaneously destroying the noxious effluvia arising from some of the privies, drains, and tanks; and so sensible were the inhabitants themselves of its efficacy, that their continued demands for it were only stopped by the exhaustion of the stock in store. I think it may fairly be inferred, that its use materially contributed to the preservation of the health of the inhabitants. Out of a population of 460 living in the houses where it was used, there were only 29 cases of febrile disease, 7 only of whom took upon them the form of the epidemic, and the whole of whom recovered. While in the garrison, (consisting of about 360 men,) 130 were attacked by the epidemic, and 33 died.

I have always found it, in its daily use in the wards, a most powerful and instant deodorizer, more especially during the above period, when the air was saturated with the emanations arising from patients lying in every stage of the worst form of yellow fever. The waving of flags moistened with the solution, and the other means recommended for its use being employed, restored freshness to the air, and dissipated the unpleasant closeness.

I have also found it most valuable in conducting the *post-mortem* examinations in some cases during the late visitation; it would have been impossible to have proceeded with them without its employment.

At a former period most offensive odours arose from the privies of the hospital, which must have been highly objectionable on sanitary grounds. This evil was in a great degree overcome by the erection of water-closets, but not until the use of the disinfecting fluid has it been altogether stopped. A small quantity used daily answers the purpose, and renders the air perfectly sweet and free from the slightest odour.

Naval Hospital, Bermuda, March 12, 1854.

Dr. Ritchie, Surgeon of H.M.S. *Ramilies*, writing from Plymouth April 30, 1854, states that five cases of measles had been admitted on board, but that the disease did not spread, which he attributes to "the free application of the solution of the chloride of zinc, ventilation, and separation as far as our limited means enabled us to establish it."

## A MEMOIR

### ON STRANGULATED HERNIA, FROM CASES OCCURRING IN THE LONDON HOSPITAL.

By NATHANIEL WARD,

Assistant-Surgeon to the London Hospital.

[Read before the Hunterian Society, May 24, 1854.]

(Continued from page 81.)

I come now to a consideration of the particular points of interest connected with the 22 cases of inguinal hernia, of which 14 recovered, and 8 died, and, in all of which, the sac was opened with three exceptions. The shortest period of strangulation was 3 hours; the longest 9 days before the operation. All, with the exception of one, were of the oblique inguinal kind; the exceptional case occurring in a man aged 37, in which the protrusion was a direct or internal left inguinal. The sac contained a large portion of the sigmoid flexure of the colon, the symptoms of strangulation were slight, and recovery ensued on the 15th day, the operation having been performed within twenty-four hours after the descent of the gut, chloroform and the taxis having been previously used without effect. Among the fourteen recoveries, there were two cases of reduction *en bloc*; and one of marked hour-glass contraction of the neck of the sac, which formed the impediment to reduction, and which was placed more than half an inch below the level of the outer ring, and very analogous to a case I witnessed operated on by the late Mr. Andrews, in which the neck of the sac which formed the impediment to reduction was one inch below the outer ring. In this case, as well as in several others, Mr. Luke's strangulation test was found of signal advantage; and I extract the following description of it from the *Medical Gazette* of 1841, as I do not think it is so generally known as its merits deserve:—"If the body of the hernial tumour be compressed by the hand, an impulse is communicated to all its parts below the seat of stricture; but, if the neck of the hernia be grasped between the finger and thumb of the other hand, above the stricture, while such compression is made, there will not be any impulse felt. When, in the commencement of the examination, the neck of the tumour is first grasped, we may be always assured, that if an impulse is felt on compression of the tumour itself, the seat of stricture is nearer the abdomen; and, by gradually withdrawing the finger and thumb in that direction, while renewed compression of the tumour is made, a point will soon be reached at which impulse ceases to be felt. The point at which impulse first ceases to be felt is the seat of stricture. In like manner, if an impulse is not felt when the neck of the tumour is first grasped, we may be equally assured that the stricture is situated nearer to the body of the hernia; and, by a like gradual approximation to it with the finger and thumb, an impulse shortly commences to be felt. The point where the impulse commences to be felt is the uppermost part of the strangulated contents, which implies that the stricture is immediately above it; and, on inquiry, it will be found to correspond with the indications of an examination commenced from below." The value of acting on the indications of this simple proceeding when its application is practicable is at once apparent, as unnecessary division of the soft parts is thus avoided. But to continue; I find that a man, aged 34, who had recovered on the eighteenth day (the symptoms of strangulation having existed only three hours) had been operated on on the same side ten months before, in St. Thomas's Hospital, and that a large quantity of omentum had been taken off. A case of right oblique inguinal hernia in a man aged 43. It belonged to the inter-muscular, or ascending variety, described by Mr. Luke, in the *Medical Gazette* of 1850. The tumour in this instance, instead of passing down into the scrotum, had mounted up in the cellular tissue between the external oblique tendon and the internal oblique muscle, considerably above the level of the anterior superior spinous process of the ileum. On the free division of the tendon of the external oblique and the subjacent fasciæ, the sac was exposed; it was drawn down, a free incision made into it, and the intestine exposed. This was highly inflamed; no further impediment to reduction was found, strangulation having arisen in consequence of the peculiar position of the body of the hernia, and the bending upwards on itself of the bulk of the gut, a distinct indentation existing at the angle of flexure. Strangulation had existed for four days, but the symptoms had not been severe till within fifteen hours of the operation. This man had used for a considerable time an ill-adjusted truss, which commanded the outer but not the inner ring. The protrusion had, in consequence of the resistance offered to its



descent in the former locality, mounted upwards, and had thus become analogous to the upward course of a femoral protrusion, the truss having acted in the same way in the inguinal as the blending of the fascia transversalis below the saphenous opening with the immediate covering of the femoral artery and vein, does in the crural form of hernia.

Of the two cases of reduction *en bloc*, one occurred in a lad aged 14, who had had a right inguinal hernia for two or three days, with slight symptoms of strangulation. On the application of the taxis under chloroform, the bulk of the tumour disappeared, and could only be indistinctly felt in the region of the inner ring. Symptoms continuing, an exploratory operation was had recourse to. The body of the tumour was pulled down, and the neck of the sac and inner ring divided. A recovery in fifteen days resulted. The last cases worthy of particular note are, a case of left congenital hernia, with orchitis and empyema of the tunica vaginalis following the operation, in a man aged 27. Strangulation was of twelve hours' duration. The sac was opened; it contained omentum, and seven or eight inches of the large intestine. Orchitis shortly supervened, and was followed by a large purulent effusion into the tunica vaginalis, which membrane was laid freely open on the 8th day. Two days previously erysipelas had come on on the dorsum of the foot, terminating in an abscess, which was opened on the 9th day. Recovery ensued on the 52nd day. A case of oblique inguinal hernia in a male child, 21 months old. The strangulation had not existed twenty-four hours, and he recovered on the 17th day. And, lastly, a case of strangulated inguinal hernia, in a male infant 9 weeks old. The symptoms of strangulation had existed three days. The sac was not opened, and the wound had healed on the 7th day. The child was taken out of the Hospital contrary to the wish of the Surgeon; erysipelas and death supervened.

Among the eight fatal cases of inguinal hernia, I find several that are worthy of a more or less lengthy notice. (1.) A man, aged 51, subject to double inguinal hernia. Seven days before admission, the left rupture came down, and became larger than usual. He had been in the habit of reducing it easily before. On this occasion, he succeeded in the taxis in five or ten minutes, but used a much greater amount of force than he had been in the habit of doing, kneading it and twisting it about. It gave him great pain, which was relieved, however, when the reduction had been accomplished. The bowels acted every day till the day preceding his admission, when the pain, which had never entirely ceased, became very severe, increased on pressure, and was limited by a space equal to the palm of the hand, which included the upper part of the inguinal canal. Sickness had now come on. No tumour could be detected in the course of the inguinal canal, although there was an obscure swelling at its upper part. The supposed enteric character of the symptoms not yielding to treatment, an operation was performed on the following day. The neck of the sac was divided deeply and internally to the inner ring; a good deal of the exposed gut was sphacelated. The man sank in thirty-six hours after the operation; and, on a *post-mortem*, the neck of the sac was found over the border of the inner and anterior part of the true pelvis, the body of the sac occupying the iliac fossa. A case similar to this occurred some short time before my record commences, and is recorded by Mr. Curling in the *Lancet* for 1850. (2.) A case of double congenital hernia, partial reduction *en bloc*, remarkable malformation in the left tunica vaginalis. A bailiff, aged 37, married, subject to a left rupture for nine or ten years. He was not aware that there was anything wrong on his right side, although there existed there an irreducible omental hernia. Five days before admission he fell out of a cart, and was much shaken. On the evening of the same day, the rupture came down on the left side, his truss not being on. It was reduced with great difficulty in about an hour and a-half. He was sick during the time it was down; on reduction he felt quite easy, but, soon afterwards, pain in the bowels, followed by sickness, came on. He had taken lots of medicine, and had had, he said, about forty injections. Two days after reduction he had passed a small quantity of feculent matter. Sickness continued at intervals, and injections returned as soon as administered. These symptoms continued till his admission. An operation was performed on the left side three-quarters of an hour after the patient came in. The canal was laid open, and, on pinching up the sac prior to opening it, the bowel appeared to recede and collapse. The sac was very thick, and the intestine of a dark claret colour, but not lustreless. On passing the finger upwards, the impediment to reduction was found at the neck of the sac, about half an inch above the natural position of the inner ring. The patient died on the third day, in consequence of a violent attack of diarrhoea, which terminated in fatal prostration. On

laying open the abdominal cavity, two contiguous portions of small intestine were remarked in the upper part of the left iliac fossa, placed obliquely one above the other, and united by soft lymph. At the front part of the upper portion was a dark mark, three-quarters of an inch long, not prolonged on to the posterior surface. The peritoneal coat had not given way in the line of this mark, but the subserous tissue had, the muscular and mucous coats not having ulcerated. A patch of the lower division of the small intestine, equal in area to a shilling, was covered over with lymph, and, on removing this, the gut looked dusky and red; a corresponding surface internally was similarly covered with plastic exudation. With this exception, the mucous membrane, though dark, was not lustreless. On the right side there was a large congenital hernia, containing nearly all the great omentum, so that the transverse colon had been dragged much down, and was distant only an inch from the inner ring. The omentum was adherent to the sac, and the lower part overlapped the testicle, thus verifying the diagnosis which had been formed on the admission of the patient. The neck of the left hernial sac had been divided a little above the internal ring. On laying open the sac by a vertical incision, carried to within two inches of the scrotum, it was found distended with sero-purulent fluid. The vas deferens—five times its ordinary thickness, and covered over by a dense layer of fat—was observed at the outer and back part of the sac.



The testicle was not seen, nor the epididymis; but, on passing the finger to the bottom of the sac, the nail could be insinuated between the upper part of the body of the testicle and the epididymis, and a smooth dense ring in the bottom of the sac, as though the tunica vaginalis had an opening below. On extending the vertical incision to the bottom of the scrotum, the body of the testicle was exposed. It was much altered in position; the anterior and inferior border looking downwards, backwards, and to the left side; the epididymis looking in the contrary direction. On the outer and back part of the body of the testicle, immediately below the globus major, was a somewhat semilunar opening, the size of half a sixpence, leading upwards to a cul de sac on the outside of the chord, gradually contracting as it proceeded upwards, and one inch and a-half in length. The cavity in which was the somewhat atrophied testicle was larger than sufficient to contain it, not glistening on the surface, but covered over with layers of soft false membrane. On cutting through the ring which girted the upper part of the body of the testicle, (and which appeared at first sight to be the boundary of a perforation in the lower part of the parietal tunica vaginalis,) and making slight traction of the structure which formed it, it was found that the membrane could be stripped off from the subjacent tissue, which latter, when thus exposed, resembled that surrounding the body of the testicle. Thus the cavity of the tunica vaginalis was divided into two unequal portions by the development in its upper two-thirds of an adventitious sac, which contained the



hernial protrusion and the spermatic chord, and, by its lowermost portion, completely encircled the testicle without adhering to it. During life the hernia must have descended into this false sac, above the body of the testicle, which would have formed a distinct swelling below it, and thus the diagnosis of its being a congenital form of protrusion would not have been made. The accompanying sketch illustrates the above description.

2. A case of right oblique inguinal hernia, with strangulation of intestine, in consequence of its having previously passed through a ring in the mesentery. The tumour occupied the upper third of the scrotum and inguinal canal, and occurred on the right side, in a young man. The gut had come down thirty-two hours before admission, and symptoms of strangulation had supervened in three hours after. During the operation the bulk of the swelling, which was much below the outer ring, was found to have arisen from bloody fluid, which had distended and rendered the sac tense. The upper part of the swelling, which occupied about the upper third of the inguinal canal, and extended somewhat beyond it, was occupied by a highly congested knuckle of intestine. There appeared to be no impediment to reduction at the inner ring; but, one and a-half inch beyond this, the neck of the sac was reached, and was incised by a bistoury guided on the finger. From the direction of the finger, the neck of the sac appeared to be lying over the brim of the pelvis. The patient died suddenly while leeches were being applied to the abdomen, twenty-two hours after the operation. On a *post-mortem*, the neck of the sac was found an inch and a-half from the level of the inner ring, just over the brim of the pelvis; and, extending from the lower and posterior part of its circumference, was a delicate old organised band, tense, and connected with a ring in the mesentery, which tightly encircled three folds and a-half of the small intestine, which was dark purple, with patches of deeper coloured extravasation in the coats, and matted together by plastic effusion. A large quantity of bloody serum was found in the cavity of the abdomen. The part of the intestine which had been in relation with the mouth of the sac was evidently part of that which had passed through the ring in the mesentery.

3. A case of strangulation of the small intestine in an old hernia, containing portions of the ascending and transverse colon, occurring in a man aged 52, in which the operation, without opening the sac, was performed on the fourth day, and the recent protrusion reduced. Death, however, occurred from apoplexy on the sixth day.

Thus I have endeavoured to bring forward a general view of the important subject of hernia, as far as it can be illustrated without tedium, by the number of cases of strangulation I have had the opportunity during the last three years and a quarter of witnessing, gaining information upon from others, or of personally conducting the necessary surgical proceedings; and I here tender my best acknowledgments to my colleagues, who have unreservedly placed their Hospital experience during this period at my disposal. I cannot, however, leave the subject without making a few brief observations on those very important points concerning the treatment of strangulated hernia preliminary and subsequent to the operation; the application of the taxis and the period of operation, on the one hand; and the Medical treatment after the operation, on the other.

My own experience has led me to the strong conviction, that the taxis, when employed, should be used with the utmost caution; and, after having been so used, and failing, the operation should at once be had recourse to, the warm bath and chloroform having also proved ineffectual.

To quote from the chapter on hernia in Dieffenbach's "Operative Surgery," (an essay of a highly practical character, too little known in this country, but particularly entitled to consideration, as emanating from a man who had greater experience in strangulated hernia than any Surgeon, I believe, in Europe,) "it is not too much to say, that to see a Surgeon postpone an operation after the ineffectual use of the taxis properly applied, is much the same as the conduct of that man who, on going suddenly into a room, and seeing a fellow-creature who had just hanged himself, quietly put his hands in his pockets, seated himself before the unlucky individual, and, instead of cutting the cord from his neck, called for soap liniment, and began rubbing it into the soles of his feet."

In the perusal of my Note-book I find statements like the following:—"Taxis employed for about an hour before admission; quantity of bloody serum escaped on opening the sac; taxis used three times, each time lasting about a quarter of an hour; hurt him very much; two ounces of bloody serum on opening the sac, and after death a large quantity of bloody fluid in the abdomen; ecchymosis of the connective tissue between the different layers

of abdominal muscles; patches of deep-coloured extravasation in the coats of the intestine that had protruded; taxis used for a considerable time before admission, sac found as black as your hat, looking like mortified gut; longitudinal rent, an inch long, in the peritoneal coat of the intestine. Death."

I might multiply extracts, but I forbear, for, I have no doubt, the experience of all those who have seen much of hernia, either in public or private, has led to the conclusion, that the ruthless application of the taxis has been the cause of a lamentable amount of failure in hernial operations. And if, in some cases, we remember, that, even in the hands of the most experienced, the taxis, although to all appearances judiciously used, has been attended with serious and fatal consequences, extra caution becomes requisite. In illustration of this remark, I bring forward the following case which has come under my notice: An emaciated widow, aged 53, had a strangulated hernia of thirty-two hours' duration; the taxis was carefully and skilfully applied, no undue amount of force appearing to be used. Very shortly after the intestine had been reduced, she gave a loud shriek, complained of violent and excruciating pain, which lasted about an hour, and was then followed by irremediable collapse, and death in three hours after the reduction of the gut. A careful *post-mortem* examination, in nineteen hours, found the sac protruded through the saphenous opening, the boundaries of which were very tense, as also those of the femoral ring. On opening the abdomen, a strong smell of garlic obtruded on the nose. A small loop of intestine, which had been in the sac, was deeply indented, and contracted at its upper part, the indentation being covered by fibrinous deposit; the corresponding part of mucous membrane had partly ulcerated through. On the posterior part of the gut, nearer the lower than the upper border, was a circular opening, equal in size to the end of a small pencil-case, with a clean cut border in the mucous membrane; a corresponding opening of the serous coat was three times larger, with a ragged circumference; and that of the muscular was intermediate in size. An extravasation of blood was in the subserous cellular coat. The entire intestine partook of the general wasted character of the body, was thin, and possessed little tonicity. In this case the symptoms of strangulation were anything but well marked. At the time of the application of the taxis, or just before, the patient was sitting up in bed drinking her tea; and she had been sick but once, symptoms bearing no proportion to the serious organic lesions, independent of the rupture, revealed by the after-death inspection.

The substitution for the operation of various forms of medicine on the failure of the taxis appears equally reprehensible with the abuse of the latter, and can only be comprehended by supposing that the Surgeon, in consequence of vague apprehension or ignorance of the danger of delay, thinks anything better than the use of the knife, setting up in his own mind the most irrational hopes of the recovery of his patient, the realization of which would be akin to miraculous. In illustration of this part of my subject, I cannot do better than again quote from the illustrious Dieffenbach. "I was called," says he, "once to see a young man who had been suffering for two days with acute strangulation. I found a Surgeon in attendance, who was leaning over the bed, and applying the taxis. Thick drops of sweat were rolling down from his forehead. The patient was constantly screaming out with pain, and the doctor in a louder tone bellowed out to him to keep quiet, telling him that nothing else could succeed. Shortly after I came into the room, he rose up exhausted, wiped the sweat from his brow, and remarked that it was tremendous hard work, and that he had been so employed with but little rest ever since yesterday; 'but, thank God,' said he, 'it's somewhat smaller. I've tried, Sir, numerous clysters, castor-oil and croton-oil, which is thought so much of in these cases. Linseed-oil with saltpetre he vomited up, but fortunately he has kept twenty grains of calomel down. Cold applications, Sir, I don't think have done him any good; and yesterday evening once, and to-day twice, I placed his legs over my shoulders, and used the taxis while he and I were in the hot-bath together. But it's all been of no use!' I had almost added, you have not yet tried the wheelbarrow method;(a) but I merely remarked, 'Why on earth haven't you performed the operation?' He immediately turned deadly pale, and whispered in my ear, 'The artery, Sir, the epigastric!' I immediately performed the operation.

(a) A method introduced by a German Physician. It consists in placing the patient on his back in a wheelbarrow, with his legs hanging down in front over it, so that the thighs and trunk become bent towards each other. Then, while the invalid is being wheeled along a stone pavement, the operator runs backward in front of the barrow, and manoeuvres on the hernia, under the idea that, by the simultaneous application of the taxis and the shaking of the vehicle, the hernia will be reduced.



The intestine was blue, and had been able to resist the tremendous violence that had been used only in consequence of the large quantity of fluid which was contained in the hernial sac. I have related this case," quietly remarks Dieffenbach, "only to show how dangerous, on the one hand, is a want of foresight associated with timidity, and, on the other, how much a patient can occasionally go through and yet recover."

Of the Medical treatment subsequent to the operation, a review of that adopted in the above cases has led me to the conclusion, that the simple, uncomplicated, solid opium treatment is the best in the first instance; in combination subsequently, or, rather, used at the same time, as circumstances may suggest, with enemata and castor-oil. In the history of hernial strangulations, it will be found—if any reliance can be placed on subjective evidence—that a great number of patients prior to the irreducible descent of the bowel have had symptoms of intestinal irritability, as evidenced by more frequent stools than natural, sometimes amounting to absolute diarrhoea, which affection has afterwards returned (sometimes so severely as to threaten death by prostration) without the administration of any purgative, and has required sedatives to check it. The use of opium is here at once apparent. In other cases in which the bowels have been constipated, or natural prior to strangulation, the drug is still called for, as being one of the most powerful antiphlogistics we possess, in consequence of the tendency it has to restore the disturbed balance between the nervous and vascular forces, whatever that may be; and, by procuring sleep, and tranquillising the system, to renovate the powers of the frame, and thus to give the best possible opportunity for the establishment of a healthy reparative process.

The object of combining calomel with the opium does not appear to me to be evident. When so used, opium is looked on as a secondary remedy, and given in order to keep a check on the baneful influence of the mercurial drug, which, in the irritable or inflamed state of the gut, is otherwise too apt to act as a powerful purgative. The question may be fairly asked, if the opium assists the action of the calomel, may not the calomel interfere with the action of the opium? Traumatic inflammations of the eye, the arm, or any other part of the body, might with equal propriety, I think, be subjected to mercurial influence, whereas they readily yield to counter-irritation, local abstraction of blood, sedative and soothing applications, and a judicious constitutional treatment.

In conclusion, I would remark, that by thus scrutinising what we have done, (particularly in everything relating to hernia,) we come generally to know what to keep doing,—treatment conducted on sound principles urging us to confidence, treatment deviating from them warning us to caution.

## PRACTICAL ESSAYS ON PLASTIC SURGERY.

By T. SPENCER WELLS, F.R.C.S.

Surgeon to the Samaritan Hospital.

(Continued from page 56.)

THE *quill* suture was formerly in general use, especially in cases of deep wounds, but it is now very seldom employed. The only plastic operation in which it is called for is the union of ruptured perinæum. It has the great disadvantage that it does not fix the edges of the wound in close apposition, but allows a gliding of the surfaces to and fro upon each other. This has been partly obviated by Mr. Baker Brown, who has revived the practice of Garengeot of fixing the edges by the common suture, trusting to the quill suture for closing the deep part of the wound only.

This suture is applied by means of a curved needle, armed with a double thread. The edges of the wound are transfixed, just as in the case of the common interrupted suture, and two, three, or more threads are passed, according to the size of the wound. A piece of bougie, or a roll of plaster or oiled silk, is then applied on one side of the wound, either in the loops of the double threads, or between the ends, which are then tied around it. A similar roll or bougie is then applied on the other side in the same way; and, by tying the threads on that side tightly around it, the wounded surfaces are brought into apposition. Stout twine, well waxed, answers better than silk for this suture. The pieces of bougie should be rather longer than the wound. Some Surgeons, as soon as one thread has been passed, tie it, and then pass the loop of the double thread around the bougie before the second and succeeding punctures are made. This is objectionable in cases of ruptured perinæum, as it is necessary

to watch the exact course the needle takes, and carry it as deep as the denuded surface extends. This suture should be removed between the third and seventh day, according to the condition of the wound and punctures. So soon as tolerably firm union has taken place, the object of the suture is accomplished. It can do no further good, and should be removed. But, if the threads do not excite irritation, there can be no excuse for removing them before the wound has united. The wound should be carefully supported during the process of removal, and a position of the patient must be strictly enjoined which does not lead to tension of the newly-united surfaces.

Dr. Sims, of Boston, U.S., has introduced a slight modification of this suture, which he calls the *clamp* suture. He has used it successfully in cases of vesico-vaginal fistula. Annealed silver wire takes the place of the twine, and perforated cross-bars of silver are used instead of the bougie. Split shot clamped over the wire by a pair of forceps close to the perforations in the cross-bars, are thus made to bring the edges of the wound together. I have seen Mr. Baker Brown apply this suture in a case of vesico-vaginal fistula, but I think that in this operation the common suture is far preferable.

In the *bead* suture, beads take the place of the bougie. The thread is passed through them, and knotted. Or a split shot may be clamped over a silver or platinum wire. I have seen both these plans tried in cases of cleft palate and vesico-vaginal fistula; and, as far as my own observation goes, very much prefer the common suture.

The *lead* suture is sometimes useful in deep operations. A piece of soft lead wire is armed at both ends with a short needle. These are passed, by means of forceps or a needleholder, from within outwards, and the needles removed. The ends of the lead wire are twisted together until the wound is brought into apposition. They are then cut off. This is the easiest suture to apply in cases of vesico-vaginal fistula when deep seated. The only objection to its use is the necessity for protecting surrounding parts from irritation caused by the ends of the wire.

The *subcutaneous* or *loop* suture is an admirable contrivance of Dieffenbach, for the closure of circular fistulous openings. It is especially useful in cases of salivary fistula, fistula of the male urethra—vesico-vaginal, recto-vaginal, and vesico-rectal fistulae—intestinal fistula, and preternatural anus, all of which have been healed by the skilful application of this suture after every other mode of treatment had proved unsuccessful. The edges of the fistula having been prepared for union by paring, cauterisation or blistering, the patient is ready for the application of the suture, the description of which I shall quote from Dieffenbach:—

"A sewing needle very much curved, charged with a single thread, and held near the eye sideways by a pair of needle forceps, is pushed through the skin at some distance from the opening to be closed, the edges of which have been previously inflamed by cauterisation, or pared away. Then the needle is carried beneath the skin in the subcutaneous cellular tissue for some extent, always keeping at an equal distance from the opening, so that a quarter or one-third of a circle is described. Then the point of the needle is directed outwards, the skin transfixed from within outwards, and drawn with the thread some inches out. Then the needle is returned through the same opening beneath the skin, another quarter of a circle is made below, the needle again brought out and carried a third or fourth time beneath the skin, until the whole opening is surrounded at an equal distance by the thread.

At last the needle comes out through the first point of puncture, and as the thread hangs out a finger's length from the opening, so by means of the other end, still

in the eye of the needle, a tying together of the circular ligature can be effected. If the opening is small, and the thread lies near it, it may be tied moderately fast together by two knots, but much looser than when a large artery is tied. The knot lies upon the opening of the needle puncture, and generally sinks within it. The ends are now somewhat shortened, and the opening, if the edges are torpid, is smeared with tinct. cantharides; otherwise they are covered with strips of plaster, in order to assist the subcutaneous process of agglutination, and prevent the entrance of air by the needle punctures.

"When large openings or fistulae have to be closed, for example in preternatural anus, into which a finger can be introduced, the same ligature is applied in an enlarged manner. In a narrow urinary fistula, I take a single fine thread, and a fine curved needle; introduce it at the most two lines from the border; but in the other case I use one of the largest sewing needles, and a





very thick waxed silk cord, of four; six, to eight thick silk threads, and carry this an inch distant from the opening around it, until the thread is again brought out by the needle at the first point of puncture. In order to avoid rapid cutting through of the soft parts, to which no union would follow, it is advisable only to draw the ends of the thread so strongly that they gently press the walls of the opening. To do this, a round piece of cork, notched in the middle on one side, is laid between the two ends of the ligature, a knot is made in the notch, and then a bow, to be tightened afterwards. This is done after some days have passed, when the ligature has become loose.

"Small fistulous openings sometimes close after the first suture. The dressing is first examined on the fourth or fifth day. If the thread is firm, it is left for eight days, and it is better to withdraw it too late than too soon. This is done just as a common suture is withdrawn, the end of the threads being stretched, and the ring cut through with fine-pointed scissors in the enlarged needle puncture, and the ligature carefully drawn out.

"In large openings, every two days it is tied a little tighter, even if the closure has not followed, but always with great delicacy, so that the thread does not cut through for at least fourteen days or three weeks. In the most successful, or tolerably successful cases, the thread must not be removed too early. Even where it has cut through all the surrounding parts, the irritation set up in the edges and parts around produces considerable diminution of the opening, partly by the contracting cicatrices of the edge, partly by the constricting subcutaneous adhesion of the parts cut through by the thread.

"To the application of this suture I owe many cures which resisted every other treatment. Treatment by this method is often a troublesome undertaking, requiring frequent repetition; but it has the advantage that each failure, not like the carrying away and suppurating through of the common or twisted suture, is not a true failure, but only a partial success, and a step forward towards the goal. Therefore the operation is repeated until the opening is perfectly closed."

#### A CASE OF HYDROCEPHALUS EXTERNUS, TREATED WITH REPEATED PUNCTURING AND THE SETON.

By JOHN GRANTHAM, Esq., F.R.C.S.

APRIL 2, 1854.—I was requested to visit an infant seven months old, for the purpose of considering the propriety of puncturing the head in a case of external hydrocephalus. The child in appearance (although a seventh month's child born) was exceedingly healthy, the laws of digestion or assimilation being well performed, with a due proportion of growth of body and limbs. The countenance, excepting a peculiar prominence of the globe of both eyes, looked well, and denoted a fair share of intelligence. On inquiry, I understood the head, which was exceedingly large, the cranial bones loose and yielding, had been treated with counter-irritants and pressure, with a view of promoting absorption. The child had also taken the cod-liver oil.

In consequence of a doubt in my mind as to whether the ventricles contained any fluid, I suggested the aid of a consultation with Dr. Babington, at Guy's Hospital, who kindly and carefully saw the case, and advised frequent tapplings, not taking more than one or two ounces of fluid away at each operation. This injunction I obeyed; but finding, after the seventh time of tapping, that the fulness continued, and the fluid re-forming, I introduced a seton, containing six threads, on the left side of the longitudinal sinus, and brought it out about one inch from the point of introduction, so as to keep up a gradual drain from the head, and also to excite an inflammatory condition in the arachnoid membrane, which end was accomplished; the fluid ceased to be discharged, and the head appeared diminished with what seemed to be an approximation of the cranial bones. I then withdrew the seton, and indulged the hope that, although the head was much larger and heavier than the normal size and weight, yet, if epileptic seizures did not come on, the child might do well, pre-supposing the first opinion to be correct, *i. e.*, a case of external hydrocephalus.

On the second day after the removal of the threads, spasm of the hands and feet, discoloration and coldness, came on, with wasting of flesh and pallor of the skin. On the third day, epileptic fits supervened; and, on the 3rd of June, the child died, the amount of fluid removed being not less than twenty ounces.

Such is the simple narrative of the case. The *post-mortem* examination shows that interesting facts may be gathered from this subject.

On opening the head, I found the fluid in the arachnoid membrane gone, the pia mater bloodless; the convolutions of the brain represented a buffy-coloured, even surface. On cutting through the brain, which was about a quarter of an inch in thickness, and soft, I found the lateral ventricles filled with a pale, straw-coloured, offensive fluid, measuring about twenty-eight ounces; consequently, the brain, both cerebrum and cerebellum, were completely atrophied.

In the course of the treatment I observed the necessity for maintaining an equal pressure, but not undue compression, of the cranial bones, as being essential to the success of the operation. I learned the importance of frequent tapping, or, rather, allowing of a gradual escape of the fluid; and, further, I am fully impressed with the fact, that the seton is a most valuable and safe mode of treatment in preventing the excretion of the serum; the ligature being so thick as to admit of a narrow tube being introduced by the side of the threads, and of removing daily, or according to the strength of the child, a small quantity of the liquid, is of the greatest utility; it is a means of preventing the frequent use of the trocar, as a shock was given to the nervous system each time the trocar was used, but not so in the introduction of the tube in the opening made by the side of the seton. The case presented the evidence, that undue prominence of the eyes, not enlargement, is an important symptom of pressure on the floor of the lateral ventricles, which, consequently, would be fatal to the success of the operation.

In conclusion, I am of opinion, despite of the many difficulties attending this subject, and the unfavourable results of those who have recorded this operation, that this mode of treatment is reasonable when the case is simply hydrocephalus externus.

Crayford, Kent, June 12, 1854.

#### THE LONDON PRACTICE OF MEDICINE AND SURGERY.

#### ST. BARTHOLOMEW'S AND OTHER HOSPITALS.

#### CASES OF CALCULUS IN THE FEMALE BLADDER.

WE have this week to record several very instructive cases of extraction of large calculi from the female bladder, in which incisions were requisite. Before, however, proceeding to their narration, it may be well to glance at the recent experience of the London Hospitals in relation to this affection. Stone in the female bladder is fortunately far from being frequently met with. During the last eighteen months, not more, we believe, than about half-a-dozen cases in all have come under notice in the Metropolitan Institutions. Of these, one case is at present under care in the Westminster Hospital. The patient is a young child, and it is hoped, that dilatation of the urethra may be the only measure necessary; but as yet no operation has been performed. A second case has just left King's College Hospital, having been there successfully operated on by Mr. Fergusson. The calculus had been deposited around a hair-pin, which, from its bent form, much complicated the operation. A lateral incision was necessary before the extraction could be effected. A slight incontinence of urine as yet is present, but it appears to be diminishing gradually. A third case may be found reported at page 240 of the *Medical Times and Gazette*, for September 4, 1852. The calculus, which was pyriform in shape, measured  $2\frac{1}{2}$  inches in circumference, and  $1\frac{1}{4}$  inches in length. It was removed by dilatation of the urethra, and no incontinence of urine resulted. The patient was a woman aged 57, under the care of Mr. Le Gros Clark, in St. Thomas's Hospital. A fourth case occurred in Guy's Hospital, under the care of the late Mr. Bransby Cooper. The patient was a girl aged about ten years, and in fair health. The calculus proved to be a very large and irregular one; and, although partially broken, its removal could not be accomplished without very free incisions both downwards and laterally. The patient recovered well, but has ever since suffered incontinence of urine. Of a fifth case, the following are the brief particulars:

Mary Hodgson, aged 41, was admitted into Lucas ward, St. Bartholomew's Hospital, on January 7, 1853, under the care of Mr. Stanley. She had suffered very severely from the symptoms of stone for upwards of six months. During that period there had been great pain and irritation about the bladder, and attacks of inflammation had frequently occurred, during which mucus, pus, etc., in large quantities, had been voided. There was a history of the previous occurrence of calculous complaints in



the family, and her own mother had suffered much from gravel. On sounding, Mr. Stanley easily detected what appeared to be a calculus of moderate size. After about a fortnight's preparatory treatment, during which the symptoms of excessive irritation pretty well subsided, the operation of extraction was performed. Mr. Stanley dilated the urethra by means of Weiss' dilator, until of size sufficient to admit the fore finger, a process which did not take more than about five minutes. The dilator was then withdrawn, and a small, straight pair of lithotomy forceps introduced. The stone was easily seized, and by gentle traction removed without difficulty. It was oval in shape, and a little pointed at one end, where it had probably projected into the neck of the bladder; its size was about that of a small damson plum.

During the week following the operation the patient had rather a severe attack of cystitis, but she did not experience any loss of power of retention. Leeches followed by fomentations were applied over the hypogastrium, and, after a short time, the inflammation was subdued. When discharged the patient was quite recovered, and possessed complete control over her bladder.

It will be observed, that in the above case, as well as Mr. Clark's just before alluded to, the dilatation of the urethra was accomplished by what is termed the rapid method, as contradistinguished from that by means of sponge tents, etc., and made to extend over several days. In both the recovery was without any incontinence of urine.

### GUY'S HOSPITAL.

#### STONE IN THE BLADDER OF A FEMALE CHILD.—SEVERE SYMPTOMS.—PREPARATORY TREATMENT.—OPERATION BY BILATERAL INCISIONS.—RECOVERY WITHOUT ANY INCONTINENCE OF URINE.

[Under the care of Mr. HILTON.]

ADELAIDE DEBELAINE, aged 3½ years, an emaciated, and very sickly-looking child, was admitted on April 18, 1854. Her mother stated, that almost from birth she had suffered from symptoms of irritation about the bladder, but more especially so during the last seven months. Her condition during the latter period had, indeed, been very distressing, the desire to pass water having increased in frequency until it had become almost constant, and the act of micturition having been always attended and followed by great pain. The straining efforts to empty the bladder had produced nearly persistent prolapse of the rectum, and much excoriation of the genitals had resulted from the irritation of the almost constant dribbling of urine. Sudden stoppages in the stream of urine had been frequently noticed, and the fluid itself had often contained blood. The child was the daughter of a labourer residing at Croydon, and had there been under the charge of a surgeon, who had discovered the existence of a calculus in the bladder, but thought that there was probably disease of the kidneys also.

On April 20, Mr. Hilton made an examination by sounding, and felt what appeared to be a large stone, lying to the right side of the bladder. During the examination, the rectum was very much prolapsed. A consultation was held as to the propriety of immediate operation, which, on account of the miserable condition of the child's health, was unanimously negatived. It appeared probable that death might soon ensue, and Mr. Hilton judged it all but certain that such would be the case if any operation were attempted. It was determined, therefore, to try to alleviate the extreme irritation which had so much exhausted the child's powers, and for that object the following means were adopted.

R. Tinct. hyosc. ℥ x.; liq. potassæ ℥ x.; emulsionis amygdal. 3ss., ter die sumend. A warm hip-bath to be used daily.

On April 22, but little relief had been obtained; the child had scarcely slept at night, but continued to scream with pain almost constantly. The urine all flowed involuntarily into the bed.

The mixture was ordered to be repeated, with five additional minims of the tincture of hyoscyamus, and a laudanum enema (℥ x.) was directed to be given every night. Wine, four ounces daily.

Under this treatment great improvement resulted, and, with one or two slight relapses, the child steadily gained ground. She became able to retain her urine for much longer periods, and to void it with comparatively little pain. The excoriation of the external parts disappeared; the tendency to prolapse of the rectum much diminished; a fair amount of rest was obtained at nights, and there was manifest increase of flesh and strength.

On June 9 it was thought that her condition was such as to

warrant the hope of a favourable result from an operation, and Mr. Hilton accordingly proceeded to its performance.

*The Operation.*—The child having been put under the influence of chloroform and placed in the lithotomy position, a grooved director was passed into the urethra, and guided by it a small pair of common dressing forceps. The blades of the latter having been dilated a little within the bladder, efforts at dilatation by their means were continued a short time. A pair of small lithotomy forceps were next passed into the bladder, and search was made for the stone. The latter, however, could not be felt, and, as it was thought probable that it might be concealed by the folds of the now emptied bladder, the next step taken was to inject, by means of a flexible catheter, a quantity of warm water. The forceps were then re-introduced, and, after a short search, the calculus was seized. Mr. Hilton drew it gently forwards until it became fixed in the neck of the bladder. It was now evident from the size of the grasp of the forceps that there could be no hope of accomplishing the extraction without recourse to incisions. Still holding the stone firmly as far forwards as it could with safety be drawn, the operator introduced a straight blunt-pointed bistoury by the side of the forceps, and then cutting downwards and outwards incised the left side of the urethra for about half an inch. It was doubtful whether or not the whole length of the urethra or even the neck of the bladder were included in the cut, as the guide taken was the impingement of the point of the bistoury on the stone, while the latter was being so held forwards as to have probably dilated the first part of the canal. The vagina was not wounded, the incision being made downwards and a little outwards, almost parallel to its side. (See Diagram.) As the parts did not after the single incision yield sufficiently, a second was made in the same direction on the opposite side, after which the removal of the stone was effected easily, and without the least risk of laceration. (The appended sketch shows the exact space occupied by the stone in the grasp of the forceps.) Some little bleeding followed the incisions, but it was readily repressed by the application of cold.

From the direction and length of the cuts made, it will be seen that the floor of the urethra had been completely let down, together with the upper portions of the sides of the vagina. In order to support the parts in proper position, the vagina was afterwards filled with a number of small pieces of sponge. A small straight silver catheter had previously been passed into the urethra to secure the patency of that canal. Between the bits of sponge small fragments of ice were laid in order to prevent hæmorrhage, and a piece of lint wetted in iced water was also laid over the pubes of the patient. The catheter having been secured by tapes the patient was sent back to bed. It should be remarked, that by means of the sponge tents the most exact coaptation of the parts had been secured. We will now follow the case through its subsequent progress, as noted by one of Mr. Hilton's dressers, and then add such comments as appear necessary.

After removal to bed the child soon recovered from the effects of the chloroform, and appeared comfortable. At first a little blood passed by the catheter, but shortly afterwards the fluid became watery. Small pieces of ice were from time to time applied to the sponges in the vagina, and about the pubes. The child enjoyed her tea, and did not seem to suffer much pain; in the evening she slept a little, and at 8 p.m. half a drachm of the syrup of poppies was administered. 11 p.m.—There is no bleeding. The dose of syrup of poppies is to be repeated.

10th.—Has passed a fair night. The urine flows partly through and partly by the side of the catheter. The bowels have been well open, and the rectum did not prolapse during the act. About nine in the evening the sponge was removed from the vagina, and the catheter was also withdrawn. The lines of incision appeared to have united. The syrup of poppies is repeated.

11th.—Has slept comfortably, passing her urine frequently, but by no means constantly. Bowels open. She is allowed a meat diet and four ounces of wine daily.

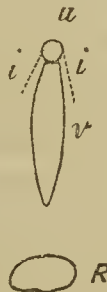


Diagram representing the direction of the incisions.

u Urethra.

v Vagina.

i i The incisions.

R Rectum.





12th.—A small clot passed this morning with the urine. Micturition is voluntary, and generally performed at intervals of about half an hour each.

After the last date, with the exception of an attack of diarrhoea which occurred on the 17th, and was easily arrested by means of a starch and opium enema, the child's progress was uninterruptedly good; she gained flesh and strength, and got quite rid of her former symptoms. By degrees the bladder became more and more tolerant of the presence of urine, and at the time of her discharge, July 5th, one month after the operation, she was able to hold her water for several hours at a time. It will be seen that there had been no incontinence subsequent to the day or two immediately following the operation.

The calculus removed was submitted to a chemical examination by Dr. Rees, who ascertained that it possessed a nucleus composed of mixed lithic acid and oxalate of lime, around which were deposited lithic acid, lithate of ammonia, earthy phosphates, and some oxalate of lime.

*Remarks.*—We have described the various steps of the operation so much in detail that it will not be necessary further to allude to them. Mr. Hilton performed the same some years ago upon a girl under his care in Guy's Hospital, and with like success, inasmuch as no incontinence of urine resulted. The patient was, however, older by several years than the subject of the above case. The two points in the operation appear to be, first, to avoid cutting into the vagina, and secondly to cut so freely that no laceration may be risked during the extraction. The above case affords a good example of the readiness and completeness with which even free incisions in these parts, when not subjected to any tearing or contusion, may heal. As, however, its success may be deemed to be beyond what ought to be ordinarily expected, the question will doubtless suggest itself to some, whether it should be quoted as an example for future imitation. There can be no doubt as to the propriety of avoiding incisions whenever a moderate amount of dilatation may be made to answer the end, and the only remaining question regards those cases in which, from the size of the stone, success by that method is impossible. In these latter is it better to proceed by enlarging the canal of exit, or by diminishing the mass to be removed,—to practise incisions of the urethra, or to use the lithotrite? From the shortness of the canal in the female, the large-sized instrument which it readily admits, and the ease with which fragments are extracted, lithotripsy would appear to be especially well suited, both the difficulties in its performance and the dangers afterwards being far less than in the male. In the majority of cases in which large calculi have to be removed from the female bladder, there can, indeed, be little doubt but that crushing of the stone is a far preferable measure to either excessive dilatation or incisions of the urethra. The same circumstances, however, which, in the male, incline the Surgeon, in certain cases, to prefer lithotomy to lithotripsy, have also their weight in the other sex. If the patient be very young, the stone supposed to be large, and if, above all, there have been evidences of great irritability of the bladder and proneness to inflammation, the danger attending the crushing of the stone becomes very great. In the above case it will be seen, that the whole of these indications were present, and in their strongest form, and appeared to mark conclusively the impropriety of anything less than an immediately radical measure. There is yet another point in the treatment which we cannot pass by without asking for it the reader's attention. It is as to the importance of the preparatory measures which were adopted. Mr. Hilton expressed a strong opinion, that the child owed its life to these precautions; and judging, indeed, from the state of its health at the time of admission, there did appear every reason to think such a conclusion well grounded.

## THE LONDON HOSPITAL.

### STRANGULATED INGUINAL HERNIA IN AN INFANT. —OPERATION.—RECOVERY.

[Under the care of Mr. ADAMS.]

Robert Warren, aged one year, a fine, healthy-looking child, was admitted into the London Hospital, June 27, under the care of Mr. Adams. About the latter end of last November, the mother noticed that the child had a swelling in his right groin, for which she brought him to this Hospital, and was told by the gentleman who saw him and reduced the swelling, that the child was ruptured, and that she must get a truss for him, which she accordingly did. Ever since that time the truss had been worn constantly during the day-time. The swelling afterwards only

appeared occasionally when the truss was off, and the child coughed or strained in crying. On Thursday, June 22, the child appeared out of health, and vomited very much, when he was taken to a Medical man, who prescribed a powder at bedtime. The child continued very sick, and the swelling came down the same night, from his efforts in vomiting; but the mother easily got it back, and put on the truss. He still continued very sick, and was given another powder in the morning, after which he got better.

On Monday, June 26, the swelling again came down in the night; and the mother not being able to reduce it, brought him to the Hospital on the morning of June 27, when there was found to be an oval tumour in the right inguinal region, in the course of the canal, extending from about the situation of the inner to the outer abdominal ring, but not into the scrotum. The testicle was distinctly separate. No impulse was felt in the tumour when the child cried; and the taxis, applied both by the House-Surgeon and the dresser for the week, failed in reducing it. A warm bath was then had recourse to, and the taxis again tried while the child was in it, but without success; the child kept continually crying when touched.

Mr. Adams then saw it, and attempted reduction; but, finding he could not succeed, and that there was no impulse when the child cried, determined on an immediate operation. The sac was not opened. The impediment to reduction was at the external ring; and, after it was divided, the intestine was easily returned. The wound was closed with a single suture, and the child (which was at the breast) put to bed with its mother. The bowels acted the same evening, and again on the following morning.

28th.—Had passed a pretty good night; rather restless towards morning. The skin around the wound and over the scrotum was slightly inflamed, for which a spirit lotion was ordered. Pulse quick; skin rather hot; wound looks healthy.

29th.—The child has passed a good night, and is much better; appears very lively, and sucks heartily. Wound looks very healthy, and is united at all points, except where the suture was, which was removed.

The case after this progressed most favourably to the end. Bowels acted twice every day; and, on July 4, the child was discharged.

*Remarks.*—For the above narrative, we are indebted to the notes taken by Mr. Hill, the dresser of the patient. The case is of interest as an example of strangulated rupture successfully treated by operation at an unusually early age. It is impossible to state accurately whether or not the hernia were of the congenital form, as the sac was not opened; but as, on former occasions, the protrusion had passed freely down into the scrotum, and always been easy of reduction, and had in the present, on the contrary, become strangulated while of small size and occupying only the inguinal canal, the presumption certainly is, that the gut was not in the same position as in the preceding occurrences. Most probably it had been thrust into the inguinal canal by the side of, but not into, the vaginal sac. Some remarks on this subject, to the effect that those herniæ which become strangulated in infants are rarely of the congenital form, may be found at page 189 of the *Medical Times and Gazette*, for Feb. 19, 1852. The reason, of course, is to be found in the great freedom of the communication with the abdominal cavity which exists in the congenital herniæ of infants, and which, for the most, scarcely permits of the occurrence of strangulation. That strangulation of such does, however, occasionally take place, is beyond doubt, and our own reports contain several examples of it; its comparative infrequency must, however, we think, be admitted.

The monographs of our English authors on hernia, of even the most extensive experience, contain the accounts of but very few operations performed on infants; and, as the above case makes the seventh which has been recorded in our Hospital Reports during the last eighteen months, it may be instructive to glance briefly at the series. The first general feature which strikes the observer is, that they are almost universally of the inguinal form, and occurring in male children. No instance of strangulated femoral hernia in an infant has ever come under our notice, the earliest age at which we have ever seen such an occurrence being 7 years. A girl of that age was successfully operated on by Mr. Johnson, at St. George's Hospital, in April last, and her case may be found alluded to at page 540 of this Journal, for May 27, 1854. A girl, aged 11, now attending the City Hospital for Chest Diseases, suffers from a femoral rupture, but she has done so only for about four months past, the protrusion having probably been caused by the spasmodic cough with which she is affected. It must, indeed, be obvious to all of experience, that femoral hernia is extremely infrequent below the middle period of life. A very large majority of those women subjected to



operation in our Hospitals for that form are of advanced years, and hence, possibly, an element of danger. The earliest age at which, among the cases in our reports, an operation for femoral hernia in the male has been performed is 17, the patient in which instance was, during April last, under Mr. Cock's care, in Guy's Hospital, and recovered.

Another general fact respecting the age most liable to hernia is, that the period intervening between absolute infancy and adult age appears to be comparatively exempt. Our Reports, as we have said, contain seven examples of strangulated hernia in infants, all of which were under the age of two years, and most of them under one; yet, during the same period of time, we find but six cases in which the patients were between the ages of 2 and 20, and more than one of those very closely approached the latter age.

The proportion of recoveries after operations for hernia on infants appears to be large. Of the seven cases mentioned, six did well, and the seventh died a fortnight after the operation, when the wound made was all but healed. The intestine in the latter case had quite recovered itself; but as the fatal disease was acute peritonitis, complicated with pleurisy, it cannot, perhaps, be safely said that it was not due to the operation. The child was eleven months old, and had done remarkably well for the first ten days. The sac had been opened. The average age of the subjects of these operations was twelve months; the average duration of the strangulation was thirty-nine hours; and in four of them the sac was not opened. In three of them reduction was very easily effected as soon as the parts external to the sac had been divided; while in two others all attempts at replacement failed until the neck of the latter had been freely incised.

On the whole, then, we seem authorised to conclude, that in the strangulated herniæ of infants there is every reason for the performance of an early operation, and for the expectation of a favourable result.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### THE BRISTOL GENERAL HOSPITAL.

#### TWO CASES OF EXTRACTION OF CALCULUS FROM THE FEMALE BLADDER.

For the particulars of the two following cases, which are of especial interest in connexion with the preceding ones, we are indebted to Mr. W. Michell Clarke, the House-Surgeon to the Hospital where they occurred.

*Case 1.—Extraction by means of an Incision Upwards of a Stone nearly the size of a Walnut.—Recovery with but slight nocturnal incontinence of Urine.*—A girl, aged 8, who had suffered from the symptoms of stone in the bladder for upwards of a year, was admitted on April 19, 1854. It was found, that from the frequent forcing of the stone downwards, the urethra had been so much dilated that little more than its meatus remained of its natural size. The operation, which was conducted under the influence of chloroform, consisted in introducing a pair of ordinary polypus forceps into the bladder, with which, after some dilatation of the parts, the stone was seized, and brought down against the orifice of the urethra. As it could not be extracted without, a small incision was now made with a probe-pointed bistoury, in a direction upwards, after which, by a little traction, its removal was accomplished. It proved to be nearly the size of a walnut, and consisted of lithic acid, coated with phosphates. During the few days immediately following the operation, the urine was of course passed involuntarily; gradually, however, this inconvenience diminished, and when Mr. Clarke last saw the patient she suffered only from occasional incontinence during sleep. As regards general health, the recovery had been complete.

*Case 2.—Extraction by means of Incisions above and below of a Stone nearly the size of a Bantam's Egg.—Recovery with slight and gradually diminishing incontinence of Urine.*—A girl, aged 15, who had suffered for a considerable period, was admitted in the beginning of May last. The same condition of extreme dilatation of the whole length of the urethra existed which was noticed in the preceding. The operation was performed on May 11, and consisted in the first place of a repetition of the steps mentioned in the above. The stone being, however, much larger, it was found impracticable to remove it after the incision upwards had been made, and a second cut was accordingly made in the lower border of the meatus. After the latter, the stone, which

was nearly as large as a bantam's egg, was safely extracted. It had on one surface an appearance as if it had been adherent to the bladder. During the day or two subsequent to the operation there was incontinence of urine, and also a good deal of abdominal pain. On the 14th, (third day,) on two occasions during defecation, severe hæmorrhage from the bladder took place. It was supposed that this bleeding took place from the surface of the mucous membrane from which the adherent calculus had been detached. On the second occasion, the loss was so great as to induce alarming faintness. The oil of turpentine was exhibited internally, and appeared to be effectual, as no further bleeding occurred. The girl subsequently made a good recovery, and was discharged from the Hospital on June 3, about three weeks after the operation. Mr. Clarke reports, that at the present time she suffers from a little incontinence of urine at night only, and that this gradually gets less.

Considering the large size of the calculus removed in each case, the result must, in both of these instances, be regarded as highly satisfactory. As the operations have been but recently performed, there is, moreover, a considerable degree of probability that what incontinence yet remains may eventually quite cease, as, in such cases, the improvement is often very gradual, and the cure frequently occupies several months. The operation by the vertical cut upwards, which was successful in the first of these cases, was the one first recommended by Colot, and more recently adopted by Dubois, Richeraud, Dupuytren, and others. It has the advantages of being free from risk of hæmorrhage, of liberating the least yielding part of the urethra, and of leaving a wound which, on account of its position, is likely to heal well. The vertical cut downwards has been thought by some to be attended by great risk of permanent incontinence; while it is generally admitted to be efficient, beyond all others, in affording room for the extraction. Professor Chelius (a) records concerning it the following very favourable opinion:—"This method corresponds to the recto-vesical operation in the male; by it a sufficiently large wound may be made without danger of bleeding, and the largest stone may be extracted with ease, as experiments on the dead, and successful results on the living, have convinced me. That incontinence of urine is to be feared from a free cut, and that the danger of vesico-vaginal fistula is greater than in the common mode of cutting the bladder and the vagina, is refuted at least by my experience, which especially determines me to consider this the most preferable mode of operating."

### NORFOLK AND NORWICH HOSPITAL.

#### REPORT ON MEDICAL CASES TREATED DURING THE YEARS 1850, '51, '52, AND '53.

By W. H. RANKING, M.D. Cantab.

[Continued from page 88.]

#### RHEUMATISM.

RHEUMATIC affections, which form a large proportion of the diseases of the labouring population of this country, have presented themselves to my notice under three separate forms,—acute arthritis, chronic arthritis, and rheumatism of the muscular sheaths, and tendinous structures of the fleshy portions of the body.

Of acute rheumatism seven cases only have fallen under my care, the smallness of which number is to be accounted for by the fact, that in this, as in most other maladies, the patient seldom becomes an inmate of the Hospital until the acute stage has been passed under other superintendence. Of these seven cases, four were females, three males; their ages were under 40 years. There was heart complication in only one instance, that of a female, who also formed the only exception to complete recovery.

The main interest attached to these cases is referable to the treatment. Four out of the seven cases were treated by lemon-juice from the first, with the most marked benefit. A fifth was not favourably affected by it, but recovered under the use of colchicum with alkalis. The point in which the contrast between the treatment by lemon-juice and that ordinarily adopted was most noticeable, is the rapidity of the recoveries. In the cases alluded to, the subsidence of the arthritic pain and swelling was evidenced as early as the third day, and the patients were able to use their limbs with comparative freedom within ten days; whereas, in the three cases treated with colchicum, the same amount of improvement was scarcely attained at the end



of a month; so far realising the justice of the remark once made by an eminent Practitioner, that the best treatment for rheumatism was "six weeks." No unpleasant symptoms were observed to follow the use of lemon-juice, nor was it necessary to combine it with any other medicine. I attach great importance to the use of fresh lemon-juice. In one case, which had made the usual advances for the first three days, I found the patient complaining, that she did not progress as she had done, and, upon inquiry, I found that a compound obtained at the confectioner's had been substituted for the juice of the fresh fruit; and, on returning to this, which she did on the eighth day, the rheumatic symptoms began at once to yield again, and her amendment was thence uninterrupted. As this mode of treatment is still exceptional with the profession, it may not be without advantage to give the details of the cases referred to.

*Case 2.—Acute Rheumatism.—Lemon-juice.—Cure in Fourteen Days.*—Mary Nichols, aged 17, admitted Dec. 10, 1850. A delicate, chlorotic girl; by trade a shoe-binder. She was, after exposure to wet in the streets, seized with pain and swelling of the shoulder, wrist, knee, and ankle-joints, which, on admission, exhibited the usual characters of rheumatic inflammation. The slightest movement caused excessive pain; the pulse was full and quick; the tongue furred; the urine loaded, and the skin moist.

R Hyd. chlorid. gr. v, statim; mist. sennæ c. ʒiiss. post horas sex.

11th.—The bowels having been freely relieved, she was ordered—

Succi limonum recentis ʒss. ex aquâ ter indies.

14th.—The report is, that the pain and redness of the joints are much diminished; the tongue is cleaner; and she can move in bed.

19th.—Is sitting up, and complains only of stiffness in the affected joints.

At the end of another week, she took iron and quinine for the anæmic condition, and was discharged cured Jan. 30. I consider, however, that her rheumatic symptoms had been entirely removed at the expiration of a fortnight from the commencement of the lemon-juice.

In the next instance, the amendment was still more rapid.

*Case 3.—Acute Rheumatism.—Lemon Juice.—Cure in five days.*—Shadrack Luke, aged 43, an agricultural labourer, was admitted June 27, 1852, with rheumatic swelling of the elbow and ankle-joints, the latter being most severely affected. He had been ill a week, and attributed his attack to working in the marshes. After an aperient, he took lemon-juice in a similar dose three times a-day.

29th.—The ankles reported as less swollen, the tongue clean, and pulse 64, soft.

July 3.—All rheumatic inflammation has subsided; the patient's chief complaint being debility. He was discharged convalescent on the 9th.

*Case 4.—Acute Rheumatism.—Lemon Juice.—Relapse.—Ultimate Cure.*—Caroline Brent, aged 22, a domestic servant, admitted January 26, 1852. Has been ill a fortnight with general arthritic rheumatism. She lies immovable in bed, all her joints being swollen and painful; the tongue is loaded; pulse 120, and full; the skin sweating.

R Hyd. chlorid. gr. v. hæc nocte. Hanst. sennæ c. primo manc. Habeat succi limonum recentis ʒss. ter indies.

29th.—Considerably better; pulse has fallen to 80; tongue cleaning.

July 3.—Is sitting up, and able to walk about the ward.

6th.—Has made no progress since last report; on the contrary, there is a return of rheumatic symptoms. On inquiry, discovered that, in consequence of a scarcity of lemons, a compound obtained at the confectioner's had been substituted, (a) which she had been taking for the last three days. She was immediately ordered to resume the fresh lemon-juice, from which time her progress again became satisfactory, and on the 19th she was presented.

*Case 5.—Acute Rheumatism.—Cardiac Complication.—Lemon-juice.—Cure of Rheumatism.*—Harriett Hartnell, a widow, aged 29, admitted Jan. 28, 1853. Has had several attacks of rheumatism, and has been liable to dyspnoea and palpitation for a considerable period. The present attack dates from ten days. She has general rheumatic pain and swelling of all the joints, both large and small, the wrists and metacarpal joints being especially red and painful. The pulse is full, with occasional intermission; and the tongue is thickly coated with yellow fur. She complains

of some præcordial pain; and on auscultating the heart, a soft bruit is heard replacing the second sound. No friction murmur is to be detected.

R Emplast. lyttæ præcordiis. Hyd. chlorid. gr. i., ext. opii gr. ʒ, in pil: ter indies; succi limonum recentis ʒss. 4tis horis.

Feb. 1.—The rheumatic symptoms have subsided, as well as the præcordial pain; but the irregularity of the pulse continues, as does also the diastolic bruit. The patient now complaining of exhaustion, the mercury and lemon-juice were omitted, and she was ordered quinine, with wine, and improved diet.

9th.—Some return of rheumatic pain in one shoulder, which yielded to a chloroform liniment.

March 2.—Discharged, greatly improved in health, the heart's action remaining irregular.

In this case it was presumed that the valvular mischief revealed by auscultation was mainly due to prior rheumatic seizures; but, as the patient complained of præcordial pain, it was thought advisable, as a precautionary measure, to assume the presence of additional endocardial inflammation. The result proved that this estimation of the heart symptoms was correct; for, although the præcordial distress was relieved, there was no change accomplished either in the disturbed rhythm or in the valvular bruit, which might reasonably have been looked for had these symptoms depended solely on recent endocarditis. The action of the lemon-juice was equally prompt in this as in the preceding cases; and I may remark, as in many others of which I have had subsequent experience, in private as well as public practice.

#### CHRONIC RHEUMATISM.

Under this term is included a series of cases of very frequent occurrence in the class of the population likely to be applicants for hospital relief. Indeed, among the agricultural labourers of the bleak Eastern counties, chronic rheumatism may be said to be a part of their inheritance, the "rhenmatics" being almost a universal scourge of their post-climacteric existence. In its less severe forms, however, the disease is more commonly seen among the out-patients, not being thought either by themselves or their Medical attendants to require in-door treatment.

Chronic rheumatic arthritis has presented itself under two forms; one in which an acute attack has from neglect or imperfect treatment merged into a state of less activity, and which is chiefly confined to the large articulations; the other in which the seizure has been subacute from the first, has recurred frequently, and has implicated and more or less distorted the smaller joints. In either of these forms, the results of treatment have been far less satisfactory than in the acute disease; while some have been cured, and the enlarged joints reduced to something like their normal size and figure, others have obstinately resisted the best devised therapeutical measures, improving and relapsing according to the thermometric and hygrometric variations, until the patience of both patient and Physician have been well nigh exhausted. Of these cases, but fourteen have been admitted under my care; ten males, four females, of which number eight have been cured, and six relieved only. None of these cases are of sufficient interest to warrant their detail, but some remarks may be made on the treatment usually adopted.

My experience on this subject agrees, for the most part, with what I believe is that of the Profession generally, that lemon-juice has much less power in the sub-acute than in the acute type of rheumatism. It has seldom, therefore, been prescribed by me in the class of cases under review, and only in such as manifest a severe recrudescence of rheumatic inflammation; in such it acts *pro tanto* as in the simply acute form. The remedies commonly relied upon by me have been colchicum, iodide of potassium, cynara, and cod-liver oil. Colchicum has been preferred in proportion to the activity of the symptoms; in fact, to their approach to the re-action of the acute disease. In the more chronic cases, the iodide of potassium has been found of great value, and has been the medicine in which I have reposed the greatest confidence. Cynara has appeared useful in some instances, but not to the extent I had been led to expect from the encomiums of others. In very chronic cases, occurring in old persons, or in patients of cachectic habit, cod-liver oil has been found a valuable resource.

In the above class of cases, it has not been usual with me to trust entirely to internal remedies, but I have always enjoined warm water or vapour baths, terebinthinate baths, and the local application of blisters and iodine to the affected joints. From the latter application much advantage has been derived, especially when the disease has been limited to one or two joints. Under this application, in the form of solution (iodinii ʒj., potassii iodidi ʒij., sp. rect. ʒiiss.) a speedy resorption of the arthritic exudations has occasionally been accomplished.

(a) This is, I believe, a mixture of syrup and sulphuric acid with lime-juice.



The great advantages of free cutaneous elimination in all forms of rheumatism need scarcely be insisted upon, and accordingly the vapour bath has generally been prescribed as frequently as the powers of the patient would permit. In two unusually obstinate cases a warm camphine bath was used with sufficiently good results to warrant its further trial, not only inducing free diaphoresis, but aiding also the elimination of the rheumatic element by the kidneys. I was led to try this plan from noticing a paper by M. Chevandier, (*Revue Médicale*, Jan., 1850,) in which several striking cases thus treated are recorded. M. Chevandier took the hint from the practice of the pitch-boilers in his vicinity, who, when affected with rheumatism, are in the habit of exposing themselves to the vapours of their cauldrons.

## Medical Times & Gazette.

SATURDAY, JULY 29.

### STATUS OF DISEASE IN IRELAND.

THE admirable Report which has just been issued by the Commissioners for the last Census of Ireland on the "Status of Disease" in that country, furnishes a valuable contribution to Medical statistics, and, while it cannot fail to excite great attention among physiologists and statisticians, it demands the careful study of the Medical Profession, as it gives the results of the only attempt which has yet been made in any country "to collect and tabulate the diseases presented on a single day."

The returns given in this report are the more valuable from the circumstance that Ireland has not yet the advantage of a general registration of deaths, in consequence of which we cannot mark the progress of fatal disease from one quarter to another in Ireland as we can in England and Wales, and in London every month. For the purpose of census-taking, however, Ireland has a very efficient machinery in its intelligent constabulary and police, of which the most satisfactory proof was given in the Census of 1841 and in that of 1851, as well as in the agricultural statistics, which have been taken without requiring the authority of an Act of Parliament, or even an order of Council.

The Commissioners had the greatest facilities for obtaining returns from hospitals, asylums, prisons, and the various Government and private institutions for which Ireland is celebrated; and in addition, the Report states, that every assistance was afforded by heads of families in answer to the inquiries relating to the sick at their own homes. The following are the general results of these investigations.

The total number of sick, including those affected with permanent disease, returned from the whole country on the Census night, was 104,495, being 1 in every 62·5 of the population; the proportion of the sexes in this huge sick-list being 95·53 males to 100 females. The circumstances of these invalids were as follow:—

At their own homes, in civic districts, 6455; in rural districts, 41,836 ...	48,291	{ Sexes nearly equal.
In Infirmarys, Lunatic and other Asylums, and Gaol Hospitals ...	9,078	{ 100 males to 76·65 fem.
In Workhouses and Workhouse Hospitals ...	47,126	{ 84·5 males to 100 fem.

104,495

The various diseases under which this hundred thousand were suffering amounted to 120, to which number the classification has been extended since the Census Report for 1841, when the number was 94.

The analysis of this large amount of disease shows the important fact, that the number of persons labouring under epidemic diseases far out-number those from any other cause; 34,998 being 1 to 3 of the total sick. Great varieties existed in the provincial summaries for this class of disease in proportion

to the population. In Leinster and Connaught, 1 person in every 209; in Munster, as many as 1 in 106; and in Ulster, only 1 in 432. The differences are more remarkable on the comparison of particular localities, being greatest in the city of Kilkenny, and in the counties of Clare and Kerry. In the city of Waterford and the town of Galway, the proportion varied from 1 in 55 to 1 in 94 of the population. It was least in the counties of Antrim, Down, Armagh, Donegal, Dublin, and Belfast: showing, as the Report observes, in the former instance, the effects of poverty and destitution in the production and maintenance of epidemic diseases; and in the latter, those of comfort, industry, and cleanliness, in maintaining a comparative immunity from diseases of an epidemic or contagious character.

Taking these epidemics in detail, the greatest numbers are given under fever, dysentery and diarrhoea together, ophthalmia, and influenza. Fever cases were 13,777, or 1 in 8 of the entire number from all causes; as many as 7888 of these cases were in the workhouses and their hospitals. Dysentery and diarrhoea amounted to 9729. Ophthalmia gave 3883 cases, prevailing most in the county of Cork, 1 in 50 of the population being affected; it was rife in Tipperary and Limerick. Influenza amounted to 3542 cases. The cases of small-pox were 888, a very large proportion appearing in the country districts, in which vaccination is neglected, and inoculation with small-pox virus prevails. "Six persons were infected with glanders, a disease which appears to affect the human subject more frequently than formerly; and, as it is invariably derived from infected animals of the equine species, it is one which should properly come under the surveillance of the police."

In sporadic diseases, the first section, including diseases of the brain, nervous system, and organs of sense, presented 24,522 cases, 100 males to 97·78 females. The total number of epileptics was 856, but there were many other cases registered, as in the case of idiots, under the major affection.

Cases of disease of the respiratory organs amounted to 10,509, or 1 in 10 of the total sick,—the females predominating in the proportion of 100 to 88·1. When we remember the prevalence of disease of the lungs in Ireland, this number will not appear an exaggeration, even though we add to it the 3542 cases registered under the head of "influenza," which was prevalent at the time of taking the Census. The county of Louth and the city of Dublin exhibit the greatest amount of phthisis in proportion to their population.

Of diseases of the digestive organs, there were 4511 cases,—1 in 23 of the total sick, the chief item being dropsy. There were no means of ascertaining the particular diseases of the liver, heart, or lungs, of which the dropsical appearances in these patients were the symptoms. Ascites is well known to have long been one of the most frequent disorders among the poor, who live chiefly on potatoes; and it may be hoped, that the change of food now taking place will greatly reduce this form of suffering.

To complete our selection of the prominent features of this gloomy picture, we must add, that 191 persons—95 males, 96 females—were returned as labouring under the effects of cold, exposure, or starvation; 42 were received in the Hospitals in a state of extreme destitution; and 149 were found by the police affected with diseases, the results of privation of food and raiment, and, in many instances, of exposure to the inclemency of the weather during the previous winter. It is gratifying to note that the land-scurvy, which prevailed during the years of scarcity and change in the people's food, has almost totally disappeared.

In this highly valuable and important memoir it has been attempted to give a view of the actual hygienic state, at a certain day and date, of a population of known amount, and living under tolerably well defined conditions of latitude, soil, and climate.



Such an investigation is of far deeper importance and of more immediate value to the interests of the community than may at first sight be apparent. In a scientific Medical point of view it is of extreme interest to know what proportion the sick bear to the healthy in the whole population, to ascertain what is the normal relative proportion of those affected with all diseases, the relative amount and respective geographical distributions of individual diseases, and, as far as may be possible, to arrive at precise notions as to how far the conditions which attend the manifestations of disease affecting the community at large differ in our own and other countries. By such investigations only can we form scientific and accurate opinions to guide us in the solution of the various important problems of Social Hygiene which are now beginning to receive so much consideration in other countries, and are included under the term State Medicine.

#### THE ADVERTISING QUACKS.

A Correspondent, wishing to aid in our exposure of the Advertising Quacks, has forwarded to us a veritable letter, addressed by one of that body to a young gentleman who only just escaped becoming a victim. The Medical man who forwarded it, in an accompanying note, says—"I send you a letter from a member of one of the advertising firms to a young gentleman who recently consulted me. A College student of high moral character, he became alarmed at the occurrence of seminal emissions at night, which appeared once a week, and which, from reading the advertisements in the *Times*, (?) he connected with some indiscretions at school five or six years previously. He immediately wrote to the advertiser, who returned the letter I send you." The following is a copy:—

"London, October 30, 1852.

"Sir,—I have to acknowledge receipt of your letter, and for the fee therein contained beg to hand you some directions, etc. I regret, however, to have to acquaint you that you have most seriously injured yourself by the practice of the baneful habit of self-pollution.

"I have carefully considered your case, and I entertain no doubt whatever that the principal seat of disease is situated in the seminal vessels, which have become so relaxed in their tone and powers of retention, by the habit alluded to, that, not only are you subject to nocturnal emissions, but I am further of opinion that the *seed* is also carried off in your *urine*. The effects of this on your constitution must be sufficiently obvious, when you recollect that every ounce of semen so lost, or by nocturnal emissions, is equal to *twenty ounces of blood*, and is not only capable of producing all the symptoms described, but, moreover, such is the sympathy existing between the brain and the generative functions, that if this drain upon the *most vital of all your secretions* be not quickly controlled, your whole system, mental and nervous, will sustain considerable derangement, while the organs of generation will relapse into a *state of impotency, so as utterly to destroy all capacity for sexual intercourse*. I would wish you to bear in mind that, although you are not yet suffering from all these consequences, yet you have daily to apprehend their appearance, coupled with the conviction that they will have been superinduced by your own folly.

However, by care and attention to my instructions and remedies, there is no doubt whatever but that these deplorable results of your indiscretion can with certainty be avoided, and your cure secretly and expeditiously effected.

You must have a course of medicines *expressly prepared for you*, requiring no confinement, change of diet, or hinderance from business. The fees for these will be 10*l.*, and on receipt of that amount, the remedies, carefully protected from observation, will be forwarded to your address, or to any other place till called for that you may direct.

"I am perfectly assured that you will have occasion to feel deeply indebted to me for the very delicate service I hope to be the means of rendering you in a matter of so much importance in reference to your future happiness, domestic comfort, and peace of mind.

"I may also add that the medicines would be liquid, to be taken night and morning, and that they would contain no mercury or deleterious compound whatever, acting principally as an

astrigent on the seminal vessels, and as a tonic to the digestive organs.

"I am, Sir, yours faithfully,

"\_\_\_\_\_."

"P.S. In order to prevent unnecessary trouble, have the kindness to give your address in each letter you may have occasion to write to me."

Here follow some directions to the patient regarding diet, exercise, and sea-bathing, which are, we admit, unexceptionable, and quite sufficient in themselves to put a stop to any undue secretion; but of course it would not suit the quack's view to admit this, as his object was to sell the medicines "expressly prepared for you;" accordingly, we find the following crafty addenda:—

"I would observe, however, in conclusion, that these directions must be considered as supplementary only to the remedies I propose sending you, without which, I fear, they will prove of little avail, while, by delaying the treatment of your case, you will render the cure more uncertain—*perhaps altogether impracticable*."

The drift of this epistle is of the ordinary alarming nature; but the original possesses one feature which is not obvious in the printed copy. It is evidently a circular written by some corresponding clerk, but signed by the principal himself. This only corroborates what we have long been given to understand, that these consultation letters, in which the correspondent's case "has been carefully considered," are kept ready written by scores, and are, of course, sent indiscriminately to patients. That it is only a circular must be evident immediately the letter is opened; yet even this fact is insufficient to open the eyes of the poor deluded victim, who believes implicitly in "the medicines prepared expressly for you," although they have without doubt been concocted by gallons as long beforehand as the circular itself.

But we have grown as weary of this loathsome subject as no doubt the reader has. We trust, however, that we have made it sufficiently clear to the most credulous, that the boasted "secrecy" of the manly vigour class of impostors is a delusion and a snare; that the name, and address, and "secret habits" of the patient, are known not only to the quack, but to his clerk; and that this knowledge is made use of to drain him of his last farthing, and to grasp at even that which he has in prospect.

Of the detestable circulating library of these quacks we have shown sufficient to put our reader in possession of their main features. We have yet to give him an idea of the extent to which it is distributed. The author of "Manhood" states, that he has published a sixty-second edition of that work, and sold upwards of 40,000 copies; while "Self-Preservation," according to the frontispiece, has attained its sixty-first edition. The "Silent Friend" has, perhaps, sent as many poison-batches among the public. These are the three principal works of this class, but there are others of a similar nature, though of smaller circulation, the combined circulation of which cannot be less than 200,000 copies! It is only by considering the enormous circulation of these traps for the unwary, that we can form any conception of the injury they inflict upon society. While the quack can command the Press and the post, he has no need of agents or touters to secure him patients. He spreads out these pages over the country as the grocer spreads out his *gummed fly-papers*, and thus manages to entoil his victims as helplessly as the latter does all kinds of winged thieves.

If we have not yet said enough to "warn off" unsuspecting youth from the dangerous ground occupied by this class of quacks, let him follow us into his home, let us draw aside the inner veil of his consulting-room, and show him the benevolent individual whose only care is to minister to the misfortunes of his fellow-creatures. There is the house, in the best street of one of the best situations; there is something in the very expression of the front which leaves a bad impression on the mind.



Bricks and mortar, and staring plate-glass, certainly manage to give it a villanous physiognomy; whether it be that of a gambling hell or a brothel, it is difficult to decide. If we enter, this disagreeable impression is only increased. There is no sign about it of either a decent house or of an honest place of business. The ill-assorted gilded furniture of the waiting-room looks ghastly, and everything you see leaves the idea that there is something going on in the place that dare not meet the honest public gaze. The quack's "consulting-room" might be likened to the chamber of the Inquisition; here the patient sees the drawn curtain, behind which the hideous wax-model of a face eaten with syphilitic ulcers, acts as a kind of moral thumbscrew to frighten the victim who is unwilling to submit to extortion. In those drawers are the promissory-notes and bills ready at once to secure the desired effect of the excited fears of the moment, and to afford a *written proof* of the nature of the victim's business with the quack, in case he should dream of repudiation; and, lastly, in that well stuffed chair, behold the "Silent Friend" himself, magnificently draped in green velvet, hung with gorgeous chain, and loaded with rings.

If our readers feel at all inclined to doubt the picture we have drawn of the rapacious tendency of this class, and of the success with which they gratify their instincts, they have only to look at results—to inquire into their general style of living—to watch their glaring, expensive equipages in the Park, which are distinguishable at a glance by their brilliancy and bad taste; and we feel quite convinced that our readers will agree with us, that the expenditure thus entailed can only be maintained by a wholesale robbery of unhappy victims.

#### OUR MEDICAL CHARITIES.

SINCE a late article on the Essex and Herts Benevolent Society our attention has been called to a similar society in Birmingham, and we have great pleasure in placing the substance of the circular of the Society before our readers, in the hope not only of obtaining additional support for it, but of encouraging the formation of similar charities in other parts of the kingdom.

This Medical Benevolent Society was established in Birmingham in the year 1821, for the purpose of affording pecuniary relief to such Medical Practitioners, being members, as may be reduced to indigence by mental or bodily infirmity; and likewise for providing relief for widows and children of deceased members, if left without adequate means of support. The experience of the Society, derived from a period of upwards of thirty years, has fully proved its utility and importance in affording assistance to the disabled Practitioner, and support and comfort to the widowed home. Since the commencement the large sum of 1969*l.* 10*s.* has been administered, in half-yearly grants; most of the recipients being widows with families, and in three instances Practitioners disabled by disease. The value and importance of the relief thus granted may be best appreciated by the fact, that in two instances in which fourteen guineas only have been paid in subscriptions, the sums of 415*l.* in one, and in the other 490*l.*, have been granted; and that in the latter case the widow is still enjoying the bounty of the Society, while in the former the assistance was discontinued by the request of the recipient, in consequence of the amended state of her circumstances. In other cases, sums varying from 80*l.* to 200*l.* have been granted.

A knowledge of these facts should lead to greater exertions for the benefit of this Society, as they certainly afford a strong claim to general support and co-operation.

MR. DOMVILLE, Surgeon of the Tiger, is to be exchanged, along with other officers, for Russian prisoners carried to Odessa in the Fury.

#### REVIEWS.

*A Treatise on Hooping-cough: its Complications, Pathology, and Terminations. With its Successful Treatment by a New Remedy.* By GEORGE D. GIBB, M.D. Pp. 395. London. 1854.

DR. GIBB has evidently paid great attention to the subject of hooping-cough, and the present volume is an ample proof of the industry and talent with which he has conducted his researches. His knowledge of the literature of this disease is very extensive, and he appears to have neglected no source of available information. All the authors who have written upon hooping-cough receive due consideration; and we might almost complain that the different plans of treatment are recorded at unnecessary length. One principal object of the book, as we are informed by Dr. Gibb, is the recommendation of the use of nitric acid in the treatment of the disease—a remedy which was suggested to him by Dr. Arnoldi, of Montreal, who was the first to employ it. Dr. Gibb is enthusiastic in his praises of this agent, and thinks it superior to any other previously employed.

We are unable to follow the author through all the details of his elaborate work, but we shall endeavour to point out the chief features of novelty or of interest which have particularly struck us during its perusal.

The chapter on the mortality from hooping-cough has been prepared from the volumes of the Registrar-General, and contains statistics which have not appeared before in relation to the disease.

From these data we find that hooping-cough is more fatal *under five years of age* than either small-pox, measles, or scarlet fever. Passing over the chapter devoted to the symptoms of simple hooping-cough and those which treat of its complications and terminations, we arrive at the important question of its pathology, and here we find that Dr. Gibb pursues the same plan as that adopted in the rest of his work, namely, to review fairly the opinions of preceding authors before offering his own. Thus, one author places the seat of disease in the brain, another in the vagus nerve, another in the stomach, another in the phrenic nerve. Some regard it as an inflammation of the larynx, the trachea, or the bronchi; others consider it essentially nervous in its nature. By some it is supposed to arise from a peculiar miasm, and Linnæus went so far as to attribute its attacks to the inhalation, during breathing, of the minute eggs of a peculiar species of insect. The author's own views are eclectic, and are summed up by him as follow:—

"1. Toxication of the blood, produced by some unknown specific influence, peculiar in its nature, not unlike that of measles and scarlet fever, in the circumstance of its affecting persons once during their lives, generally children under five years of age.

"2. Irritation of the terminal loops of the nerves supplying the mucous membrane of the bronchial tubes, producing vascularity and consequent secretion of a greater or lesser quantity of mucus.

"3. Reflex action of the pneumogastric and respiratory nerves, followed by congestion of the vessels of the medulla oblongata and pia mater surrounding it, and also at the origins of its nerves.

"4. Spasmodic contraction of the circular and longitudinal muscular fibres of the bronchi, consequent upon the foregoing, manifesting itself in the series of sudden expiratory efforts, and the well known sonorous back draught, or hoop.

"5. The immediate result of which is frequent and rapid respiration, to compensate for its temporary absence, producing a highly oxygenated or super-oxidized state of the blood, with a tendency to the formation of fibrinous concretions in the heart during the spasms.

"6. As a secondary result of the spasmodic muscular contraction of the bronchi, we have a temporary hypertrophy of the muscular fibres thus acted upon, which disappears again after the cure is established.

"7. The disease is at first irritative and catarrhal, and afterwards nervous and spasmodic, both due to the unknown peculiar exciting cause present in the blood.

"8. It manifests the peculiarity of running a special course, through its different stages, three in number, but which may be cut short or greatly diminished by Medicinal treatment."—P. 212.

Three chapters are devoted to the review of the remedies recommended by various writers in the treatment of pertussis; and the eighteenth chapter describes the peculiar treatment recommended and adopted by the author.



The view entertained by many practitioners, and generally by the public, that pertussis, if not interfered with, will run its course, and that Medicine is of little avail in shortening its duration, is opposed by Dr. Gibb, who considers that nitric acid has the power of cutting short the disease, and, indeed, "that it not only arrests the paroxysms, and removes the hoop, but that it shortens the disease almost as effectually as quinine does intermittent fever."

"It not only," says Dr. Gibb, "produces a powerful antispasmodic effect, but an equally tonic influence, and supplies to the blood an element—nitrogen—which removes or neutralizes the excess of fibrin existing in that fluid—one of the dangerous elements of the disease—and so destroys the poisonous principle combined with it, which is the primary cause of the affection."

The method of administering the acid for whooping-cough, as adopted by Dr. Arnoldi, and followed by Dr. Gibb, is the following:—

"To a tumblerful of very sweet water (almost syrup) add as much acid as will bring the water to the strength of pure lemon-juice, when it is ready for use. An adult may consume this quantity in three or four hours. A child one year old may take a dessert-spoonful every hour.

"He (Dr. Arnoldi) has remarked, that the efficacy depends on the amount taken, and that especially by the frequency of repetition, so that he confidently asserts there is not the slightest risk of an over-dose.

"To save the teeth, he advises a solution of carbonate of soda, two drachms to eight ounces of water, to be used as a gargle immediately after taking the acid."—P. 312.

In addition to the nitric acid treatment, Dr. Gibb recommends the use of chloroform as suggested by Dr. Churchill and Dr. Todd.

"For young children, small doses of ten or fifteen minims, dropped upon a linen handkerchief, and held a short distance from the child's mouth, so that the air may be admitted along with the vapour of the chloroform, will prove the most convenient plan of administering it. This may be repeated at intervals, according to the severity of the paroxysms; and, as no warning can be given of their approach, it will be advisable not to wait for their invasion, as the chloroform will, I feel satisfied, ward them off as effectually as if used during their presence."—P. 350.

We conclude by again expressing our good opinion of this work, and recommending it as a very excellent treatise upon a very important disease. We have no experience ourselves of the nitric acid treatment; but, as so many remedies have been tried in this very troublesome affection, and have failed, it is only fair to give the new treatment a chance of success.

*Anatomical and Physiological Observations.* By JOHN STRUTHERS, M.D., Fellow of the Royal College of Surgeons of Edinburgh, Lecturer on Anatomy. Part I. Edinburgh. 1854. 8vo.

THIS volume contains much useful information from the pen of a well-known and careful anatomist, and cannot be otherwise than acceptable to those engaged in the advancement of science. He shows by researches in the bodies of the lower vertebrata, that the view taken by Porterfield, 1759, and John Hunter, 1786, of the use of the oblique muscles of the eye is correct, namely, to turn the eye more or less directly on its antero-posterior axis. This opinion is generally received by the better informed, but it will be strengthened by the support which Mr. Struthers's facts afford it. Next follows a brief account of two cases of "double stomach" in man.

In the chapter on the nerves of the orbit, the author very properly concludes that the endeavour to trace the motor nerves of the eye to the same cerebral connexion has failed; and he therefore differs on this point with Mr. Solly, who seems to hold that especially the third and the sixth nerves have some intimate relation to each other. We refer the reader to some interesting cases, collected to show the consequences of paralysis of the several nerves. The chapter on rudimentary ribs, and on some points of the anatomy of the vertebræ, deserves perusal. We are glad to see that the author recognises the value of Professor Owen's discoveries, which, though almost universally adopted in anatomical museums, where accurate descriptions are required, are yet carefully excluded from the lecture-room and the arena of public examinations.

The style of the author is concise, but somewhat hard. The contents of the volume will, however, amply repay perusal.

*Jahresschrift über das Blinden Wesen im Allgemeinen, wie über die Blinden-Anstalten Deutschlands Insbesondere.* Von J. G. HIENTZCH, etc. Berlin. 1854.

WE notice this work for the sake of warning our readers against wasting their money by sending to Berlin for it. The greater part of the volume is taken up with some silly biographies of blind people, another portion by the names of magistrates and others who have contributed the magnificent sum of from half a thaler to two thalers a-piece to a work about the blind, and another by some statistics, copied from elsewhere, which the author does not know how to use. For instance, he expresses much surprise at the number of blind in Prussia having increased between 1849 and 1852, from 9575 to 9949, and never thinks of comparing the augmentation with the increase of the population. He estimates the number of institutions for the blind in various countries, without telling us the number of inmates, etc. And here, too, he is wrong in some particulars; for example, he assigns to Ireland but one institution, with 100 inmates, whereas there were in 1851 six asylums, with accommodation for 270; and, moreover, the Hospital to which he assigns 100, never really takes in above 50. He says it was founded in 1809, whereas the right date is 1779. So much for a sample of Prussian accuracy.

As a pleasing contrast, we hope soon to present our readers with a notice of the invaluable statistics of the Irish Census, Part III., "On the Status of Disease," in which the section on the blind is particularly masterly; and we are in hopes of something practical coming from the Industrial Pathology Committee of the Society of Arts. We trust our readers will not delay to furnish the latter with materials.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### ACADEMY OF MEDICINE, PARIS.

##### DEVIATIONS OF THE UTERUS.—EMPLOYMENT OF THE INTRA-UTERINE PESSARY.

M. Velpeau observed, that, as regards the presence of tumours, morbid adhesions, etc., in some cases they were the consequence, in others the cause of uterine deviations. A fibrous body, a cyst, any tumour developed in the pelvis, in the tissue around the uterus, is likely to cause displacement. Partial inflammation, acute or chronic, may establish bands, which will drag the uterus either way. Shortening and contraction of the broad ligament from inflammation may lead to a similar result. But displacements may in their turn produce most of these lesions; the fundus of the uterus, pressing upon the bladder, the rectum, or the peritonæum, can excite inflammation and the effusion of lymph. If we admit a local engorgement or hypertrophy of the uterus, then this part, heavier than the rest, may drag the uterus, and cause it to deviate from its proper axis. But is perfectly correct to say that uterine deviations cause of themselves a series of accidents, and that ultimately they bring on real dangers, the more severe according to the impressionability of the patient. M. Gibert observes, "that excepting during the conditions attending pregnancy, simple inflexion of the uterus constitutes a diagnosis of no great importance; but by uniting to it the part played during the malady by the brain, real dangers become apparent. To proceed to the therapeutic part of the question of uterine deviations, M. Velpeau cannot understand how particular inflexions are to be cured; a retroflexion, for example, at a right or acute angle, does not appear to him susceptible of cure. He ridiculed the notion of keeping a woman for months or years in bed; on the back for antiflexion, on the belly for retroflexion, combining with this plan small local depletions, according to Lisfranc, to relieve congestion. And next, Do common pessaries cure definitely inflexions, or even simple deviations? With very few exceptions, no; they raise and support the uterus; in some cases they keep it motionless; and in others they bring it back to its proper position. This is an advantage, doubtless; but they excite irritation, inflammation, ichorous discharge, and ulcerations. Velpeau has seen perforation of both the recto-vaginal and vesico-vaginal septum. It cannot be pronounced "a cure" to condemn a woman even under most favourable circumstances, to wear for life, from the age of 20 perhaps, a foreign body in the vagina, that she may walk about and follow her occupations. The pessary, however, must sometimes be employed, but it must be regarded as a *pis-aller*.



Acting upon the uterus, either from the bladder or the rectum, is equally condemned by M. Velpeau. He approves of the "hypogastric" band, which he has seen of use in a great variety of cases, and of a uterine sound, which he had himself invented, long before the subject, says he, had been discussed by Simpson and others. He thinks that the dangers from the use of this instrument have been notably exaggerated during this discussion; and, although it is questionable whether a cure can be effected by such means, it is undeniable that very many women treated in this fashion have been relieved of the symptoms which distressed them. The intra-uterine sound, therefore, must not be condemned, although it be not the *ne plus ultra* of therapeutics in uterine deviations, but merely a palliative remedy. It is, when judiciously employed, attended with good effects, and is bearable, though requiring to be worn for some considerable time.

The Editor of the *Gazette des Hôpitaux* observes, after passing a high compliment upon M. M. P. Dubois, that he maintains the opinion, 1st. That simple deviations of the uterus without organic or nervous complications, do not give rise, in the immense majority of cases, to symptoms worthy of note, and do not demand particular treatment. 2ndly. He affirms, that the intra-uterine pessary does not possess that efficacy usually attributed to it, for it procures no permanent and definite replacement of the organ. M. Dubois especially directs his attention to the second of these points; he rejects, both upon anatomical and physiological grounds, the possibility of definitive replacement by simple mechanical means; and he calls attention to the material results of his observations. Not in a single case out of twenty did he see the organ retain the position into which it had been placed, even including patients who professed to have been benefited by the treatment. It is said these constitute but a fraction of the cases now upon record. Be it so; it is singular that one Surgeon should fail in 20 consecutive trials, and another, M. Valleix, should announce 78 cures out of 108 patients. But women treated by both M. Valleix and Dr. Simpson, and pronounced by them as cured, have applied subsequently to M. Dubois, who detected himself, and proved to others, well-characterised uterine deviations still existing. It is obvious that five or six such cases would possess a high practical importance.

It yet remains to be proved, that the severe local and general symptoms, referred by some authors to uterine deviation, really are attributable to this cause. If it happen that the uterus remain out of its proper direction after the disappearance of functional disturbance, it must be confessed, that the cause of the evil is not the displacement of the organ. Facts are far from being unfavourable to such a supposition. M. Cazeaux affirms, that the pessary of M. Valleix does not "replace" the organ; and the facts brought forward by M. Hervez, of Chegrin, rather prove that the good effects are due to the presence of the instrument, than to alteration in the relations of the uterus.

The great benefit derived from the pessary is, that it renders the uterus motionless; that it suspends it, and prevents its dragging upon the ligaments; just as a bandage relieves the symptoms of orchitis by suspending the testicle. The discussion is to be taken up by M. Velpeau, whose opinion we will record in an ensuing Number.—*Op. Cit.*

#### UPON THE USE OF SUBNITRATE OF BISMUTH IN LAVEMENTS.

By M. TROUSSEAU.

There has been remarked of late in France a great amount of "diarrhœic flux," *i. e.*, of intestinal catarrh, with the production of glairy and bloody evacuations. Two infants in La Salle St. Bernard, were cured in a very simple way. They were still at the breast. One had had cholera, characterised by vomiting, diarrhœa, coldness, and well-marked emaciation. Opium, nitrate of silver, and other remedies were given, by which the sickness was arrested, but the diarrhœa continued. The other child had not had vomiting, but there was a glairy diarrhœa, showing that the disease was limited to the large intestine. M. Trousseau prescribed a lavement according to the following formula:—

Subnitrate of bismuth 2 scruples. Thick linseed-tea sufficient. The mixture to have the consistence of soup.

The diarrhœa ceased immediately upon the administration of the lavement.

It is known that M. Monneret gives in similar cases to infants as much as 2 or 3 ounces of the subnitrate of bismuth daily. M. Trousseau rarely goes beyond 4 scruples; very often he is content with half that quantity administered in water, or in the form of pastilles. Dr. Lassegue, chief of the clinique of the Hotel-Dieu, first entertained the idea of employing it as a

lavement in cases of inflammation of the colon, from having witnessed its beneficial effects in certain diseases of the skin. Some of the subnitrate mixed with albumen or thick linseed-tea, spread upon a poultice, rendered humid by the application of glycerine, was brought into contact with the affected parts. M. Lassegue carried out a somewhat similar plan in the large intestine (?) and obtained results which deserve to be recorded; the more so, because the remedy, being harmless, may be applied without fear to all similar cases.—*Journ. de Méd. et de Chir. Prat.*

#### EPILEPSY TREATED BY THE BARK OF BLACK ELDER-TREE.

The emeto-cathartic and hydragogue properties of the second bark of black elder (*sambucus nigra*) have long been known, and used in various forms of dropsies; but no mention has hitherto been made of the employment of this substance in the treatment of epilepsy. M. Boggetti relates five examples of cure obtained by the remedy alone. In order to prepare it for administration, the branches of the elder, of one or two years, are taken; the grey bark is removed, and the second bark which remains is scraped off. About five ounces of common water, hot or cold, are poured upon two ounces of the bark, and the infusion is allowed to stand forty-eight hours. The infusion, properly strained, should be taken at intervals of a quarter of an hour for a certain number of times when the fit is threatening, the patient fasting. It should be resumed every six or eight days.—*Rev. Thérap. du Midi.*

### GENERAL CORRESPONDENCE.

#### MEDICAL ETHICS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the account of the proceedings at the last meeting of the Metropolitan Counties Branch of the Provincial Medical and Surgical Association, which was held on the 13th of June, Mr. J. F. Clarke, who is described as Sub-Editor of the *Lancet*, is reported to have made the following statements in defence of that Journal:—"The *Lancet* never accepted letters from unknown writers. No statement was ever made there for which there was not the authority of a responsible name." Mr. Clarke further implied, that the *Lancet* was not "the vehicle for the truthless allegations and foolish calumnies of fictitious Correspondents." It was not, Sir, without considerable surprise that I read these statements of Mr. Clarke. A careful review of several letters and articles which have even latterly appeared in the *Lancet*, will lead to a very opposite conclusion; and I therefore desire to call the attention of Mr. Clarke, and also of the Profession generally, to some special instances in support of this statement.

In No. XV. of the last volume of the *Lancet*, p. 430, is a letter headed "The Medico-Chirurgical Society and the Anti-*Lancet* Requisition," which is described as an "intercepted letter." That letter bears the stamp of being entirely fictitious, and, after Mr. Clarke's recent statements, I think it not unfair to ask him, or, indeed, any other of the Editors and Sub-editors of the *Lancet*, if it can be declared that that "intercepted letter" was, in good faith, that which it is represented to be—the *bonâ fide* production of a known writer?

No one who will carefully examine it can fail to observe its mischievous tendency, or to perceive that it is both calculated and designed to excite a feeling of jealousy and distrust between the different branches of our Profession.

For instance, the writer, who is represented to be a Hospital Physician, is made to say as follows: "What business have General Practitioners with science? Their place is to call us into consultations, and to dispense our prescriptions. *Ne sutor ultra crepidam*—let the Apothecary stick to his pestle;" and, further on again: "We let a General Practitioner whom we think we can rely upon, come now and then upon the Council (of the Medico-Chirurgical Society) just to keep up the appearance of liberality; but we have not yet suffered the office of President or Secretary to be degraded." I would ask Mr. Clarke, or any other supporter of the *Lancet*, whether it is possible to conceive any opinions and expressions more false and unjust, or more calculated to produce animosity and dissension in the ranks of our Profession, than those contained in the letter to which I have called attention, which are clearly the pitiful fabrications of some writer who has assumed a false character.

If ever there was a time when it was desirable to conciliate



the differences and jealousies which have ever so unhappily existed in our Profession, and to produce a cordial feeling between the various bodies of which it is composed, it must surely be *now*, when the necessity of some moderate and equitable measures of Medical reform are more than ever apparent, and to secure which mutual concessions must be cheerfully made, and the most friendly co-operation afforded by all. Yet, even now, although the *Lancet* has loudly proclaimed the necessity of unity of action throughout the Profession, it does not hesitate, when its own objects are concerned, to adopt the most certain means of preventing that result, and thereby to constitute the chief obstruction to the advancement of the great object which it affects to promote.

Besides this intercepted letter, several anonymous letters are scattered over different parts of the *Lancet* at about the same period, reflecting most unjustly and maliciously on personal character, and which contain, according to Mr. Clarke, "statements made on the authority of a responsible name," but in which there is not a particle of truth. They were inserted, however, for an obvious, though disgraceful, purpose, and have hitherto been allowed to do their work. Of this character are the letters signed "M.D.," p. 321; "Justus," p. 348; and "Your grateful Supporter," p. 378. I am compelled, however, by want of space, to defer exposing those letters to a future opportunity; and I now pass on to consider some other passages, to which, as they appeared before the occurrence which has recently excited such painful interest in the Profession, I am anxious to call particular attention. In a leading article of the *Lancet*, p. 602, we read as follows:—

"Hospital Physicians and Surgeons are, by virtue of their office, bound to be the especial teachers of the Profession. If they do not use their great opportunities, so as to advance the knowledge and practice of their science and art, they are guilty of a species of immorality. . . . When proved to be incompetent for such purposes, they ought to be extruded from the courts of our Hospitals even more relentlessly than the man who fails merely from the weight of years. It would be invidious, perhaps, to mention names, and yet the sacred interests of our Profession demand that offenders of the kind we have hinted at should not be spared. Instances abound. Look at St. George's, the Hospital of the Hunters, of Brodie, and others of high name and fame. Ought the opportunities of such a place to be occupied by such do-nothings as the persons whose names now figure on the Hospital-list? Look, again, at the Middlesex. We venture to say, that, taking the Profession through, not one Medical Practitioner in fifty could give even the names of the Physicians and Surgeons of that Hospital correctly, so little have they done to make themselves known. Whoever expected or dreamed of any improvements in Medicine from such hands?"

The atrocious injustice and malicious spirit of these remarks, breathing as they do such wanton defamation and unprovoked slander, is, I believe, beyond all parallel. The oldest subscribers and the most devoted adherents of the *Lancet* may well blush to read such an infamous attempt to traduce men of acknowledged character and merit. It would be ridiculous to suppose that the Medical Officers of the two Hospitals which have been selected for the display of such inveterate hatred and unprincipled strictures require any other justification than that which their own labours in the Profession will abundantly supply.

Although it is not permitted to every man to be a Baillie or an Astley Cooper, a Bright or a Brodie, yet there are few who may not, by the honest and conscientious cultivation of similar opportunities, secure equal benefits to their fellow-creatures, and contribute, if not with the same brilliancy, at all events with equal honour, to the advancement of Medical Science. As it is hardly less invidious to mention names for commendation than for censure, so it is a somewhat difficult and delicate task to select one or two from a body of men of acknowledged merit. In order, however, to give more point to the argument and more weight to the illustration, it may truly be said, that the names of Bence Jones and Caesar Hawkins may maintain comparison throughout the world; yet, according to the hypocrisy of the *Lancet*, "the sacred interests of our Profession demand that such offenders should not be spared," and that they should be set down, by the unwilling testimony of that high authority, among "the do-nothings" "whose names now figure on the Hospital list." The names of other men attached to St. George's Hospital might be mentioned with almost equal honour,—in proof of which, let the reader refer to the Reports which have emanated from that Hospital, and especially to the tables of cases published in the *Medical Times*, for July 15, p. 57 to 61, and then let him say whether the large mass of experience and knowledge which that Hospital presents is *there* allowed to run to waste, or to be

shut out from examination and scrutiny of the rest of the Profession, or, I may add, from the benefit of the rest of the world; yet these are the men who are stigmatized as degenerate successors of the Hunters and of Brodie, and as occupying unworthily positions in which such opportunities occur. How long will the Profession continue so indifferent to its own honour as to tolerate such infamous injustice and effrontery? Look again at the Middlesex Hospital, in which, during the last fifteen years, appear in succession, down to a very recent date, the names of Bell, Mayo, Watson, Arnott, West. Of those who are now attached to that Hospital, I can hardly be supposed to speak with perfect impartiality, considering that many of them were my own teachers, and latterly my colleagues; but if any proof were needed of the successful and meritorious discharge of their duties, let any one who remembers what that Institution was six or eight years ago, now walk round it, and contrast its present admirable efficiency and management with its former inadequate and comparatively undeveloped resources, and he will hardly believe that he is walking within the same walls. It is well known that, by their unremitting zeal and untiring labours, mainly, the Middlesex Hospital has been made what it now is; and they may therefore well forego the *éclat* of having their names and merits sounded forth by a Journal whose highest praise is no greater proof of merit than its strongest condemnation is of the want of it.

And who *is* the writer of this editorial article, who thus presumes to judge and to declare the comparative merits of Hospitals? Can those lines by any possibility have been penned by one of the officers of the Royal Free Hospital, who is supposed to have no small influence in the management of the *Lancet*? The details of a case from that Institution which has recently been made the subject of public inquiry, prove that there *was one* Hospital in which many of the strictures of the above Journal might have been truthfully and advantageously applied. Are we to be told by this self-constituted and dispassionate authority, that, to quote his own words, (p. 602,) "the advancement of medical and surgical science, and the prospective welfare of the human race," was best fulfilled by keeping a poor helpless child under a mortifying and harassing operation for upwards of fifty minutes. Did the operators, in the case of Alfred Richardson, to use again the words of the *Lancet*, perform the prescribed duty, "not merely to sustain, but to carry on the practice of medicine and surgery, so as to hand it down with discoveries and improvements to our successors?" Is the writer of that article still prepared to maintain the words which then follow, that "when proved to be incompetent for such purposes, such men ought to be extruded from the courts of our Hospitals even more relentlessly than the man who fails merely from the weight of years?" And is he also prepared to abide by his expressed convictions, that "some measures are certainly required, by which our Hospitals may from time to time be pruned of the medical and surgical inaptitude which oppresses them, and which is always a most grievous injury?" (P. 603.) If so, the recorded verdict of the jury, after the protracted investigation into the cause of death of Alfred Richardson, will probably furnish him with some ready suggestions for the exercise of his sincerity and philanthropy.

It can hardly have escaped the observation of the Profession, that whenever the proceedings of the *Lancet* have been subjected to criticism, however fairly and temperately exerted, the cry has always been, that it has discovered some hideous conspiracy. Thus it was at the last Annual Meeting of the Medico-Chirurgical Society, when the Fellows then present exercised their undoubted right to vote in favour of a motion that the *Lancet* should no longer be purchased and supported by the Society. That Journal immediately declared that it had dragged into light another horrid conspiracy—another anti-*Lancet* plot, as they did not scruple to call it; the sum and substance of which they clearly traced back to Mr. Gay's business. Now, Sir, if I may be allowed to speak of myself, I may say that I had the honour to be one of the *forty-six* who upon that occasion recorded their votes for the discontinuance of the *Lancet* in the Society's library. I did so because its pages are so habitually disfigured by the most unblushing disregard of truth, and by the exhibition of principles which, in my opinion, are frequently noxious and corrupt. But so far from the affair of Mr. Gay having had the slightest influence upon my opinions and vote upon that occasion, I can affirm, that not a single person, either in or out of our Profession, has to this day ever heard me exchange two words on the subject. I was never present at any one of the meetings regarding Mr. Gay, neither did I ever sign my name to any document concerning him, or take any part whatever in those proceedings. Of my own personal knowledge, I may further say, that the great majority of those who also voted



unfavourably to the *Lancet* on that occasion, were guided exclusively by their convictions of its demerits, without the slightest reference to those principles which they had previously felt it their duty to maintain in the case of Mr. Gay.

I am, &c. HENRY MORTIMER ROWDON.

Nottingham Place, July, 1854.

### CIRCUMSTANCES ALTER CASES.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is astonishing to observe the different opinions entertained by different persons on the same subject, or by the same person at different times. As an illustration of this, allow me to append the following quotations:—

“But the question is not, whether Mr. Bransby Cooper is popular among his pupils, but whether he performed the late operation with that degree of skill which the public has a right to expect from a Surgeon of Guy’s Hospital; whether, in short, the case presented such difficulties as no degree of skill could have surmounted in less time or with less disastrous consequences; or whether the unfortunate patient lost his life, not because his case was really one of extraordinary difficulty, but because it was the turn of a Surgeon to operate who is indebted for his elevation to the influence of a corrupt system,” &c. P. 20.

“The morality which they,” (the Hole-and-Corner Surgeons,) “in their benevolence, inculcate, is, that the ignorant operator is the true object of sympathy; the law which they, in their righteousness, would fain persuade a jury of their countrymen to sanction is, that he who ventures to expose official ignorance, is a fit object for punishment.” P. 53.

“The only question in which the public are interested is, whether Mr. Bransby Cooper is or is not competent to discharge the duties of an Hospital Surgeon.” P. 53.

I especially commend the above to consideration, as the quotations in the first column will be found in the *Lancet* for the year 1827-8, Vol. II., and those in the second column in the *Lancet* for July 22, 1854.

I must admit there is a slight difference between the two cases, as, in that of Mr. Cooper, the stone *was* extracted, and the operation completed in fifty minutes; but, at the Free Hospital, the stone was *not* extracted at the end of from fifty to 100 minutes.

In one particular, however, the Editor is consistent: in 1828, as in 1854, there is a foul plot against the *Lancet*. “All this is sufficiently indicative of another attempt to get up a case, *per fas et nefas*, against the *Lancet*. In fact, we know that the machinery of the Bats and Corruptionists is already at work for this purpose.” P. 54, Anno 1828, Vol. II.

“When, in January last, we said that a vile conspiracy had been organized, having for its avowed object the injury of the *Lancet*, the announcement was received with something of mistrust,” etc., etc. P. 50, Anno 1854, Vol. II.

I am, &c.

INQUISITOR.

### POST-MORTEM IN CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—As opportunities of examining the bodies of persons dying from cholera are not very frequent, only two being inspected *post mortem* out of the 1,500 deaths which occurred here

last year, the following particulars may not be uninteresting to the Profession.

About seven o’clock on the morning of Saturday, July 8, Michael M’Cann, a labourer, aged about 40 years, was found by the police lying under an arch, near some limekilns, in the southwestern part of Newcastle, and within a few yards of the river Tyne. He was evidently in a state of great prostration, and was then suffering from vomiting and purging, with severe cramps. He was at once carried to a comfortable bed in the Vagrant Ward; and the Surgeon to the district, Mr. Sang, was sent for, and speedily attended. By this gentleman he was found in a state of choleraic collapse, and almost moribund, being pulseless and cold, with rice-water discharge from the bowels, occasional vomiting, and severe cramps in the abdomen. Warm applications, stimulants, and suitable medicines, were diligently used, but without avail, as he continued to sink, and died at nine o’clock, two hours after his admission, being sensible to the last.

The body was examined, eight hours after death, by Mr. Sang and myself, and the following were the only morbid appearances observed.

The lungs were healthy; the heart, a little enlarged, contained in its right cavities a quantity of black, imperfectly coagulated blood; at the origin of the aorta were some slight calcareous deposits.

The stomach and intestines were unnaturally vascular, and distended with fluid. The peritoneal surface of the latter was of a pink colour, the stomach of a deeper red. On laying open the stomach, it was found to contain at least a quart of reddish brown fluid, suspended in which were several large fibrinous shreds, with a little mucus adhering to them. The mucous membrane of the stomach appeared greatly congested, and many of the submucous vessels were distended with dark-coloured blood. On the greater curvature, and about three inches distant from the pylorus, was a very large coagulum, consisting partly of fibrin and in part of blood, the latter being in contact with and adherent to the mucous membrane. There was no appearance of rupture of any bloodvessel. The free surface of the fibrin was flocculent, and less tenacious than that beneath. Two or three smaller coagula of blood were also found detached in the liquid, along with those of fibrin. There was no food in the stomach, with the exception of six or eight peas, which had been swallowed whole, and one or two of which had been partially acted on by the gastric juice. The liquid gave no indication of the presence of alcohol, nor was there any evidence of the existence of an instant poison.

The liquid contained no free acid, blue litmus paper being quite unaffected by it; its specific gravity was 1·08; tested for albumen by nitric acid and heat, it yielded with each copious coagula, which occupied nearly half the bulk of the fluid. Some of the fibrinous coagula being boiled with liquor potassæ, readily dissolved, and were again precipitated on neutralising the solution by nitric acid. Adhering to some of the coagula were small black particles of carbon, which might either have been derived from the smoky air of the place where the patient was found, or from the water of an open spring situated within a few feet of the same spot, where he probably drank. As before mentioned, the intestines, though more perceptibly vascular than natural, were not so intensely congested as the stomach. They contained a large quantity of fluid, void of fæulent smell, and of a much lighter colour than that contained in the stomach. From a small opening made in the colon, half-a-pint was readily collected, and presented the following characters.

It was of a whitish colour, with a very slight lemon hue, somewhat opaque, and presenting as a sediment some fibrinous shreds, smaller and in less quantity than those seen in the stomachic liquid. The specific gravity of the fluid from the large intestine was 1·10; it did not change the colour of litmus, and, when tested for albumen, it merely exhibited greater opacity, but did not present distinct and bulky coagula.

The small intestines, though generally distended, presented at intervals abrupt constrictions.

The gall-bladder was distended with bile. The urinary bladder was quite empty, its walls being firmly contracted, and in close apposition with each other.

No precise information could be obtained as to the duration of the complaint; but, from the circumstance of the patient being found within a hundred yards of the Infirmary, it may be presumed that he had no very urgent symptoms when he selected the arch for his night’s abode, being probably induced to do so from the warmth which it derived from the neighbouring glass-houses and lime-kilns.

Some important inferences may, however, I think, be safely drawn from the preceding facts.



In the first place, it is evident that the stomach was the organ chiefly affected; the extravasation of blood, and the effusion of coagulating lymph and of liquid albumen, being directly traceable to the acute congestion of its mucous membrane, in accordance with a pathological law which I some years since established by a series of experiments.

2. The reddish brown or chocolate-coloured fluid found in the stomach evidently derived that colour from the hæmotosine of the extravasated blood, and its presence or absence in the matter vomited in similar cases will assist us in estimating the intensity of the congestion of the mucous membrane of the stomach.

3. It may be concluded that the albumen and fibrinous shreds contained in the liquid found in the large intestine, and which impart its most characteristic features to the rice-water or broth-like discharge from the bowels, were in this case, at least, derived from the stomach, the fluid effused from the intestines having been chiefly of a serous or non-albuminous character.

4. That the relative preponderance of albumen in the stomachic or intestinal evacuation will enable us to determine approximately whether the congestion inducing albuminous or fibrinous effusion be seated chiefly in the stomach or intestines.

Time will not allow me to dwell longer at present on the pathology of this remarkable disease; but, if the preceding conclusions are confirmed by other observers, they may assist in rendering more intelligible some of the phenomena of cholera, and perhaps eventually guide us to a more satisfactory knowledge of its nature and treatment.

I have not yet heard of any other fatal cases in this district, though a tendency to diarrhoea and gastric irritation undoubtedly prevails.

I must not conclude without expressing my sense of the zeal and activity displayed by Mr. Ingledew, the respected Chairman of the Newcastle Board of Guardians, who, at considerable personal inconvenience, endeavoured to investigate the history of the case; and my thanks are equally due to Mr. Sang, for so promptly consenting to and conducting the *post-mortem* examination.

I am, &c.

GEORGE ROBINSON, M.D.

Newcastle-on-Tyne, July 10, 1854.

## REPORTS OF SOCIETIES.

### NEWCASTLE AND GATESHEAD PATHOLOGICAL SOCIETY.

T. M. GREENHOW, Esq., President, in the Chair.

#### Mr. Greenhow communicated the following case of EXCISION OF THE UPPER JAW FOR FUNGOID DISEASE,

and exhibited the patient, Hannah Tait, aged 26, a married woman, from Gorforth, of diminutive stature and delicate appearance, who was admitted into the Newcastle Infirmary, Sept. 1, 1853, under the care of Mr. Greenhow. About six months ago she first observed a small tumour in the right cheek, over the antrum, which has gradually increased in size up to the present time. At present the tumour is about the size of the fist, and extends from the orbit to the teeth of the superior maxillary bone, with a fungoid growth from the inner side of the mouth implicating the palate. Externally the tumour is hard and solid to the touch, smooth and round on the surface, pushing and flattening the nose towards the opposite cheek, and pressing the integuments upwards so as entirely to close the eye. Within the mouth are several lobulated projections, one of which extends beyond the median line, and implicates the left maxillary bone. She has suffered little or no pain, but breathing, articulation, and deglutition, are considerably impeded. Her father died of cancer of the lip and throat, and an uncle also was affected with cancer of the lip, of which he was cured by surgical operation.

27th.—A consultation having been held on the case, and the removal of the diseased part determined on, the operation was this day performed. At the commencement chloroform was given to the patient, but, from the situation of the disease, its influence could not be kept up by continued exhibition. The operation was commenced by a horizontal incision a little below the eye, extending from the outer canthus to the nose. From the centre of this a perpendicular incision was carried to the angle of the mouth. The integuments, which were very thin over the tumour, though healthy, were carefully dissected back

in two flaps, and the whole external surface of the tumour exposed. With bone forceps a notch was made through the alveolar process of the left maxillary bone, anterior to the first bicuspid tooth, and by means of a small saw an incision through the bone was made towards the inner canthus of the right eye, and the diseased mass was thus separated in this direction from the sound part of adjoining bone. The malar bone was then sawn through near the outer canthus of the eye, and, by directing the saw immediately below the orbit towards the end of the former incision, the greater portion of the tumour was successfully removed. But, as a less dense portion of the diseased mass was found to overlap the margin of the orbit and pass within it and under the eyeball, by the use of bone-forceps the margin of the orbit was divided, respectively, next to the nose and the malar bone. By this means the remainder of the tumour was loosened from its bony attachments, and required only to be detached with the scalpel from its connexion with the soft palate. At the beginning of the operation, two or three branches of the facial artery, near the angle of the mouth, which bled freely, were secured by ligature, and the actual cautery was afterwards applied to a bleeding vessel on the surface of bone, to which a ligature could not be applied. The quantity of blood lost was inconsiderable. The diseased portions removed, comprised the superior maxillary bone of the right side, a portion of the left, as far as the first bicuspid tooth, the palate bone, and a portion of the malar bone. In the centre, the structure of the tumour was firm and bony, but as it radiated from the more dense centre it became gradually of softer texture, and presents a good specimen of the true osteo-sarcoma.

The wounds were carefully drawn together and secured by a few stiches and transparent plaster, over which a compress of lint and bandage were lightly applied.

28th.—Has passed a good night; no bleeding from the wound.

October 6th.—Has proceeded favourably; wound looks healthy, and edges in good apposition; stiches removed; health good.

15th.—External wound nearly healed; considerable discharge from the mouth.

22nd.—External wound healed, except a small portion at the inner canthus of the eye, which still discharges a little; discharge from the mouth nearly ceased.

27th.—She left the hospital quite well.

The deformity which remains is not considerable, and will, probably, gradually diminish, as the cicatrix acquires a more confirmed character. The eye is now completely restored to its function, and the patient breathes, speaks, and swallows with much more comfort. Her general health appears perfectly good.

Mr. R. T. Lightfoot communicated the following case of

#### TUMOUR OF BRAIN COINCIDENT WITH PRECOCIOUS DEVELOPMENT OF THE GENITAL ORGANS,

and exhibited the specimens.

M. B. was born in April, 1845, and was first seen by Mr. Tait, of Sunderland, in the month of April, 1853, who informs me that he was at once struck by the lad's loud and hoarse voice, and by his strange, bloated, and flabby appearance. On the 21st of the following September he was again seen by Mr. Tait, along with Mr. Kirtley, of Whitburn, from both of whom I have received the following particulars:—The boy's mother states that for some time back he has been losing his strength, and is unable to do anything, tiring on walking the shortest distance. He is exceedingly tremulous, although his muscular condition is firm; but there is a general swelling of the whole cellular substance. His appetite is ravenous, but he frequently vomits his food after a gorge, ejecting the contents of his stomach with great force and to a considerable distance; yet he would immediately eat again. Every attempt to reduce the frequency or quantity of food produced violent and loud callings for more. He is purged several times daily; has constant sweats; pulse, 70; tongue furred and white; voice rough and deep, like the hoarse voice of a strong man; genitals of large adult development, but at this time (Sept. 21) devoid of hair. Could not learn whether he has ever had emissions, but he was constantly found working with his hands about his penis. Intellect and vision unimpaired. From this date he became rapidly worse, took to his bed, and began to complain of headache, which at length became excruciating. Pulse fell to 60; tongue white; great thirst; vomits everything; urine much suppressed; did not pass any for twenty-nine hours; is losing flesh, and, on the 1st of October, he saw everything double, except when the object is brought very close. The pupils, though dilated and disobedient to light when awake, are, when asleep, closely contracted, immediately dilating if awoke. He appears to have



spectral illusions, for he frequently looks earnestly on vacancy, and then suddenly snatches up his pillow and throws it with violence. Hearing seems much affected, as he can only hear when shouted to. Sleeps almost constantly, merely waking up for a very short time every two or three hours. Shakes terribly when raised up, is unable to stand, and takes no notice of anything passing. These symptoms gradually increased until the 12th of October, when he seemed to improve a little; the pupils again slightly obeyed the stimulus of light, and he almost ceased to complain of headache. These fallacious signs of amendment lasted four or five days, when he began to squint, to toss about continually when awake, and to order his pillow to be turned every few minutes. Scarcely had his mother left his bedside than he cried out for it to be turned again. He now became very malicious, seizing any one that came near him with his nails, his fingers grasping everything spasmodically, and, when able to get a bystander's hand to his mouth, would bite, or, failing this, would bite his own fingers fiercely. The intellectual faculties were little, if at all disturbed, for he could always reply to inquiries, though it seemed a great exertion to do so, and, when teased, turned sulky, and would not answer. Passed his evacuations in bed for many days, gradually sank, and died on the 5th of November. The body was examined eighteen hours after death, and presented the appearance of 18 or 20 years, the beard, whiskers, and moustache being very apparent. The penis and testicles, of large, adult development, were, as well as the pubis, fully covered with hair. The brain being exposed, the right hemisphere was sliced down to the roof of the lateral ventricle, which was found much distended. This was opened, and about three ounces of fluid removed; and, during the act of absorbing a small quantity still remaining by means of a sponge, a little pressure was made, and out slipped the tumour. The brain was then carefully removed from the skull, and brought to me for further examination. I found it considerably softened by commencing decomposition, and by being shook about during its carriage by rail; yet it was easy to make out that the tumour had projected somewhat into the posterior cornu of the right lateral ventricle, but had principally overlapped the right optic thalamus, into which it had been imbedded by absorption of its substance to a considerable extent. The hollowed surface of the thalamus was vascular, and slightly softened. The right tænia semicircularis and corpus striatum, were likewise much diminished in size by pressure of the tumour, although it was not in contact with either, but exerted its pressure through the medium of the thalamus. The right choroid plexus, along with the velum interpositum and pineal gland, had been torn away, leaving the corpora quadrigemina uncovered, and quite healthy in appearance. The left choroid plexus, as well as some small remains of the right, were in a granular state, and in the folds of the former, as it emerges from the descending cornu of the ventricle, was found a small tumour, the size of a pea. The rest of the brain and cerebellum, after careful examination, presented no deviation from health. The tumour, about the size of a small fig, was enveloped in a vascular membrane much like pia mater; one side, however, being more vascular than the other, and this side exactly fitted into the concave surface of the thalamus. The mass is lobulated; the lobes, four in number, being firmer in consistence than the rest of the tumour, and when cut into showed to the naked eye a fibrous texture, from which exuded a large quantity of reddish juice, which may, however, have been increased by partial decomposition. What appears as the neck of the tumour is merely a granular mass, developed between the folds of the same membrane that covers the tumour, and by means of which it is connected with the former. With Dr. Embleton's kind assistance, the various parts were examined under the microscope, a quarter-inch object-glass being used. The small tumour found in the left choroid plexus presented a finely fibrous structure, dotted all over with granules, and when the fibres were separated, a quantity of large angular-shaped granular cells, with here and there fine specimens of fat cells. The choroid plexus showed the same fibrous structure, but stronger, and a still greater number of angular-shaped granular cells. The granular mass attached to the tumour presented the same appearances as the last; so much so, indeed, were they alike, that the one could be changed for the other. The microscopic appearances of the large tumour closely resembled those described in the first observation, the only difference being, that it contained more fat cells, and that in the small tumour, which was firmer in consistence, the fibres were firm, as if more compressed together. The reddish juice seemed composed entirely of granules and large angular granular cells. As the right choroid

plexus, velum interpositum, and pineal gland had been torn away—very probably when the tumour escaped from the lateral ventricle—it was impossible exactly to localise its origin; yet, from its fitting so exactly into the cavity on the surface of the right thalamus, and from the increased vascularity, softening, and microscopic appearances of the neighbouring parts, I feel pretty certain that it was developed in the folds of the right choroid plexus, just as it emerges from the inferior or descending cornu, and behind the posterior part of the right thalamus; that it was of the same structure as those little fibrous tumours occasionally met with in that situation, and that its microscopic characters showed it to be merely an exaggerated degree of the ordinary granular or hypertrophied state of the choroid plexus.

## PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—TUESDAY, JULY 25.

MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

Lord Monteagle moved the second reading of this Bill.

The Duke of Argyll thought there were great objections to dealing with the Bill as it now stood. He should be sorry to oppose the principle of the Bill, because he felt that the University of London ought to be placed upon the equality originally promised to it with the Universities of Oxford and Cambridge. There was, however, a great controversy among the Medical Profession, as to whether licensing for general practice should be given by licensed bodies, or by the Universities alone. This Bill, however, would only settle the question in a partial manner. He thought it would be extremely unfair to grant this privilege to graduates of London University alone, without extending it at the same time to Scotch and Irish graduates; and it would be much better, on the whole, to limit the Bill to the second Clause, which relieved graduates of the London University from the pains and penalties to which they were liable under the Lunacy and Vaccination Acts, and to leave the larger question of Medical Reform untouched.

Lord Campbell was perfectly ready, for his part, to accept the compromise proposed by the noble Duke. The Scotch and Irish graduates had no wish to obtain any advantage over their fellow Practitioners, but, at the same time, they objected to being placed in an inferior position.

The Duke of Argyll gave notice that, in Committee, he should moved the insertion of a Clause in the Bill to include the graduates of Scotch Universities.

Lord Brougham saw no ground whatever for not extending the same privilege to Scotch and Irish Universities as was proposed to be given to London. He perceived that Durham was included in the Bill, and, though he had no objection to that, he thought the claims of the Scotch and Irish Universities were ten times stronger than that of Durham.

The Bill was then read a second time.

THURSDAY, JULY 27.

REGISTRATION OF BIRTHS, ETC. (SCOTLAND) BILL.

This Bill was read a third time.

HOUSE OF COMMONS.—THURSDAY, JULY 20.

VACCINATION ACT AMENDMENT BILL.

On the Motion of Sir J. Pakington, the order for the third reading of this Bill was discharged.

MEDICAL GRADUATES BILL.

On the Motion for the third reading of the Medical Graduates (University of London) Bill,

Lord D. Stuart said, he wished to call the attention of the Chief Commissioner of Works, or the Secretary to the Treasury, to the offensive smells which prevailed in the House and the lobbies, and which, if some measures were not taken for their prevention, would very probably render it necessary for many Members of the House to obtain the aid of Medical graduates of the London or some other University. ("Hear," and a laugh.)

The Bill was then read a third time.

MEDICAL GRADUATES (IRELAND AND SCOTLAND) BILL.

The House then went into Committee on this Bill.

Lord Palmerston said, that it was his intention to propose the appointment of a Commission to inquire into this subject; but it was of course impossible that the result of such inquiries could be available during the present session. He must say, that he thought the best plan would be to let this Bill stand over, until the suggestions of such a Commission with regard to a general



measure allowing graduates of Universities in one part of the United Kingdom to practise in other parts of the United Kingdom were laid before Parliament.

The Clauses of the Bill were agreed to, and the House resumed.

FRIDAY, JULY 21.

ROYAL FREE HOSPITAL.

Lord D. Stuart begged to ask the noble Lord the Secretary of State for the Home Department, whether he would have any objection to lay on the table of the House copies of the shorthand notes of the proceedings at the coroner's inquest lately held on the body of the child Richardson, who died after an operation in the Gray's-inn-road Free Hospital.

Lord Palmerston could have no objection to accede to any Motion which his noble friend might make for the production of any papers on the subject, which were either in the possession of the Government, or which could be obtained by an order of the House from any person liable to obey such an order; but no shorthand writer was employed by the Government on that occasion, and he was not aware that any person who was in authority was in possession of shorthand notes of the proceedings. He had no objection to order the production of the Coroner's notes, or any other papers which it might appear to the Government proper to obtain; but, with regard to shorthand notes, he was not aware of any such being in existence in any shape over which the Government, or that House, could have any control.

SATURDAY, JULY 22.

FRIENDLY SOCIETIES ACTS CONTINUANCE BILL.

On the Motion that this Bill be read a third time,

Mr. Sotherton regretted that the Select Committee had not yet been able to make their report on the working of the Friendly Societies Acts. Upon one question the Committee had taken the evidence of four of the judges of the land, two governors of prisons, two registrars of births and deaths, and other competent persons, and had come to the conclusion that there was no ground for the suspicion which had been alleged, that there were in England a large number of persons who were capable of murdering their children for the sake of the money to be obtained from Burial Societies. (Hear, hear.)

MEDICAL GRADUATES (IRELAND AND SCOTLAND) BILL.

On the Motion for the third reading of this Bill,

Mr. E. Lockhart presented a Petition against the further progress of the measure from the Royal College of Surgeons.

Mr. Goulburn observed, that the Bill had hitherto been proceeded with when but few Members were present, and it was now brought on for a third reading without any discussion having taken place upon it. He hoped the third reading would be postponed.

Colonel Dunne said, the Bill had already received a long and eminently practical discussion.

Mr. E. Lockhart hoped the suggestion of the hon. Member for the University of Cambridge would be acceded to. He, as well as several other hon. Members, had left the House when the Bill was brought on, under the impression that it would be referred, with another Bill, to a Select Committee. He begged to move that the Bill be read a third time that day three months.

Mr. Craufurd seconded the Amendment.

Lord Naas said, a Bill had been brought in for extending to the Graduates of the University of London the rights enjoyed by the Graduates of the Universities of Oxford and Cambridge. It was thought by the House and by the Government, that the rights of practice enjoyed by certain bodies should be extended, and that was the sole object of this Bill.

Mr. Goulburn thought that some general measure ought to be introduced, not having reference to any particular University, but to secure to the public some uniformity of Medical qualification. (Hear, hear.)

Lord J. Russell said, it was a matter for consideration whether there were not questions of Medical reform which ought to be discussed before the Bill was read a third time and passed. He thought that the Bill ought not to be rejected at once, and he would, therefore, propose that the debate be adjourned till Wednesday.

The House then divided on the motion for the adjournment of the debate:—

Ayes	...	...	...	...	82
Noes	...	...	...	...	43
Majority for adjourning the debate					--39

MONDAY, JULY 24.

THE ROYAL FREE HOSPITAL.

Mr. Pellatt asked whether the inquest on the body of the child Alfred Richardson was held by order from the Government, and whether a shorthand writer's notes could be procured, so that the evidence given on that occasion could be printed.

Lord Palmerston had already stated, on a former occasion, that the inquest to which the hon. Member referred was held in accordance with instructions from the Home-office. He had also stated, that no shorthand writer had been employed by the Government, and he was not aware whether any shorthand notes had been taken. At all events, he had no power—nor, he apprehended, had the House—to cause such notes to be laid before them. As he had before stated, the House might, if it chose, require that the notes taken by the Coroner, acting as Judge, should be produced.

NUISANCES REMOVAL AND DISEASES PREVENTION ACTS  
CONSOLIDATION AND AMENDMENT BILL.

Lord Palmerston moved the second reading of this Bill.

Lord Seymour considered the principle contained in the Bill to be most objectionable, and pressed upon the noble lord the propriety of withdrawing it, and either bringing in a modified Bill, or deferring the subject until next session. If the noble Lord would not accede to his suggestion, he should move that the Bill be read a second time that day three months.

Mr. Irton would support the Amendment.

Lord Palmerston said, the Bill had come down from the House of Lords, and a great portion of it was to consolidate existing enactments. It was proposed, however, to take certain additional powers, some of which would be found to be necessary, and others might be modified. Cholera had now made its appearance in the metropolis and other places in a severe form, and he felt that it was necessary to pass some such measure as this. If it was too late to discuss it now, he had no objection to consent to the postponement of the second reading till Wednesday.

Mr. Henley thought it would be far better to withdraw the Bill altogether. The present law was extremely stringent, and he believed the additions contained in the present Bill would be found very objectionable.

Mr. Duncan, Mr. Horsfall, and Mr. Hudson, suggested the desirability of postponing the Bill for the present session.

Lord Palmerston observed, that no one was less desirous than himself to give unnecessary trouble; and, though he thought the Bill would be beneficial, with certain modifications, he would not press the second reading in the present feeling of the House.

The Amendment, that the Bill be read that day three months, was then agreed to.

WEDNESDAY, JULY 26.

MEDICAL GRADUATES (IRELAND AND SCOTLAND) BILL.

Mr. Goulburn, seeing the hon. Member for Portarlington, who had charge of this measure, take his seat, subsequently to its being placed in the category of dropped orders, wished to ask the hon. and gallant officer whether the dropping of the order was tantamount to the abandonment of the Bill.

Colonel Dunne said, the Bill was not abandoned; but as there was a Bill under discussion in another place, relating to the same subject, he wished to see what was done with respect to that measure before he proceeded further with this.

The Motion that the sum of 2000*l.* be voted as a grant in aid of the subscriptions raised for the erection of a building at Nottingham in which to deposit the valuable astronomical, etc., instruments presented to the country by Mr. Lawson, upon the understanding that the observatory was to be built and maintained as a public institution, was withdrawn.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending  
July 22:—

	Males.	Females.	Total.
Workhouses...	38	40	78
Military and Naval Asylums	7	...	7
General Hospitals	26	12	38
Hospitals for Special Diseases	7	...	7
Lying-in Hospitals	...	...	...
Lunatic Asylums	1	1	2
Military and Naval Hospitals	9	...	9
Hospitals for Foreigners, etc.	...	...	...
Prisons	1	...	1
	89	53	142



## CHOLERA.

LONDON.—Cholera has suddenly sprung into activity in the Metropolis; the deaths from diarrhoea rose in the last two weeks from 46 to 58; those by cholera from 5 to 26. The eastern districts, especially Limehouse, are the chief field of its earliest operations. The locality and other particulars of the 26 deaths will be found in the Registrar-General's weekly return.

SPITALFIELDS.—On Saturday, another fatal case of Asiatic cholera was reported to Mr. Baker, the coroner, at an inquest, as having occurred in Thomas-street, Brick-lane, Spitalfields; and he stated that he had received a communication from the Sewers Commission, stating that they were about to adopt energetic measures with regard to the draining of that district. The local authorities in the eastern districts are taking steps to meet the scourge, should it make its appearance. In St. George's-in-the-East, the guardians have taken a large house in Bath-terrace, Back-road, and fitted it up as an hospital for cholera cases. Similar steps have been taken in St. Anne's, Limehouse; St. Dunstan's, Stepney; St. Mary, Whitechapel; St. Paul's, Shadwell; the Hamlet of Ratcliff; All Saints, Poplar; St. Leonard's, Shoreditch; and St. Mary's, Bow.

TRIMDON.—Since the outbreak of the epidemic in this village, 24 cases have occurred, of which 10 have proved fatal. Of the remaining 14 cases, some of which are diarrhoea, the greater portion are expected to recover. Every exertion has been made by the Board of Guardians of the Sedgfield Union, and also by the owners of Trimdon colliery, to arrest the virulence of the epidemic, by rendering proper attention to the sick, and adopting such precautionary measures as can be devised to stay its further progress. A house to house visitation was commenced on Saturday throughout the village.—*Newcastle Guardian*.

LIVERPOOL.—The cholera is rapidly on the decrease in the depôt at Birkenhead, although one or two deaths continue to occur daily. It is believed that, by the end of the week, the disease will be completely eradicated. The *Dirigo* still remains in the Great Float, where she is being thoroughly fumigated and cleaned.

LISBURN.—We learn from Lisburn, that the cholera still lingers in that town. At a place called Halfpenny-gate, about three miles from Lisburn, the disease is very fatal. At another place near the town, Bridge-end Hill, upwards of 36 deaths have occurred within six weeks; a large number this is considered for the extent of the population.

GLASGOW.—Cholera continues to rage with some severity in Glasgow; from Thursday to Sunday inclusive, there were 40 cases and 17 deaths; but, as these returns embrace only the pauper cases, they afford no indication of the prevalence of the disease, which is raging among the upper classes to a considerable extent.

SKYE.—Cholera has made its appearance in Skye. Two fatal cases occurred last week in Portree. It is said also that a seaman on board a vessel about to enter the harbour lost his life from the same cause.

ST. PETERSBURG.—On the 9th of July there were 670 persons suffering with cholera. 108 fresh cases occurred on that day; 27 were cured and 29 died. On the following day there were 89 fresh cases—32 cures and 39 deaths.—*Journal de St. Petersburg*, July 10.

Count Woronzoff-Daschkoff, Grand Master of the Ceremonies, died of the disease on the night of the 8th, at Peterhoff.

The cholera had made its appearance at the Piræus, at Gallipoli, and at the Dardanelles. General Ney had died of it.

CHOLERA IN THE SOUTH OF FRANCE.—On the 15th of July, the deaths at Avignon had reached 300. At the Civil Hospital there had been 217 cases and 113 deaths. At Montpellier there has been 41 cases and 16 deaths in Hospital. It was raging severely at Marseilles.

CHOLERA IN THE BALTIC FLEET.—There have been about 150 cases of cholera in the Baltic Squadron, and about 48 deaths, as we learn from a letter from the Surgeon of one of the ships, dated Baro Sound, July 18. The *Austerlitz*, French screw-liner, has lost 54 or 56, including one officer.

AMERICA.—The cholera has broken out in Independence, Missouri. A letter, dated the 20th, to the *St. Louis Intelligencer*, states that the deaths in three days at Independence reached twenty-five, and several fatal cases had occurred at Weston and St. Joseph; also six or eight on the steamers Clara and San Cloon. In New York, the official report of the City Inspector gives the whole number of deaths for the week ending July 1st, at 517, being an increase of 80 on the week previous, and 112 more than during the corresponding week of 1853. The number of deaths

by cholera was 78, being an increase of 38 on the preceding week. There were 60 deaths from consumption, 29 from cholera infantum, and 23 of diarrhoea. In the week ending the 8th, 90 deaths had occurred from cholera.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 21st inst. :—

BAKER, JAMES BOWYER, Hargrave, Northamptonshire.

BARNETT, HENRY CALVERT, Peninsula and Oriental Steam-  
Packet Company's Services.

BIDDLE, THOMAS JAMES, Army.

CARR, ALEXANDER MACALLEN, Royal Ophthalmic Hospital.

CURTIS, JAMES, Bristol.

GARDEN, ARCHIBALD MACDONALD, H.E.I.C.S., Bengal.

HUTCHINSON, THOMAS STARS, Moore Place, Kennington.

JONES, EDWIN, Blackfriars Road.

PEARL, WILLIAM, Hoxne, Suffolk.

REED, WILLIAM, Newtown Hamilton, Armagh.

RYALL, EDWARD CALLY, Australia.

SKAIFE, JOHN, Easingwold, Yorkshire.

VITALIS, OTHO FREDERICK, Constantinople.

WATSON, THOMAS, Bristol.

At the same meeting of the Court, Mr. CHARLES EDWARD STILLMAN passed his examination for Naval-Assistant Surgeon.

The following gentlemen were admitted Members on the 24th inst. :—

BARRY, THOMAS STOWELL, Cork.

CLERY, GEORGE CARLETON, Ashton Grove, Cork.

FOX, JOHN, Bisin, Weymouth.

HAWKER, CHARLES, Southsea, Hants.

POUT, AUGUSTUS, Yalding, Kent.

ROCHE, THOMAS, Cork.

SMITH, JOHN GOVETT, Tiverton, Devon.

At the same meeting of the Court, Mr. JAMES THOMSON passed his examination for Naval-Assistant Surgeon.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, July 20 :—

INCE, JOHN.

MACK, ROBERT, Shadwell.

MASTERS, MAXWELL TYLDEN, Canterbury.

SPICER, NORTHCOKE WILLIAM, Chard, Somerset.

## APPOINTMENT.

WILLIAM EDWARD MASFEN, M.B., has been elected Surgeon to the Staffordshire General Infirmary.

## VACANCIES.

SURREY DISPENSARY.—The office of Surgeon is vacant. Election Aug. 18.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—A Demonstrator of Anatomy and Assistant-Curator of the Museum is required. Election August 3.

## DEATHS.

CALLANDER.—July 21, at 26, Duke Street, St. James's, in his 69th year, John Callander, Esq., late Surgeon of the 7th Hussars.

SELF.—July 14, at Spring Gardens, Mile End Road, James Self, Esq., aged 63; M.R.C.S.E. 1818.

TURLE.—July 22, at 8, River Terrace, Islington, John Turle, M.D., aged 24.

ROYAL FREE HOSPITAL.—Mr. Weedon Cooke tendered his resignation by letter to the Committee of this Hospital. His letter was read at the last meeting, but it was unanimously resolved that the resignation should not be accepted.

THE LATE INQUEST AND THE MEDICAL PROFESSION.—The following notice was advertised last week :—"Duly-qualified Medical Practitioners are invited to attend a preliminary meeting, for the purpose of taking into immediate consideration the new perils which threaten the Profession, by the disclosures and other proceedings at the late inquest. The meeting will take place at the Freemasons' Tavern, Great Queen-street, Lincoln's-inn-fields, at eight p.m. precisely, on Tuesday next, the 25th inst.



Gentlemen who cannot attend, but are desirous of co-operating on the occasion, are requested to address the Chairman by letter." It was followed by the following address, also advertised on Monday:—"To the members of the Medical Profession. Gentlemen,—An attempt is about to be made to entrap you, and excite your sympathy on behalf of the Editor of the *Lancet* and his connexions, under the specious pretence that the recent verdict threatens the Profession as a body with 'new perils.' Be not deceived! That verdict properly used is a staff of strength in your hands; for by it a death-blow is inflicted on a system of making the election of Surgeons to our public Hospitals dependent on private arrangements, favouritism, and intrigue. Men of Middlesex Hospital! be present, and carry in your hearts and memories the attacks made on the late John Shaw, for his operation on lithotomy. Men of Guy's! by the endeared and sacred memory of the late estimable Bransby Cooper, be you also present, and attest to the retributive justice which has at length fallen on his assailer.—ONE WHO MEANS TO ATTEND. July 24, 1854." On Tuesday, the day of the meeting, the following notice was put up at Freemason's Hall, and advertised in the daily papers:—"The Medical meeting is postponed for eight or ten days. Due notice will be given of the day by advertisement."

**MEDICAL BENEVOLENT COLLEGE.**—We are authorised to state, that the President and Council intend to make another visit of inspection of the College building at Epsom, on Saturday, the 5th of August next, on which occasion they will be happy to meet any of the friends of the Institution who may desire to witness the progress of the works. A cold collation will be provided for the Council and visitors in the Dining-hall, at a moderate charge. Gentlemen who may wish to attend should inform the Secretary on or before the 1st of August, in order that proper accommodation may be afforded. The Council will leave the London-bridge Station for Epsom by the quarter-past two o'clock train.

**METROPOLITAN COUNTIES BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.**—The Annual Meeting of this Branch was held on Tuesday last, at the Star and Garter, Richmond. Sir John Forbes resigned the Presidential Chair to Mr. Propert. The officers elected for the next year are—Mr. Propert, President; Dr. Risdon Bennett, President Elect; Dr. Ogier Ward, Secretary; Mr. Toynbee, Treasurer. Among other proceedings, it was resolved, that a Deputation from the Branch should represent to the General Council at Manchester the strong opinion of the Branch, that every Branch should have the right to admit its own members, by ballot or otherwise, as it should decide. Between thirty and forty sat down to dinner.

**ANNUAL ENTERTAINMENT AT COLNEY HATCH COUNTY ASYLUM.**—On Saturday, the effect of the conciliatory system in the treatment of lunatics was exhibited in the meadow adjoining the Colney Hatch Asylum, when about a thousand of the patients partook of a repast together under tents, followed by dancing, games of cricket and football, all having the tranquil enjoyment apparently of sane, happy individuals. There are upwards of 1200 patients now under care in this asylum, and upwards of 1000 also in the other county asylum at Hanwell.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.**—The Hospital at the Victoria-park is now completed, and only requires to be furnished to be fit for the reception of patients. The cost of the building has, however, already exceeded the original estimates, and when all liabilities are liquidated there will be a debt of nearly 6000*l.* on the Hospital, and a further sum of 2000*l.* will be required for the furniture. The Committee are compelled to defer opening the building till sufficient funds are obtained to justify their incurring that responsibility.

**SURREY DISPENSARY.**—At a meeting of the monthly Committee of this charity, held the 25th July, It was resolved, that the Committee, "in accepting the resignation of Mr. John Cooper Forster, one of the Surgeons to this Institution, desire to express their deep regret for the loss the charity will sustain by being deprived of his valuable services; and while they record their high opinion of his great professional ability, they beg to return him their warmest thanks for the very efficient manner in which he has discharged the duties of his office, and for his uniform kindness and attention to the patients under his care."

**NORTHERN DISPENSARY.**—For some time past serious complaints have been made of the inefficient management of the Northern Dispensary. The Honorary Medical officers have made fruitless attempts to induce the Committee to change the present system, and the refusal of the governing body to accede to the representations of the honorary officers has led to the

resignation of the consulting Physician, Dr. Roget, followed by that of the acting Physicians and Surgeons, as conveyed in the following correspondence:—"Copies of letters of resignation of the Honorary Medical officers of that Institution, addressed to the Secretary. 18, Upper Bedford-place, July 15, 1854. Dear Sir,—I beg to acknowledge the receipt of your note, informing me, that the letters I forwarded to you on the 22nd ult. had been laid before the Committee of the Northern Dispensary at their meeting on the 5th inst. These letters contained a series of representations from every one of the Physicians and Surgeons who have, during the last six years, been giving their gratuitous services to the Institution, namely, Dr. Vander Byl, Dr. Hayes, Dr. Goodfellow, Dr. Sieveking, Dr. Powell, and Mr. Davies. It appears from their concurrent testimony, that the resident Medical officer Mr. Dolton, who obtained permission to engage in practice on his own account, has, while giving up to his private patients the time and attention he ought to have bestowed on those of the Dispensary, employed as his substitutes persons appointed by himself, not responsible to the Institution, and incompetent to the performance of the duties he confided to them. It was natural to expect that these united allegations from the Medical officers regarding facts coming especially within their cognizance, and seriously implicating the character of the Institution, would have excited the earnest attention of the Committee, and have led them to take steps for their immediate investigation. Great, therefore, was my astonishment, when I learned by your note, that nothing of the kind was contemplated. The paper it enclosed purported to be the copy, (although unauthenticated by any signature,) of a Resolution agreed to, as you state unanimously, by the Committee who met on the 5th inst., consisting of nine gentlemen, whose names, however, as well as that of the Chairman, you omitted to communicate. I never could have believed that a Committee entrusted with the management of the charity, would at once reject the whole of the proffered evidence of their own Honorary Medical officers, inculcating the conduct of Mr. Dolton, and listen only to favourable testimonials not bearing upon the point in question. Such total disregard of the united opinions of those most competent from their position to furnish accurate information, renders it to me evident that I can no longer hope to benefit the Institution, by continuing connected with it in a responsible capacity; and I accordingly beg to resign the office of Consulting Physician, which I have had the honour of holding so many years. I cannot, indeed, allow my name to appear before the public, as in any way lending countenance to abuses such as those which are stated, on such competent authority, to have crept into the administration of the Dispensary,—abuses tending to divert from their legitimate purposes the funds subscribed for the relief of the suffering poor, and use them for the private benefit of the paid officer of the Institution.—I am, dear Sir, yours very truly, P. M. ROGET. John Casley, Esq., Honorary Secretary of the Northern Dispensary." "London, July 22, 1854. Dear Sir,—Having learned from Dr. Roget the Resolution which was agreed to by the Committee of the Northern Dispensary at their last meeting, and seen his letter to you in reply, giving in his resignation; and concurring perfectly in the opinions he has expressed in that letter, we feel it impossible for us any longer to remain connected with a charity so mismanaged, and therefore beg likewise to resign our respective offices in that Institution.—We are, Sir, your obedient Servants, BOON HAYES, JOHN BISHOP, EDWARD W. MURPHY, FREDERICK DAVIES."

**THORPE LUNATIC ASYLUM.**—Dr. Foote has resigned his post as Resident Medical Officer, in consequence of the Superintendent and Matron not obeying his orders, and being supported in their disobedience by the Managing Committee. A thorough reform appears to be needed in this Institution. Dr. Foote says very truly, in a letter to the *Norwich Mercury*:—"I am quite certain that no man of mind, and integrity of purpose, will long hold the situation of Medical Officer in this Institution, if the Superintendent can insult him as he thinks proper, and oppose him in the treatment of his patients; and if he has not entire control over the Superintendent, matron, and servants of the Asylum. It must appear to any one of proper feeling, that a female sick-ward should be one of strict privacy, and not be entered by male persons; and certainly not when the Medical officer considers that such entrance may place in jeopardy the lives of his patients, or in the slightest degree retard their recovery."

**RUSSIA.**—The scurvy has broken out among the Russian troops. Upwards of 5000 men are said to be in the hospitals of Ibraila, Galatz, and elsewhere, victims to this disease, brought on by unwholesome food and constant exposure in marshy



bivouacs, as well as by personal uncleanness. Advices from Jassy, of the 12th of July, state that the Military Hospitals in Moldavia are so crowded that the wounded are obliged to be sent back to Bessarabia. It is calculated that in Moldavia there are 8000 wounded and sick; in Wallachia about 12,000. The scurvy is prevalent in most of the Hospitals; also divers fevers, though not of a dangerous character. The cholera prevails in Bessarabia.

**DEATH FROM EATING SWEETMEATS.**—On Tuesday, an inquest was held in Bethnal-green, before Mr. Baker, on the body of a young girl, aged 13, who had been in the habit of eating an excess of sweets, and who died on Saturday last from mortification of the stomach, which was shown by the Medical evidence to have arisen from the poisonous ingredients used in colouring the sweets, of which deceased had largely partaken. Verdict accordingly.

**HEALTH OF GLASGOW DURING JUNE, 1854.**—The number of deaths this month is 1085, exceeding those of May by 36, but falling short of those of the corresponding month of last year by 108. Notwithstanding this, however, the mortality still exceeds the average, which for the last five years is 892 during June. Still it is satisfactory to observe, that there is a diminution of the mortality which, during the summer months of 1853, was so extraordinarily high. An increase has occurred in the deaths by zymotic diseases, which this month are 391 against 336 in May. This increase is due to the re-appearance of cholera, which in the latter part of May and beginning of June had entirely disappeared, but which again returned, and has occasioned 100 deaths. Simultaneously there has been an increase in diarrhoea, the deaths being 47 this month, and only 31 in May. Small-pox has diminished from 60 to 44; and a trifling reduction is also apparent in measles, whooping-cough, and typhus. The deaths by tubercular diseases are 216, of which 167 are due to phthisis. Diseases of the lungs and respiratory organs have also diminished.

**QUACKERY.**—At the Assizes at York, on the 19th, Ann Cooper was indicted for the manslaughter of John Roberts, at Hull, on the 10th of March last. The prisoner was a stout, respectably dressed woman, about 50 years of age, who, it was stated, for upwards of twenty years, had carried on the business of a quack-doctress at Hull with great success, and to such an extent as to require an assistant. In the first week of January last, the deceased, John Roberts, while cutting some sticks for a flower-pot, cut the end of his thumb with a knife. In two or three days afterwards he complained of a burning sensation in it, and went to a Mr. Toogood's, a chemist, to get it dressed; and he then went to Mr. West, surgeon, of Hull, who applied linseed-poultices to the thumb. He next day cut into the man's hand, and then into his thumb, and the day after he cut deeper till he arrived at matter. The man had "tendinous whitlow." The deceased, not satisfied with his treatment, went to the prisoner, who applied cotton to the wounds, steeped in a green lotion, which she called "Jenny Lind," because of its soothing properties. She then bound round his hands and fingers with a plaister. The hand and arm became much swollen and inflamed, and she applied leeches, and afterwards a tight bandage. She assured the wife of the deceased, that there was no danger, and the deceased would not have further advice till a few days before his death, when his arm became so bad that Medical assistance was called in, but too late to be of any avail, and he died. It appeared that the deceased was a tallow-refiner by trade, and had worked at his trade after he had first received the cut. Mr. West, surgeon, of Hull, was called, and stated, that the course of treatment adopted by the prisoner was irregular in surgical practice, and that the death of the deceased had been caused by the absorption into his system of poisonous matter. Several surgical authorities were quoted in support of the prisoner's treatment by the prisoner, from which the witness said he differed in opinion. Mr. Mulligan, surgeon, gave similar testimony, but stated, that any poisonous matter getting into the system might cause death even in the most healthy persons, in spite of every surgical aid; and rancid or putrid fat getting into the wound in the way of deceased's trade might have that effect upon his system. He could not say that deceased's death might not have been caused by decomposed matter getting into the wound on his thumb. Mr. Justice Crowder, after this evidence, thought there was no case, and directed an *Acquittal*. The prisoner was, therefore, discharged.

**MORTALITY NOTABILIA.**—In the week that ended last Saturday, the total number of deaths registered in London was 1008, nearly the same as in the previous week. In the ten corresponding weeks of the years 1844—53 the average number was

1016, which, with a correction for increase of population, gives 1118. Last week's Return, in which the deaths are more than a hundred less than the estimated amount, shows a favourable state of the public health at a time when it is threatened with a renewal of the cholera epidemic. The deaths returned last week as caused by zymotic diseases were 293, while the correct average is 342; they show an advance on the previous week. Small-pox carried off 12 children, and 4 persons of 20 years and upwards, while scarlatina has increased its weekly proportion of fatal cases to 80. The latter disease has visited some families with severity, and in the present returns an instance is recorded in which three children died of it in the same family within six days. Diarrhoea has increased.

**Births.**—The births of 821 boys and 776 girls—1597 children—were registered. Average, 1297.

**Meteorology.**—The mean height of the barometer in the week was 29.954 in. The mean temperature was 63.2°, which is 1.3° above the average of the same week in 38 years. The highest temperature was 84°, and occurred on Saturday; the lowest was 50.7° on Wednesday. The mean dew-point temperature was 53.4°; and between this and the mean air temperature the difference was 9.8°. No rain; wind south-west; horizontal movement of air, 590 miles; electricity, positive with moderate tension.

DEATHS REGISTERED in the Metropolis for the Week ending Saturday, July 22, 1854.

CAUSES OF DEATH.	JULY 22.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	497	329	171	1008	10158
SPECIFIED CAUSES .. .. .	493	329	171	993	10108
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	212	56	25	293	3113
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	4	24	13	41	442
3. Tubercular Diseases .. .. .	77	116	6	199	1963
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	47	32	32	111	1099
5. Diseases of the Heart and Blood-vessels .. .. .	1	31	15	47	330
6. Diseases of the Lungs and of the other Organs of Respiration ..	55	18	29	102	889
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	24	20	7	51	661
8. Diseases of the Kidneys, etc. ..	2	9	5	16	124
9. Childbirth, Diseases of the Uterus ..	..	6	1	7	106
10. Rheumatism, Diseases of the Joints, etc. .. .. .	2	5	3	10	78
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	2	..	1	3	15
12. Malformations .. .. .	2	..	..	2	36
13. Premature Birth and Debility ..	25	1	..	26	264
14. Atrophy .. .. .	28	..	5	33	282
15. Age .. .. .	..	..	25	25	381
16. Sudden .. .. .	2	1	1	4	73
17. Violence, Privation, Cold, and Intemperance .. .. .	10	10	3	23	252
CAUSES NOT SPECIFIED .. .. .	4	..	..	15	50

TO CORRESPONDENTS.

EPIDEMIOLOGICAL SOCIETY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the report of the meeting of this Society, held July 3, which appears in your Journal of this day, I perceive two errors, which I have no doubt you will cause to be corrected in your next Number.

Firstly. Dr. Babington is stated to have presided at the meeting, instead of Dr. James Bird, who occupied the chair in the unavoidable absence of the President.

Secondly. Mr. Cox is reported to have said, that "he had tried nitric acid as recommended by Mr. Tucker, and found it a failure; but he had never tried sulphuric and nitric acid mixed." Instead of the foregoing, Mr. Cox stated, that "he had never tried sulphuric and nitric acid in combination, as mentioned by Mr. Tucker, but he had prescribed nitric acid alone, and found it a failure."

In no part of my paper did I advocate the employment of nitric acid alone, but narrated two cases of severe choleraic diarrhoea which yielded to the administration of sulphuric and nitric acid in combination; and at the same time stated reasons why I preferred the mixture to that of sulphuric acid alone, although I had found the latter on all occasions when used highly beneficial. I am, &c.

38, Berners-street, July 22, 1854. J. H. TUCKER.  
Dr. Mitchell's Case was marked for insertion, but it has been accidentally mislaid.  
We shall be much obliged if Correspondents who kindly send us provincial papers will mark the passages to which they wish to direct our







ORIGINAL LECTURES.

CLINICAL LECTURE,

ON

A CASE OF RENAL EPILEPSY,

AND ON

THE TREATMENT OF EPILEPSY IN GENERAL.

DELIVERED AT

King's College Hospital (a).

By ROBERT B. TODD, M.D., F.R.S.

Physician to the Hospital.

GENTLEMEN,—I shall take, as the text of my lecture for to-day, an important case, which most of you have had an opportunity of seeing for some time past in Rose ward. The patient is a man named Richard P——, aged 45, (Vol. XXXVI. p. 87,) who has been suffering from epileptic fits of a very severe character. The case deserves your special attention, as a good example of the association of this malady, hitherto and still so obscure as to its pathology, with disease of the kidneys. In consequence of this association, the case is a very hopeful one for treatment, and we shall see what has been the result of the treatment. I shall also append to my remarks on the treatment of epilepsy in general, a rapid review of the various remedies which have from time to time been suggested and tried as cures for this most terrible, and unhappily too common, disease.

The case of Richard P—— forms a very good example of that form of epilepsy, which, from its association with, and dependence on, disease of the kidney, may be properly distinguished as renal epilepsy. The discovery of the connexion of certain forms of epilepsy with organic disease of the kidneys forms a very important era in the history of medicine, for, not only has a certain amount of light been thrown by it upon the pathology of the disease, but it has at the same time suggested the rational treatment of a certain class of cases, instead of the mere empirical method hitherto in vogue in nearly all forms of the malady.

Upon this fact of the dependence of attacks of epilepsy upon renal disease, I have been enabled to construct a theory of the cause of epileptic fits generally. I hold that the peculiar features of an epileptic seizure are due to the gradual accumulation of a morbid material in the blood, until it reaches such an amount that it operates upon the brain in, as it were, an explosive manner; in other words, the influence of this morbid matter, when in sufficient quantity, excites a highly polarised state of the brain, or of certain parts of it, and these discharge their nervous power upon certain other parts of the cerebro-spinal centre in such a way as to give rise to the phenomena of the fit. A very analogous effect is that which results from the administration of strychnine, which is best seen in a cold-blooded animal, like the frog. You may administer this drug in very minute quantities for some time without producing any sensible effect; but, when the quantity has accumulated in the system up to a certain point, then the smallest increase of dose will immediately give rise to the peculiar convulsive phenomena. The animal is thrown into a series of paroxysms of opisthotonos, which exactly imitate the phenomena, which we often witness in tetanus, as it affects man and some of the higher animals.

This, then, is the humoral theory of epilepsy. It assumes that the essential derangement of health consists in the generation of a morbid matter, which infects the blood; and it supposes that this morbid matter has a special affinity for the brain, or for certain parts of it, as the strychnine, in the case just cited, exercises a special affinity for the spinal cord. The source of this morbid matter is probably in the nervous system, it may be in the brain itself. It may owe its origin to a disturbed nutrition—an imperfect secondary assimilation of that organ—and in its turn it will create additional disturbance in the functions and the nutrition of the brain. Probably, in no instance does an epileptic fit ever occur without leaving a damaged state of brain, which in some cases is permanent, in others remarkably transient.

I must content myself with this statement of my view of the pathology of the disease. Elsewhere I have gone more fully into the grounds of this doctrine. Let me now briefly call to your recollection some points connected with the clinical his-

tory of the disease, which you must always keep in view, whether you are discussing its pathology, or dealing with it practically.

Epilepsy is essentially a paroxysmal disease, occurring periodically, without any necessary uniformity as to the duration of the periods of remission, but sometimes with a remarkable regularity in this respect. There are persons who have had an epileptic attack only once or twice in their lives; others who have it once or twice a-year; others, again, once a month, or once a week; and many who have it with great frequency and irregularity, it may be two, three, or more times in twenty-four hours, and then not again for a considerable period.

The variety as regards the manner in which the paroxysms occur, is so great as to defy any attempt at classification founded on this feature of the disease.

The pathognomonic symptom of the disease is a sudden and complete loss of consciousness. This may vary in duration from a few seconds up to several hours. The patient seems suddenly lost; the expression of countenance puts on a peculiar vacancy, and the pupils become dilated; and before there is time for him to fall, he recovers. Some patients are not conscious of the occurrence of such a phenomenon; they feel a disturbance, but can give no account of it, and soon forget that it happened. In this temporary suspension of consciousness, without convulsions, consists what some French writers have called the “*petit mal*,” and what Esquirol designates epileptic vertigo. The attack is trifling as compared with other epileptic attacks, as regards its phenomena; but it is not trifling or slight as regards its effects upon the mind. Attacks of this kind often usher in the confirmed disease; but many patients never have any other form of attack.

To constitute the complete epileptic paroxysm, or the so-called “*grand mal*,” you must superadd to the suspension of consciousness, an attack of convulsions, more or less general, ending in coma more or less profound. In this attack the patient often bites his tongue, and the symptom serves to denote the complete loss of consciousness which accompanies the attack. Patients are often not aware that an attack even of this severe kind has happened; more especially, if it have occurred in the night. If, in the fit, his tongue had been bitten, he learns from that circumstance that he had an attack. Many do not know that they have ever had fits of this kind, notwithstanding their frequent occurrence over a series of years.

According to the humoral theory, the variety in the nature and severity of the fits depends on the quantity of the poisonous or morbid material, and on the part of the brain, which it chiefly or primarily affects. If it affects primarily the hemispheres, and spend itself, as it were, on them alone, you have only the epileptic vertigo. If it affect primarily the region of the quadrigeminal bodies, or if the affection of the hemispheres extend to that region, then you will have the epileptic fit fully developed.

To give a more definite character to the humoral theory, we need to discover a morbid matter in the blood, in variable proportions, in every case of epilepsy. This desideratum has, as yet, been only partially obtained.

The clue to a discovery of this kind was first given by the observations of Prevost and Dumas upon the effect of excision of the kidneys. These observers found that the removal of the kidneys always led to an accumulation of a considerable quantity of urea in the blood, and was followed by convulsions and coma, an epileptic state.

After this, clinical observations by practical Physicians showed that disease of the kidney was apt to be followed by attacks of convulsions and coma, when the excretion of urine fell in quantity to a very low amount; and it was found that, in such cases, a considerable quantity of urea was present in the blood.

A connexion was clearly thus established between the presence of urea in the blood, defective renal action, and the epileptic condition. But whether the active poison is urea, cannot yet be decided. Frerichs, indeed, has lately affirmed, that it is carbonate of ammonia, a product of the decomposition of urea. But even this is still *sub judice*. All that we really know is, that in certain states of diseased kidney, when the excretion falls below a certain point, urea will accumulate in the blood, and epileptic seizures will ensue; and, should the patient die, we find no brain-lesion to explain the phenomena; but we find unequivocal evidence of diseased kidney.

Still, gentlemen, imperfect as is the present state of our knowledge on this point, who is there that does not see, in the facts which I have detailed, a gleam upon the horizon, announcing the approach of some brilliant discovery, which no doubt the advancing state of organic chemistry will yet develop, and which will throw great light on the obscurest disease in the whole range of maladies, which affect the human frame?

(a) XLIII. Reported by Dr. Lionel Beale.



You will find it convenient in practice to place the cases of epilepsy in three groups.

The first, and largest, is that in which I would place all those cases that are characterised by distinct, well-marked, often very severe symptoms, but in which we are not able to detect any distinct sign of lesion of the brain and spinal cord, either before or after death. Among these you find some which, from the frequency and the violence of the attacks, may be styled acute cases; but the great majority are chronic, and too many are not amenable to Medical treatment; they afford an extensive field for the empiric to exercise his craft upon. Many of these patients will have fits for years, with variable intervals between them; in some mild, in others severe; yet, after death, notwithstanding the formidable character of the symptoms in some, and their long duration in others, we find no important lesion in the brain, which can be regarded in the light of a *cause* of the disease. And whatever change may have taken place in that organ, may be regarded as an effect of the disturbed consciousness and the impaired intellectual action, which follow each severe paroxysm, or the result of the shock and the injury to its nutrition conveyed by the excited state of the whole or a great part of it.

The second class of cases are those which may be grouped under the name of *renal* epilepsy. Of these the case now before us, that of Richard P—, forms a good example, in the chronic form. More commonly, this kind of epilepsy exhibits more acute and urgent symptoms, the attacks being more frequent, and at shorter intervals.

You may place in the same category with the cases of renal epilepsy those in which the disease is associated with gout. I meet with many examples of this form of epilepsy occurring in men between 40 and 55. The patients are persons of decided gouty diathesis, and have gout rather of the asthenic kind, with a tendency to rapid effusions into the joints. In some, the gout may have shown itself but slightly in the extremities, and the patient may have been troubled with head feelings, giddiness, tinnitus, and may have found himself less capable of mental effort than usual. In the same class you may place the cases of convulsions occurring in the puerperal state, whether they take place after or before parturition; these are sometimes referrible to defective action of the kidneys.

And in the same class you may place cases which have connexion with syphilis, although the syphilitic poison may not have produced any organic lesion of a tangible kind.

Epilepsy arising from exhaustion or perverted nutrition of any kind may be referred to this head; such cases as arise from the abuse of the sexual powers in either sex, from prolonged mental effort and anxiety. In all such cases, a disturbed nutrition of the brain results, which may generate the irritating matter on which the morbid phenomena depend.

The cases contained in this group are those which are most amenable to treatment, and which may be treated by a rational method.

To a third class we may refer all those cases in which the epileptic state is associated with organic mischief of some kind, either of recent or of slow formation.

In this class you may include cases in which a clot of blood has been formed on some part of the surface of the brain, and those in which a tumour has been developed in its substance, or has grown from the dura mater, or even from the cranium itself, into the brain; as also cases, in which a tolerably extensive white softening is taking place in the hemispheres, and others in which the epileptic condition seems connected with disease of the dura mater of syphilitic origin, in which, in fact, something like a node has been formed on this fibrous membrane similar in character to that which we often see on the periosteum of the tibia. Epilepsy, and that of a very acute kind, is also sometimes associated with acute inflammation of the dura mater, of which we had an excellent example in the hospital about six months ago. The man was in Fisk Ward, and died from the exhaustion consequent upon repeated attacks following each other with great rapidity. Upon examination, we found a small tumour growing by a pedicle from the inner surface of the dura mater, which had pushed into the substance of the brain, and around which inflammation of a suppurative kind had taken place.

Let me now return to the history of our patient, Richard P. He is a policeman, and has been accustomed to lead a very active life. From his profession he has been often exposed to violence, and has frequently suffered from severe blows on the head. Fifteen months ago, the first fit occurred; he was quite insensible, and bit his tongue during the fit. A fortnight afterwards he was seized with a second fit, and he has since been subject to their occurrence at about the same intervals of time. Occa-

sionally, however, a month would pass over without a fit, while sometimes only thirteen days would intervene between two epileptic seizures. Matters have been going on in this way for a year and a-quarter.

The patient is a fine athletic man, and had, previous to these fits, suffered from occasional attacks of giddiness and pains in the head, which seem to have been aggravated by hearty eating and free living, although there was no evidence of his having been a drunkard. The frequent attacks have impaired his memory very much. Each fit is followed by a prolonged state of stupor, and his speech and manner are very hesitating for some days after it; and sometimes, as his Medical attendant in the country informed us, an attack would be followed by a marked state of imbecility.

Upon a careful examination of this patient, no evidence could be obtained of any organic affection of the brain, nor of any of the thoracic or digestive organs. But our attention was arrested by the condition of the urine as indicative of renal disease. And here let me pause to remark to you how important it is (independently of the duty, for the sake of clinical history, of noting the condition of so important a secretion) always to examine the urine in cases of epilepsy, for this patient showed no signs whatever of diseased kidney, save such as the urine afforded, or as experience might have suggested in the fits. The urine was distinctly albuminous, and the deposit was granular, and contained numerous casts of the tubes. The specific gravity ranged from 1010 to 1025, and its re-action was acid; the quantity generally two pints.

So far, we had strong evidence that this patient's kidneys were probably diseased. I was anxious to ascertain if his blood contained urea; and also wished, if possible, to test the accuracy of the doctrine lately put forward in Germany by Frerichs, namely, that in cases in which comatose and epileptic symptoms ensue upon disease of the kidneys, it is not simply to the accumulation of urea in the blood that these phenomena are due, but to the development in the circulating fluid of carbonate of ammonia, arising from the decomposition of the urea. The carbonate of ammonia is the poisonous matter. Frerichs has ascertained, that if this substance be injected into the veins of animals, an epileptic condition—i. e., coma with convulsions—is induced, which passes off as soon as the carbonate of ammonia has been eliminated from the system. He has found, also, that, when the kidneys have been extirpated from dogs, and urea has been injected into the blood, carbonate of ammonia may be detected in the breath of the animals by holding a rod dipped in hydrochloric acid under the nose, when the characteristic white fumes evince the presence of alkali, and the blood is likewise found to contain it in notable quantity.

On the 7th of July, our patient had had no fit since his admission; but he had been complaining of giddiness and pain in the head, and his mind was much confused. It seemed to me likely that a fit was not far off, and that this was a fair time for the experiment, because the morbid matter, whatever it might be, was no doubt being accumulated.

First, the expired air was tried; but neither by the restoration of reddened litmus held in the current of air as it came from the nostrils, nor by the formation of white fumes when a glass rod dipped in hydrochloric acid was held beneath them, could we obtain indication of the presence of carbonate of ammonia.

Next, a small quantity of blood was taken from the arm, and subjected to careful analysis; and, although it certainly effervesced upon the addition of strong hydrochloric acid, there was no evidence of the presence of carbonate of ammonia by the formation of dense white fumes, and it is quite possible that the effervescence might have been due to carbonate of soda,<sup>(a)</sup> but decided traces of urea were obtained.

Leaving, then, the question as to the precise nature of the

(a) The composition of the serum of the blood on July 7 is represented in the following analysis, made by Dr. Beale. The reaction was alkaline, and the specific gravity 1023.

Water ..	893.43		
Solid Matter ..	106.57	Extractive matter, soluble in water and alcohol ..	1.32
		Extractive matter, soluble in water only ..	.58
		Fixed alkaline salts ..	8.81
		Albumen and earthy salts ..	95.86

Traces of urea were detected in the alcoholic extract.

The urine was examined on the same day. The reaction acid, and the specific gravity 1020. It contained albumen; and, upon standing, a deposit subsided, which was found to consist chiefly of very transparent and slightly granular casts.

Water ..	946.80		
Solid Matter ..	53.20	Organic matter ..	37.81
		Fixed salts ..	15.39



poison undecided, I have been content to accept the evidence of uræmic poisoning, in this case, from diseased kidneys, as the origin of the epileptic state; and, in the absence of further chemical evidence, I am disposed for the present to regard the poison as uræa.

Regarding the case in this light, it seemed to me very desirable to subject the patient to a treatment founded upon this view; and the case seemed well suited for that purpose. The symptoms were not of an acute kind, nor did they immediately threaten his life. There was, therefore, sufficient time to carry out a plan for the elimination of the morbid material and the relief of the irritated kidneys.

In practice, you will meet with, for the most part, two classes of cases of this uræmic poisoning, as it is called; the one acute, the other chronic. In the acute cases, the urine is suppressed, or greatly diminished; and the nervous symptoms come on quickly, consisting of rapid coma, with more or less frequent attacks of convulsions at brief intervals. In these cases, very active purging with a powerful drastic, such as elaterium, is often attended with remarkable success; and it is also a good plan to blister the occiput and nucha freely, so as to obtain an abundant serous discharge from the vesicated surface. The chronic cases are well illustrated by that of our patient P—. In them we need not have recourse to such active and violent remedies; there is sufficient time to act on the skin, as well as upon other emunctories.

Now, the plan which I proposed to adopt with this patient was the following. To act freely upon his skin by the hot-air bath, with the two-fold object of relieving his blood of any morbid material, and also of helping the kidney, which experience tells is greatly relieved by the free action of the skin. We know how much good is done by this mode of treatment in the acute inflammatory states of kidney when dropsy is present, as after exposure to cold and after scarlet fever. But as the sweating process by the hot-air bath is a very debilitating process, I proposed to diminish this weakening effect by having the patient splashed with cold water after each sweating bath. In this way he was able to take a hot-air bath every alternate evening.

He has also had scruple doses of the bitartrate of potass three times a-day, with a view to promote the excretion of water by the kidneys; and, from time to time, we have given him a brisk saline aperient. He has been kept on a moderate allowance of animal food, without beer or stimulants of any kind.

Our patient began this treatment on the 1st of July; he is now, therefore, nearly a fortnight under it, and, so far, with promising results. There has been no fit since his admission, although he has had sensations of giddiness and of noise in his head, such as he has been long subject to, and such as have usually preceded a fit.

His general appearance and condition are improved. The quantity of urine varies from two to three pints; occasionally, only a pint and a-half; and the albumen is notably diminished, and the specific gravity on the average 1015.

[This patient remained under treatment until the beginning of September, upwards of two months. The hot-air bath was continued till the 26th of August, when, as he seemed weakened by it, and as there was but a very small quantity of albumen in his urine, it was given up. The bitartrate of potass was changed for small doses of quinine, and he improved so much, that he was allowed to go to the country. He came twice to the Hospital, at intervals of a month each time, to report his condition; and it was found that his fits had disappeared since the treatment began while in the Hospital, and that they had not returned after he had left it; the albumen had likewise ceased from his urine; so that for the months of July, August, September, and October, he was free from epilepsy. How long this favourable state continued, I have no means of knowing, for he went at the end of October to his native county, Cornwall, and we have not heard of him since.]

As to the future of this case, all will depend upon the state of the kidney. If the man be placed under favourable circumstances, such as will help the action of his skin, and promote a healthy general nutrition, and will observe a rigid diet, and abstain from stimulants, these promise best for the restoration of the normal condition of that organ, and for averting the attacks of epilepsy.

To a patient, suffering as this man does, in the higher walks of life, you would recommend, if his means permitted, a long sea voyage out to Australia or to New Zealand and back, or a prolonged residence in either of those countries, or one or two winters in such climates as those of Madeira, the South of

Spain, or of Italy, or even Egypt, or perhaps the East or West Indies.

It is but too probable that our patient, not being able to avail himself of such advantages as these, will have an aggravation of his renal disease, and that the same state of blood will be induced as existed, when he was admitted into the Hospital, and the epileptic attacks will recur.(a)

The case has so far proved instructive to us, as showing the benefit which may arise from a treatment based on a rational pathological view; and it is not a little satisfactory to meet with a case of epilepsy which may be dealt with otherwise than on merely empirical grounds.

[To be continued.]

## PRACTICAL REMARKS ON SOME OF THE SURGICAL AFFECTIONS OF THE EYELIDS.

MADE IN THE COURSE OF CLINICAL INSTRUCTION,  
AT

The Central London Ophthalmic Hospital.

By H. HAYNES WALTON, Esq., F.R.C.S.

Surgeon to the Hospital, and Assistant-Surgeon to St. Mary's Hospital,  
etc. etc.

GENTLEMEN, — Continuing with the subject of entropium, I shall to-day comment on the case that we have been just examining, and conclude with referring to certain criticisms that the publication of my views respecting the pathology of the affection has called forth.

Jane Taunton, aged 27, a miserable-looking, half-starved milliner, displays a marked example of entropium in an aggravated, yet uncomplicated form, and which is, therefore, all the better suited for students to study; for, unless the affection be examined in what I may call its naked simplicity, that is, entropium alone, without any other affection of the eyelid, it is difficult to appreciate the cause and to adopt a remedy.

I pointed out to you that the upper eyelid of both eyes and the under eyelid of the left eye are all inverted. I requested attention to the difference in the incurvation of the upper and under tarsi, and showed you that while the former is merely tilted, and throws the few and stunted eyelashes against the eyeball; the latter is rolled up, and includes within its folds the cilia, by which they are therefore not only turned away from the eyeball, but actually concealed from view. This difference may be better understood by a reference to the anatomy of the eyelid. The upper tarsal fibro-cartilage, which is nearly twice the breadth of the under, is, from its form, accurately fitted to the eyeball, and coheres with much attraction. The under, by its lesser dimension and flatness, is in contact with the eyeball but to a small extent; does not cohere like the upper; and is readily displaced, that is, turned outwards or inwards. I should tell you, that the under eyelid does not become rolled up in the manner spoken of from the first. It is only after the disease has existed for some time that this occurs; for, in the early stage, the cilia are thrown against the eyeball, as happens in the upper eyelid during the entire duration of the entropium.

Whatever might have been the exciting cause of the inversion here, there can be no doubt that the present highly injected conjunctivæ and the vascular and ulcerated corneæ are due to the entropium. The history of the case proves it. It is not unnecessary to direct your attention to this, inasmuch as the contact of the cilia with the eye-ball, whereby so much mischief is produced, may be, and frequently is, overlooked, especially where the entropium is but slight, or the cilia few, and so altered in their character that they may readily pass unnoticed.

The very imperfect sight of Jane Taunton is in accordance with the obscured cornea, and may be due to it; but I have known quite as much deterioration of this sense in entropium, with but slight opacity of the cornea, and owing solely to long-continued irritation of the eye-ball from the contact of the cilia. I use the term irritation, which is certainly not a very significant one, for the want of a better. However, its value is pretty generally understood.

Before I proceed further, I will explain what I meant by an

(a) Since this lecture was delivered, I have ascertained that this patient continued free from fits for six months. He recovered his health completely, and regained his memory perfectly, and became so well that he began to be careless, and drank more than he ought. The epileptic fits returned, and he died about twelve months after he left the Hospital.



uncomplicated case; it is this, that the eyelids are merely inverted, and are devoid of certain morbid states that may precede or be grafted on entropium. Let me be more explicit. There is not any thickening of the eyelids, neither is the fibro-cellular tissue in which the ciliary follicles lie, thick and hard,—an alteration which would make the part feel like a piece of wire under the skin. There is but little, if any, displacement of the cilia from their natural relations; they turn in, of course, but their relative position to the surface on which they grow is not altered, there not being, in fact, trichiasis; nor is there any unnatural state of the palpebral conjunctiva further than increased vascularity—none of that thickened and rugous condition which is described as a cause of entropium. Respecting the tarsal fibro-cartilages, I cannot perceive that they are unhealthy; certainly, there is an absence of that vicious curve, supposed by the older Surgeons to be the chief, if not the only, cause of the inversion, and which, when present, I consider as an effect of long-continued malposition of the eyelid; and I suspect that the upper tarsal alone is ever so influenced.

It will be apparent to you, on the slightest reflection, that curvature of the fibro-cartilage of the under eyelid could not produce the peculiar effect existing in the under eyelid, for the cartilage itself is turned upside down, its edges and sides being literally reversed.

I must caution you not to mistake entropium for trichiasis, and I need not apologise for the warning when I tell you, that the mistake is not uncommon; and, as a consequence, remedial means are directed to the removal of the cilia, by plucking them out; and in this, as a rule, lies the mischief of an incorrect diagnosis, for, after frequent repetition of the process, the cilia that are reproduced not only become stunted and more offending than when of natural growth, but are apt to grow inwards. When undisturbed, being neither broken nor pulled, but left entire, it often happens that their convexities only, that is, of those in the upper eyelid especially, touch the eye-ball, and irritate less. Or, even if the entire eyelash be on the eye-ball, it inflicts less injury, or is longer in producing ill effect, than an abortive one. In the present instance, the forceps have been used, from time to time, during many months, with exemplary diligence, by an oculist who rails against any operation for entropium, and you have witnessed the distressing result. The girl declares that she is worse for the treatment.

I could not have pointed out to you a case which more imperatively demands a radical measure,—some method by which the upper eyelashes may be removed from the eye-ball, and the under eyelid unrolled, and restored to its function. The first may be effected by cutting off the cilia, as that would, to an extent, cure the evil; but something more is required, as an inverted upper eyelid, even destitute of its hairs, may tease and injure the cornea. It is true, that the operation of amputating the edge of the eyelid would effect both objects; but see the alternative: it must, to be effectual, be sufficiently extensive to materially injure the meibomian glands, and, besides, produce a conspicuous deformity, one that is often, as I can assure you, most deplored by patients, but for which there is no relief. Now, it is only in very exceptional cases, where the edge of the eyelid is in a very abnormal state, such as few Surgeons even in large ophthalmic practice see, that this is justifiable. In the great majority of cases of simple entropium, the upper and under eyelid may both, when inverted, be everted and restored to their places, and the cilia removed from the eye-ball by an operation that is most unobjectionable, that which I so frequently execute at this Hospital, and which is now adopted by many Surgeons. As I shall in a few minutes apply it, I need not describe the details; but I may tell you, that the object of it is to remove the marginal part of the orbicularis from the eyelid, that portion which covers the free edges of the tarsal fibro-cartilages, and which has, as I believe, the power to invert the eyelid.

I have endeavoured to show, that, from the manner in which the orbicularis is attached to the lachrymal bone, through the medium of the so-called tensor tarsi, which should be regarded only as a part of the orbicularis, that such an exorbitant action may be performed. These views have not failed to attract attention and to provoke discussions; but I shall notice only one instance of the kind, one from which many Surgeons have taken their cue. In a most elaborate and learned review of my work on the eye, in the *British and Foreign Medico-Chirurgical Review*, for April, 1853, by the erudite Dr. Mackenzie, who has not spared criticism whenever he could employ it, this subject has, of course, attracted his notice, and called forth remark. In consequence of his criticism, I have frequently been spoken to and written to about a wood-cut, which is intended to display the anatomy of the tensor tarsi muscle; and because of that I bring

the matter before you. It is a fact that there is a slight artistic defect in the representation. The professional artist has not copied the pencil-sketch made by my friend, Mr. Hulme, of Gower Street; he has made a division of muscular substance that does not exist. Directly after the review appeared, my friend Mr. Hulme sent his sketch, the original one, to Dr. Mackenzie, to convince him of this. But what does the Doctor say on the subject? You may desire to know. He tells us that Mr. Haynes Walton has an hypothesis respecting the cause of entropium. He supposes it to depend on muscular action; and, after this, taxes his fancy to render ludicrous the matter of a paragraph, because the marks of quotation are misplaced; talks of ghosts and obsequies, certainly in an amusing and almost dramatic manner, but does not discuss the actual merit of the question; and then comes to the wood-cut, the slight inaccuracy of which is more regarded than the correct description that accompanies it. I do not speak this in terms of disrespect, far from it; I reverence my reviewer, and am obliged to him for the valuable hints he has given me.

Dr. Littell, of Philadelphia, who has done me the honour to reprint my work, and add notes, has been infected with Dr. Mackenzie's comments on the wood-cut, (I say this, because many of his notes are taken from Dr. Mackenzie's review, and in this instance the copy is apparent), and passed over unheeded what has been written concerning the anatomy of the parts. I will tell you what I have said about the muscle, and the manner of displaying it. To the description I still adhere. "If I may be allowed to speak of it as a distinct muscle, I should say that it arises as a thin plane of well-marked muscular fibres, of about the fourth of an inch in breadth, from the vertical ridge on the lachrymal bone, passed forwards and outwards towards the lachrymal sac, and bifurcates in a remarkably distinct manner, the branches proceeding towards the eyelids, or their edges become blended with the orbicularis muscle. They can be traced to the middle of the eyelid. In their passage they distribute fibres to the posterior surfaces of the puncta, and some few would seem to surround them. The best manner of tracing the muscle is to remove the skin from the orbicularis, then to detach the upper and outer walls of the orbit, divide the optic nerve and the muscles around, and draw the back of the eye outwards and forwards."

"So great is the variation in the development of this muscle, and also of the musculus ciliaris, that occasionally it is scarcely possible with the naked eye to recognise the muscularity of their fibres."

A few words on the prognosis of the case will close my remarks. It may seem impossible to you that the cornea can ever clear, or the conjunctivæ lose their vascularity. I can assure you that there is no reason why they may not. I have seen worse cases get well. The opacity of the cornea appears to depend merely on a vascular condition of that part, and not on opaque deposit, the consequence of ulceration. I venture to augur, that directly after the operation, indeed from the day it is done, you may trace the commencement of repair. It is well to look after all cases of entropium that have been operated on, with the cilia in the condition of this patient's; for it is not unlikely that one or more of the injured hairs may, when allowed to attain the full growth, be so directed as to touch the eye-ball. This may happen in the most successful operation for inversion of the eyelids. The remedy is easy enough, namely, the removal of the misdirected eyelash, together with the follicle from which it grows.

## ORIGINAL COMMUNICATIONS.

### ARMY MEDICAL REPORTS

No. XVIII.

(SELECTED BY AUTHORITY OF THE DIRECTOR-GENERAL FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

#### EXTRACTS FROM A REPORT ON THE PRESENT STATE OF THE SEAT OF WAR IN TURKEY.

By W. LINTON, M.D.

Deputy-Inspector of Hospitals.

On the first intelligence of war, Dr. Smith, the Director-General of the Army and Ordnance Medical Departments, had Drs. Dumbreck, Linton, and Mitchell despatched to Turkey, in order to obtain information relative to its climate and the diseases of the country. Dr. Dumbreck's instructions were, to take the course of the Danube, and examine Servia, Bulgaria, etc.; the other two



the district south of the Balkan. Dr. Linton was especially directed to travel from Adrianople towards the interior, taking the route which armies advancing towards the Balkan would be most likely to take, and visiting the localities which would most probably constitute halting-places or sites of encampment for such armies; to return to Constantinople by some other route, and to make every effort to ascertain the diseases which occur in those places and their neighbourhood, and to note particularly any localities in his route which may be considered peculiar for their unhealthiness or the contrary, and to report thereupon.

The three officers, notwithstanding the difficulties they had to encounter from ignorance of the language of the people, performed their task in the very short time allotted to them in a most creditable manner, and have returned three very interesting and important reports, some extracts from which we are permitted to publish. The portion we print to-day is from Dr. Linton's Report. We first extract the section on the prevalent diseases of the country. Dr. Linton says:—

"The information received upon the subject of the prevalent diseases from the few Medical men practising in the provinces varied extremely. The account, however, most usually given was as follows:—

"*Fevers*.—The intermittent fevers of the country generally begin in June, and are followed during the months of July and August by remittent and typhus fevers, gastro-enterite, and sometimes dysentery, and only some of the graver fevers are occasionally fatal.

"Intermittent is said sometimes to be the precursor of petechial typhus. Remittent fever does not appear to be of such frequent occurrence as the other forms, and continued fever sometimes supervenes upon it.

"During the months of December, January, and February, inflammatory affections prevail, such as catarrhs, and sometimes influenza and hooping-cough, pneumonia, pleuritis, pericarditis, and rheumatism. These diseases are sometimes complicated with typhus fever in its worst forms, and prove fatal.

"At Adrianople the greatest number of deaths occur during the winter months from inflammatory affections, complicated with typhus. At Philippopoli the greatest mortality generally occurs from fever during the summer months, a fact which is to be attributed to the very great extent of swampy ground and rice cultivation in its vicinity.

"The tendency to fever is said to extend several miles around the city, but an immunity from the disease can always be secured by a removal to the higher grounds during the summer months, a course which is almost invariably practised by the richer portion of the population.

"The intermittent fevers of this country generally appear in the tertian or quotidian forms. The treatment usually adopted is to give quinine in large and repeated doses till cinchonism is produced; and, for the better securing the patient against a relapse, the medicine is continued in smaller doses for several days after all fever has disappeared. In the event of this mode of treatment failing, a solution of arsenic is given three times a day, and is usually administered five or six days after the fever has ceased, with the view, as in the other case, to a permanent cure. The sulphate of quinine and cyanuret of iron in combination in the proportion of two to one is likewise sometimes prescribed.

"The severer forms of fever are treated according to symptoms.

"In *inflammatory affections*, bleeding is carried to a considerable extent, with purgatives and emetics. I was informed that the people bear this well, but less so at Constantinople than in the interior. Recourse is often had to leeches, which are easily obtained and are cheap.

"*Epidemics* of scarlet fever, of measles, and occasionally of small-pox, occur during the spring and summer months as in other countries. Vaccination is said to be regularly performed, at least in all towns, and the immediate neighbourhood where any Medical man resides, as at Adrianople, Philippopoli, Kalofer, Kirkligoia, and Tcholu.

"*Erysipelas* is of frequent occurrence in the spring.

"*Phthisis* occurs rarely among the Turks, though occasionally among the Blacks. With this exception, the people enjoy a very great degree of immunity from this disease.

"*Ophthalmia* is not of very frequent occurrence.

"*Scrofula* in damp and moist situations is not uncommon.

"Madness, suicide, hydrophobia, elephantiasis, or goitre are seldom seen.

"*Stone in the Bladder* is rare, four cases only having been known in Philippopoli during the last ten years.

"*Syphilis* is not very common, but is said sometimes to assume

a severe phagedænic form. Gonorrhœa is generally slight, and is easily cured.

"Rakee is drunk at Adrianople and at other towns to a great extent. It sometimes produces delirium and impotence.

"Few strangers escape either fever in the summer or inflammatory affections in the winter.

"There has been no plague in the country since the year 1842.

"The state of Medical knowledge is extremely low in Turkey, the only exception being in some of the larger towns, where a few of the Practitioners have been educated in Italy, France, or Athens. The treatment of mild and chronic cases is generally in the hands of charlatans or sorcerers. Various are the decoctions of herbs and preparations of ointment had recourse to by the one; while the others, principally women, practise incantations and enchantments, and the patients are often carried when almost dead over the roughest mountain roads to the church or convent, and there left to die. This, of course, refers to the Greek portion of the population. Some empirics confine themselves solely to the treatment of dislocations and fractures. The means used by such people are juleps and ptisans, with hot poultices of ashes and water. Bleeding, blistering, and dressing of sores are usually performed by the barbers."

## COMPARISON BETWEEN CHLOROFORM AND COLD AS ANÆSTHETICS.

By JAMES ARNOTT, M.D.

THE last Number of the *Medical Times and Gazette* records another death from chloroform. Within the last three months, three deaths have happened from the same cause in the London Hospitals alone, and in the hands of careful men, experienced in the use of this agent. Yet as the fatality is small in comparison with the number of cases in which chloroform is used, every one *hopes* that such an event will not happen in *his* hands. Is it proper, however, to incur any amount of risk when the same object—the prevention of pain—can be attained by other means perfectly devoid of danger, and possessing many other advantages? Does not the Surgeon err who continues to use chloroform unnecessarily, even should he himself never so cause death, by countenancing the employment of a measure that every month proves fatal in the hands of some other Surgeon? Does he not, in fact, so participate in causing these deaths? It is merely a question of time. The moment some eminent patient dies from chloroform, unnecessarily administered, that moment will it be deemed imperative to substitute a safer anæsthetic. Why should not this time be anticipated, and such an event prevented? Why should not a stop be at once made to the afflicting mortality from this cause? For what can be more distressing to the relatives of a person so killed, or to the Surgeon who administers the fatal poison, than the consciousness that its administration was altogether unnecessary.

Benumbing cold has been proved to be a safe and perfect anæsthetic in the immense majority of surgical operations. It would have prevented death in more than three-fourths of the fifty or sixty cases that have proved fatal from the use of chloroform. Among others who have afforded evidence of these powers of intense cold, I may mention M. Velpeau, in France, and Mr. Paget, in this country. The French Journals have at various times reported M. Velpeau's use of cold for this purpose in the *Hôpital La Charité*; and the *Medical Times and Gazette* of the 1st inst., reports an operation in which it was successfully employed by Mr. Paget. In a paper, in the *Medical Times and Gazette* of the 25th of March, I have mentioned how cold is applied to produce anæsthesia; the design of the present communication is to make a comparison between it and chloroform.

It is commonly supposed that the application of benumbing cold must be a difficult and troublesome proceeding; much more so, in both respects, than the administration of chloroform. The very contrary is the truth. Whether the cold is applied by keeping in contact with the part, for a few seconds, a refrigerating mixture of ice and salt contained in a gauze bag or a thin metallic vessel, or by touching it with a thick piece of copper that has been dipped in such a mixture, nothing can be easier; and it is impossible to fail. Different from chloroform, the anæsthetic effect is complete within a minute; and, as it has no unpleasant consequences, the Surgeon is released from those protracted attentions which he is so often called upon to give in allaying the nervous symptoms that frequently follow the administration of chloroform. He requires no assistant; and, as the anæsthetic brings no new danger of its own, his mind is



undisturbed, during the operation, from the anxiety which he would suffer from chloroform on this account.

The expense of either plan is so trifling, that it does not deserve mention with respect to private practice; but, with reference to Hospitals, where the strictest economy is required, it may be worth while to state, that cold does not cost a twentieth part of the price of chloroform. In using a frigorific mixture for remedial purposes in dispensary practice, I have made two pennyworth of the materials answer for several cases in succession. Mr. Ferguson, of Giltspur Street, has had benumbing vessels elegantly made of silver; but, however well suited for private practice these may be, a rougher apparatus will answer. On one occasion, in employing congelation in phlebitis, I borrowed for the purpose the net which confined the hair of the attendant nurse; and the principal ingredient cost as little as the instrument which contained it, for, there being a snow-storm at the time, it was gathered from the door-step.

The perfect safety from cold, and the anæsthesia from chloroform in the deepest operations, are the great respective advantages of these agents. Of the thousands of times intense cold has been used, not once has it been followed by any more untoward event than a slight cutaneous irritation. If the skin is merely benumbed, no redness follows the application; if congelation of the adipose matter under the skin is caused, a redness comes on, which may continue for a day or two. But, as explained in the paper already referred to, in the *Medical Times and Gazette*, this is the very contrary of inflammation. Instead of being a symptom of inflammation, the redness shows that a condition of the part exists rendering inflammation impossible. And in this safety produced by congelation, there is an advantage not inferior in importance to the insensibility. For, to the erysipelas and phlebitis following Surgical operations, the greater number of deaths occasioned by them is to be attributed.

The anæsthesia from chloroform in deep operations can only be called perfect under the supposition, still contested, that the unconsciousness of the patient afterwards, that he has submitted to an operation, proceeds from having felt no pain, and not merely from having forgotten it. To judge from his struggles and cries, the latter would be the conclusion.

The anæsthesia produced by chloroform is by no means so certain as the anæsthesia produced by cold, because, in the latter case, there is no unconsciousness. But, in deep operations, it is only the incision of the skin which is very painful. The most eminent orthopædic Practitioner of the day states, in a letter to the writer, that in the operations he is conversant with, the only source of pain is the incision of the skin; and perhaps no Surgeon has had so good an opportunity of forming an opinion on this point. But all will agree, that if the sensibility of the skin were suspended, there would be very little suffering from the cutting of the deeper parts. So little, indeed, that it becomes a question whether life should be endangered by suspending it. The pain attendant on tightening the ligatures of arteries could be easily obviated by the momentary previous application of a congealing copper ball.

Chloroform, by causing unconsciousness, prevents the patient's assisting the Surgeon in his operation, and apprising him of mistakes that may happen in its performance. The public has just been reading, with horror, the account of attempts made to drag a stone from an unopened bladder by a forceps, introduced through the wound, and grasping both stone and bladder. But for the insensibility induced by chloroform, the screams of the unfortunate child would at once have indicated the error; and the system, perhaps, is more to be blamed than the Surgeon.

In the act of administration, and afterwards, certain inconveniences attend both measures. Chloroform, besides producing unconsciousness, causes a sensation of choking, and is often succeeded by headache, sickness, and prostration. Cold, applied only to the degree of benumbing, (which may often be sufficient,) causes no unpleasant sensation; but when congelation is produced, there is a sense of pricking, like that caused by mustard, both at the time, and after the return of the circulation. This subsequent smarting may be entirely prevented, by a moderate application of cold; and that which first takes place may be lessened, if thought worth while, by a little management.

In recapitulating the subject, we may say, that although, in deep operations, the insensibility produced by chloroform may be greater than that produced by cold, (unless this were applied in the successive stages of the incision,) in all superficial operations, which constitute the immense majority, cold is superior to chloroform in the circumstances of safety, ease of application or the saving of time and trouble, certainty of producing anæsthesia, and, lastly, in the power it possesses of preventing subsequent inflammation. Surely, a conscientious and humane Surgeon will

not allow the prejudice against novelty or innovation to outweigh so decided a superiority. Anæsthesia will, no doubt, henceforth be a required element of every surgical operation, but chloroform, fortunately, is not the only mode of producing it.

## CRYSTALLINE FATS AND SARCINÆ VENTRICULI IN VOMITED MATTERS.

BY W. LAUDER LINDSAY, M.D.

Crichton Royal Institution for the Insane, Dumfries.

IN a few remarks which I made in a late Number of this Journal, on the presence of certain crystalline fatty bodies in the vomit of cholera, represented in the annexed cut, I



Crystalline and other forms of fatty and oily matter observed in the vomit of cholera.

threw out a hint to the effect that these or similar bodies would probably, on careful microscopic examination of the vomit in various diseases, be found comparatively common. I might go still further, and hazard the suggestion of the probability of their being found in cases of slight dyspepsia, and other ailments which are not usually classed as distinct diseases. I have elsewhere made similar statements with regard to sarcina ventriculi. I have just met with a case which tends to show, to a certain extent at least, that my anticipations with regard to both these substances are correct. I wish to put it upon record, not from any inherent value it possesses, but chiefly for the purpose of calling the attention of Medical observers to the fact, that histological examinations of vomited matters are likely to bring forth most interesting results, and that much remains to be achieved by the microscope, even in this narrow path of pathological and physiological research. I cannot help confidently entertaining the belief, that, when the microscope is more extensively applied to the investigation of the various excretions of the human body, and *inter alia* the vomit, not only will these crystalline fats and sarcinæ be found in many diseases as well as in various slight deviations from the healthy standard, but substances and organisms which are familiar to us will be met with under new or unusual phases, and new ones will be discovered.

I had occasion, a few days ago, to make a microscopical examination of the vomit of a patient, aged 47, labouring under an early stage of general paralysis. He had been confined for several days to the sick-room by a slight attack of dysenteric diarrhoea. On admission into the Asylum, he was stated to have been subject to occasional fits of intemperance, and to have suffered, some time previously, from an attack of enteritis; but, with this exception, he had enjoyed good health throughout life; he was, however, a spare-built, delicate-looking man. For some days prior to the 10th ult. his diet had consisted of bread and butter, with tea, morning and evening, and brown soup (made from beef and bones, with a few vegetables, and strained through coarse flannel), with rice or arrow-root at midday, and occasionally at night. Soon after taking tea on the evening of the 10th, he vomited. About an hour thereafter, he got a stimulant draught, containing sp. ammoniæ aromat., sp. ætheris nit., etc.; and, immediately after taking it, he again vomited. The fluid ejected resembled



thin coffee-grounds in colour and consistence. There was no scum, frothing, or appearance of fermentation. In quantity it amounted to only a few ounces. Its re-action was acid, and it had a faint, mawkish smell. It was not examined for three days after it was evacuated. Its microscopical elements consisted chiefly of various forms of oily and fatty matters, intermixed with a few specimens of sarcina and torula, and with starch cells and fragments of vegetable tissues in small quantity. The principal forms of the oily and fatty matters were:—

1. Small, colourless oil-globules, similar to those occurring in milk.

2. Large oily globules and masses, also colourless, but somewhat opaque, varying in shape and size according to pressure.

3. The same, covered with radiating masses of long, delicate, colourless, silky, acicular crystals, which were sometimes also sinuous or bent in various degrees; the globules appearing as nuclear centres, from which the crystals projected as divergent radii. The crystals and nuclei appeared to be quite separate substances; by the aid of a very gentle heat, the former could be entirely dissolved away, leaving the latter *in statu quo*.

4. Large, irregularly rounded bodies, varying much in shape and size; very granular, and of a dark brownish green tinge; composed apparently of an aggregation of very coarse, granular matter.

5. The same, covered with divergent, short, coarse, acicular crystals, which were also frequently sinuous, and bent or collapsed on the surface of the nuclei, having a similar tinge to these central nuclei.

6. Radiating masses of coarse, twisted, filiform crystals, of a greenish brown tinge, unconnected with any nuclei.

7. Oblong-shaped groups of similar crystals, less sinuous and bent, and somewhat resembling the bundles of Raphidian crystals met with in the parenchyma of some plants. The above two substances were present in very small quantity.

8. Large, irregular, cheesy masses, colourless, devoid of structure, opaque, and granular.

The application of a gentle heat caused the speedy solution and disappearance of the crystals, and a gradual union of the non-granular oil globules. On the addition of ether, the crystals immediately disappeared, the non-granular oily and fatty globules and nuclei coalesced, the compound granular bodies became lighter in colour, less granular, and were slowly dissolved, until the field of the microscope exhibited a series of currents and masses of colourless, very fluid oil. The same effect was produced, though in a minor degree, by ammonia and aqua potassæ, more rapidly by the former than the latter. Acids produced comparatively little change, other than dissolving or destroying the crystals.

These crystals probably consist of the crystallisable portion of certain fats or oils, which exist in a fluid state while warm and in the stomach, but, on cooling and exposure to the air, are precipitated, or crystallise round already existing fatty bodies as nuclei. I am not qualified, however, to enter on their chemical composition or relations. I have carefully examined, separately and conjointly, the various articles of the diet of the patient referred to; but, although certain of them contained fatty and oily matters, there was nothing at all similar to the bodies more particularly under discussion, viz., those numbered 3, 5, 6, and 7. I intend, should opportunities occur, to subject various ordinary articles of food to the action of the gastric, hepatic, and pancreatic secretions, separately and combined, out of the body, imitating as closely as possible natural digestion, for the purpose of endeavouring to ascertain whether the same bodies can be produced artificially, and the same changes brought about independent of vital actions; whether they are the result of a vital or mechanical, a healthy or diseased, action of these fluids; whether they depend for causation on these secretions, or are quite independent of them; whether, in fact, they are to be regarded as the result of healthy or morbid action. If the latter, it will then be necessary to trace the kind and degree of diseased action on which the phenomenon depends.

There was no evidence in this patient of any gastric derangement, further than the temporary functional disorder indicated by nausea and vomiting of a few hours' duration; nor was there any reason to suspect lesions of the liver or pancreas. It is interesting to note that the fatty bodies in question have co-existed with sarcina. This may have been a mere coincidence; but, in the majority of instances in which I have seen the former, I have also found the latter. The torula was probably the result of decomposition subsequent to the evacuation of the fluid. I believe (though I cannot yet prove what I confess is merely an anticipation) that:—

First. These bodies are merely different forms, portions, or

elements of the fats and oils of the food, altered in the process of digestion by the gastric and other juices.

Secondly. The pancreatic secretion is not essential to their precipitation or crystallisation.

Thirdly. They are not peculiar to diseases attended with pancreatic, hepatic, or gastric derangements.

Fourthly. They will probably be found common in other diseases, and perhaps even in health, did we take means to examine the contents of the stomach at intervals during the process of digestion.

Sarcina appears to me to be of interest chiefly as indicative of a disordered condition of the intestinal mucous membrane, as showing its proclivity to become a nidus for the development of certain entophytes. I have met with it in such a variety of circumstances, that I am almost compelled to regard its presence in the stomach as a result, and not a cause, of disease. I have found it alike in most severe cases of dyspepsia, attended by chronic vomiting, and in cases where the general health was in no appreciable degree affected, or where there was a total deficiency of evidence of gastric disturbance. When abundant, it may cause serious symptoms; but it probably does not cause any given disease. Its abundance has generally been proportionate to the severity of the gastric symptoms in cases seen by myself. I believe, therefore, that:—

1. Sarcina is not a cause of many cases of obstinate vomiting of a peculiar kind, as is usually supposed, but is only a sign of a disordered condition of the stomach or general system.

2. It is not pathognomonic of pyloric obstruction, gastric dilatation, or other lesion of parts of the digestive apparatus, though it may occur very frequently in these pathological conditions.

3. When it does occur in connexion with these or similar lesions, it is as a concomitant or result.

4. It will probably be found comparatively common in a great variety of diseases, and in very slight deviations from the state of health.

5. The facility with which it is broken up and disintegrated, and the fact of its not having been sufficiently looked for, are the most probable reasons why it is seldom or never found lower in the alimentary canal than the stomach.

Subjoined is a drawing of the chief forms of fatty and oily matters met with in the vomit of the above patient.



MORTALITY IN PUBLIC INSTITUTIONS for the week ending July 29:—

	Males.	Females.	Total.
Workhouses...	56	46	102
Military and Naval Asylums	8	...	8
General Hospitals	51	27	78
Hospitals for Special Diseases	3	2	5
Lying-in Hospitals	1	1	2
Lunatic Asylums	5	2	7
Military and Naval Hospitals	14	...	14
Hospitals for Foreigners, etc.	2	...	2
Prisons	...	...	...
	140	78	218



THE LONDON  
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S, GUY'S, AND THE  
LONDON HOSPITALS.

CASES OF EPIDEMIC CHOLERA.

DURING the last ten days a considerable number of cases of epidemic cholera have been admitted into the London Hospitals, and among the out-patients choleraic diarrhoea has been very prevalent. At St. Bartholomew's, the first case was admitted on Sunday, July 23, and on the previous day there had been noticed a remarkable increase in the number of the applicants suffering from diarrhoea. Since then 11 cases have been admitted, of which 8 were well characterised examples of the disease. Of the latter number 4 have died, 3 recovered, and 1 is under treatment. In the fatal cases, the duration of the attack was respectively 30, 28, 24, and 15 hours. All the patients were males. They were admitted from various parts of the town, and in no instance could the history of exposure to contagion be established. Two of them were bargemen employed on the Thames. The treatment pursued has consisted in the exhibition of calomel and opium, the use of the warm bath, and the free administration of beef-tea, etc. With regard to the treatment of choleraic diarrhoea, Mr. Wood, the Resident Medical Officer, informs us, that he has divided them into two classes: the one in which cramps have been present, and the other in which they have not. In the latter, by far the larger one, the sulphuric acid has succeeded admirably, (in doses of half a drachm in half an ounce of water, every hour, until the purging ceases.) Mr. Wood believes that this remedy has, during the last week, been ordered for upwards of 100 cases daily, and with almost no instances of failure. In the cases attended by cramps, calomel and opium have been employed.

At the London Hospital, 5 cases have been admitted, of which 1 has died, 3 are recovering, and 1 is under treatment. The patient in the case which died was a lad, aged 16. He was admitted in extreme collapse, but, after the use of the hot-air bath, and the internal administration of stimulants, rallied well. About seven hours after his admission he again became collapsed, and soon afterwards died. He had had no diarrhoea whatever for upwards of 12 hours before death. The whole duration of his illness had been 27 hours. Mr. Corner, one of the Resident Medical Officers, made a *post-mortem* examination of the body, and found both large and small intestines distended with the rice-water secretion. The treatment pursued in the recovered cases consisted in the use, first, of sulphate of zinc emetics, and afterwards of stimulants and nutrient fluids. In all, the emetic appeared to afford great relief. Mr. Corner informs us that cases of choleraic diarrhoea have been common for the last ten days. The first case of genuine cholera was admitted on July 24.

At Guy's Hospital a considerable series of cases has been under care, but none of them have presented features of unusual interest. At St. Thomas's, and at other Hospitals, there have also been numerous cases. In one case at St. Thomas's, the patient had been in the Hospital for several days before the attack began, having been admitted under Dr. Bennett's care on account of acute rheumatism. He was under treatment by lemon-juice when the choleraic symptoms set in. The disease ran a rapid course, and ended fatally after about twenty-four hours' illness.

From extensive acquaintance we believe that choleraic diarrhoea is generally epidemic in London, and has been so for about ten days.

GUY'S HOSPITAL.

FOREIGN BODY IN THE TRACHEA OF A CHILD.—  
REMOVAL BY TRACHEOTOMY ON THE THIRD DAY.  
—RECOVERY.

[Under the care of Mr. HILTON.]

MR. LISTON remarks, in the fourth edition of his "Practical Surgery," as follows:—"Only one case is, I believe, on record, in which a foreign body was actually discovered in, and removed from the bronchus during life." Since that time, several cases of great interest have been recorded, and, indeed, in the chapter from which the above sentence is quoted, Mr. Liston himself gives the narrative of two others. The instances in which the operation has been performed are still, however, very few, and all additions to our experience in respect to it are

very valuable. Before proceeding to the details of the following case, which has just been successfully operated upon by Mr. Hilton, we will take a short glance at the results of a few other cases in which the same procedure was adopted. In the case operated on by Mr. Liston himself, a large portion of mutton-bone was extracted, six months subsequent to its being swallowed, from the trachea of a middle-aged woman. Before the operation, she had repeatedly suffered from attacks of bronchitis; after it "all the symptoms ceased, and the patient was soon restored to perfect health." A second case was the well-known one of the celebrated engineer Mr. Brunel. The foreign body consisted of a half-sovereign, which had been accidentally allowed to slip into the windpipe. After repeated trials of the inverted posture and other means, without any success, tracheotomy was performed by Sir B. Brodie. The attempts to seize the coin, however, failed, both on the occasion of the operation, and on a second trial five days afterwards. Sixteen days after the operation, and before the wound had healed, the inversion of the body was again practised, and fortunately was successful. In a third case, (a) in which Mr. Dickin was the operator, a bell-button was removed by tracheotomy from the right bronchus of a boy, aged 8, six days after the accident. After a rather sharp bronchitis, the patient recovered perfectly. A fourth case occurred under the care of Mr. Birkett, in Guy's Hospital, nearly two years ago, and may be found recorded in the *Medical Times and Gazette* for Sept. 10, 1853, p. 268. The patient was an infant aged 1 year and a-half, and the offending body was a portion of a walnut, which had passed into the larynx. The bit of nut had become impacted in the larynx, and had never passed lower; and in this respect the case differed from the preceding, and from the one which is to follow. Mr. Birkett opened the trachea, and endeavoured to dislodge the foreign body by pushing it upwards; his attempts, however, failed at that time, but another trial made two days afterwards was successful. The infant recovered, and the wound closed. Mr. Liston (b) mentions a very instructive case, in which the inverting of the body, and at the same time subjecting it to smart shaking was successful in dislodging a small bullet which had slipped into the trachea. It may be concluded, then, that in all cases in which the size of the body swallowed is not so large as to preclude the probability of its expulsion, the first measure tried should be the shaking of the patient's body with the head in a depending position. If, after repeated trials, this plan fail, the trachea should be opened, (not by a mere slit, but a valve-like aperture of considerable size,) and extraction attempted. Should the attempt at extraction fail, it may be well to again try inversion of the body, the wound in the trachea being kept freely patent meanwhile. The inversion plan, previous to tracheotomy, fails sometimes, on account of the suffocative dyspnoea caused whenever the foreign body falls into the glottis; but, when a false opening has been made, this inconvenience is quite remedied.

Another question suggests itself in connexion with this subject, on which we must say a few words. In cases in which a foreign body is known to have passed into the trachea, yet no urgent symptoms are produced, is it justifiable to perform an operation for its removal? The opinions of most authors, and we think the general teaching of experience answer this question in the affirmative. It is true, that in many cases, after the lapse of months, foreign bodies thus allowed to remain, have been brought up safely during coughing efforts; but, on the other hand, it is no less true, that in such cases, almost invariably a severe amount of irritation has been present, during the time that the offending body remained, and that, in some, the morbid conditions so induced have not subsided after its removal. A man is now attending the City Hospital for Diseases of the Chest, on account of bronchitis terminating in phthisis, the beginning of whose complaints seems fairly referable to his having once swallowed one of his own teeth, and allowed it to remain for six months in his windpipe, during the whole of which time it caused much irritation. He eventually coughed it up; but the symptoms, instead of subsiding, continued to progress, and he is now in a condition in which recovery is very improbable. We must now pass to the case by which these remarks have been elicited.

Maria Close, a healthy-looking child, aged 8, was admitted at nine in the evening of May 3, with the following account:—About three hours previously, she had, while running, fallen down, and, in the hurry of the accident, was believed to have swallowed a large glass bead which she was sucking in her mouth. Immediately afterwards she had been attacked by violent cough and shortness of breath, threatening suffocation. Her

(a) See Liston's Elements of Surgery. Fourth Edition. P. 413.

(b) Loc. cit.



condition being observed by those passing in the street, she had been taken first to a chemist's shop and afterwards to two Surgeons, one of whom, thinking that it might have passed into the stomach, administered an emetic, but without any benefit. After the lapse of a little time, the urgent symptoms at first present subsided, and she became comparatively easy, but every now and then the dyspnœa would recur in paroxysms. The latter symptom led to the suspicion that the bead had passed down the trachea, and induced the Surgeon in attendance to send her up to the Hospital. The accident had happened at Croydon.

On admission she did not appear to be much distressed; the countenance was a little flushed; the respiration hurried, and attended by a loud tracheal rattle. She had a frequent and very peculiar barking cough; the respiratory murmur seemed deficient over the upper part of right chest, and percussion elicited a comparatively dull note over that region. The symptoms not demanding any immediate interference, she was sent to bed, and ordered to be kept quiet and closely watched.

May 4.—She has passed a fair night, having had only three or four paroxysms of cough and dyspnœa, in the intervals of which she has been quite easy. The paroxysms are always relieved by raising her into the erect posture. There is a good deal of febrile disturbance; face flushed; skin hot; pulse 120; much thirst. At noon, in consultation with Mr. Hilton, Dr. Barlow, and Dr. Hughes saw her, and examined the chest carefully. It was found that the expansion of the two sides of the chest was never equal, and that respiration was always much less distinct in one than in the other lung. The deficiency, which was almost complete, would affect one side for a time, and then after a coughing effort would change to the other. The side from which the sound was for the time wanting did not fill during inspiration, and its intercostal spaces, instead of bulging, became much depressed. It was judged probable from these signs, that there was some loose body lying about the bifurcation of the trachea, which alternately plugged its divisions.

The following medicines were ordered, and the nurse was directed that, should any violent paroxysms occur, the child should be at once lifted up, so as to allow the foreign body to drop back out of the glottis.

℞ Hydr. cum cret. gr. iss., 4tis horis.

℞ Tinct. conii ℥ x. ex mist. amygdal. ℥ss., 4tis horis.

5th.—The night has been restless, on account of cough, although the paroxysms of dyspnœa have not been more frequent. The expectoration is considerable, and tinged with bright-coloured blood. There is increased feverishness; pulse 140; respirations 45, with the same peculiarity noted yesterday. As there appears no room for doubt that a foreign body is lodged in the trachea, and as the symptoms of irritation consequent upon it are increasing, Mr. Hilton has decided no longer to defer attempting its extraction.

*Operation*, 2 p.m.—The child having been placed under the influence of chloroform, and the head thrown back, Mr. Hilton made a longitudinal incision through the soft parts over the trachea, by which several large tortuous veins were of necessity divided. The bleeding, which resulted from the division of these, was arrested by means of cold, but the edges of the divided isthmus of the thyroid gland required to be touched with lunar caustic. The bleeding having ceased, the next step consisted in seizing the right side of the trachea, by means of a tenaculum, with which Mr. Cock, who was assisting, held the tube forwards, and over to the right side. Mr. Hilton now introduced a second tenaculum into the left side of the trachea, and with a bistoury divided four or five of the rings of the latter in such a manner as to allow a valve-like flap to be lifted upwards. The opening being thus kept widely patent, a short time was allowed to elapse, in the hope that the foreign body might be floated up. These expectations were not disappointed, for after a few rather violent attempts at coughing, a large mass of mucus, in which the bead was enveloped, floated out into the wound, and was safely removed. The size and shape of the bead are represented in the appended cut; it was quite smooth in all parts, and weighed 27 grains. The breathing became quiet immediately after the expulsion of the offending body. The flap of the trachea was carefully replaced, but no attempt was made to close the external wound, which was simply covered with a fold of wet lint; a saline antimonial draught was ordered to be given three times daily.



6th.—She passed a tranquil afternoon yesterday, and has had a very fair night. The cough is still troublesome, but has quite lost its ringing character. There is not much dyspnœa. The discharge of mucus by the wound is very copious.

7th.—Is doing well. The wound is now brought together by

means of plaster, excepting a small portion at the lower part, which is left open to allow of the escape of mucus, pus, etc. The whole is covered by lint, and a flat piece of sponge.

18th.—Has continued to progress very favourably since last note. The wound is now quite healed at the bottom, and the mucus is brought up by the mouth only. She is in good health.

29th.—Discharged. The wound is soundly healed, and she appears well in every respect.

In some clinical remarks on the above case, Mr. Hilton directed attention, among others, to the following points:—1. The importance in such cases of forming a correct and exact diagnosis previous to undertaking an operation. In the present one, the history of the accident, and the symptoms which had followed it, pointed conclusively to the presence of a foreign body in the trachea. The size and shape of the body supposed to have been inspired had been pretty clearly ascertained by getting the patient, with the assistance of her father, to draw it on paper. That it was movable, and had not become impacted in either bronchus, was shown by the attacks of dyspnœa, during which it had probably passed upwards into the glottis, and also by the alternation from lung to lung of the loss of respiratory sounds. (See above.) 2. The necessity for speedy resort to operation in such cases, without delaying, in the hope of the spontaneous expulsion of the offending body. The inexpediency of losing time by waiting was grounded on the knowledge that the aperture of the glottis is always much larger during inspiration than during expiration, so that there is no good reason for expecting, that because a body has found its way through that aperture inwards, it will also be able to do the same outwards. 3. The importance of making a large opening into the trachea. The size of the opening must, of course, be in proportion to that of the body to be removed, which it should always much exceed. The size, shape, and smoothness of the foreign body in the present case would, in all probability, have made it extremely difficult to extract it had not the opening been sufficiently large to permit of its easy escape. To have used forceps would have involved the risk of breaking it, while from its polished exterior and rounded form, it would not have been easily seized.

## ST. BARTHOLOMEW'S HOSPITAL.

### IS TRAUMATIC PHLEBITIS A CONTAGIOUS DISEASE?

A WEEK or two ago, Dr. Simpson, of Edinburgh, was present at this Hospital on the operation day, and, among many matters which formed the subject of conversation on that occasion, the great prevalence of phlebitis after operations was one. Several suggestions were offered as possibly explanatory of this prevalence, and among them, the use of chloroform, the peculiar type of disease now existing, etc., all acknowledged to be very unsatisfactory. An opinion was broached by the Edinburgh Professor of much importance, and, if true, involving, we believe, a novel view of the pathology of the disease. Dr. Simpson stated his conviction, that phlebitis is essentially in the same category as puerperal fever, some forms of erysipelas, etc., and that it is capable of being conveyed from patient to patient by the Surgeon, just as the accoucheur is well known to convey the latter diseases. He believed, that the operator's hands, or even the knives used, might thus be made the means of transmitting the morbid poison. In support of the opinion, an instance was adduced in which a Surgeon had, on account of the extreme prevalence of phlebitis among his patients, been obliged to desist for a time from operative practice. Mr. Stanley and Mr. Wormald, who took part in the conversation, both appeared to regard the suggestion as a valuable one, and not improbably true. We have mentioned the subject here, not with any intention hastily to either support or to invalidate the opinion, but because the question is of extreme importance, and it seemed well to attract the attention of our readers to it. Very possibly scattered fragments of evidence may be in existence, which, if collected and placed together, might go far to decide the question. As the subject is one which must engage our attention at a future time, we shall, meanwhile, be glad to have communicated to us any facts of importance in relation to it which may chance to be in possession of any of our readers.

Without in the least wishing to judge prematurely a theory propounded by so able a Physician, we can, however, scarcely help remarking, that there are certain circumstances connected with the history of the disease as it has shown itself in this Metropolis of late years, which militate strongly against the idea of its spreading by contagion. In the first place, its prevalence has been general, not limited to any particular Hospital, or to the



practice of individual Surgeons. Secondly, although more frequent during some months than others, yet it has never markedly subsided, nor yet has it ever prevailed with an epidemic virulence in the least comparable to an outbreak of puerperal fever. When for a time more common in one Hospital, it has generally been about equally so in all others, as if dependent on general rather than on accidental causes. Thirdly, it has not, as far as we are aware, shown any tendency to prevail in particular wards, nor are we acquainted with any instance in which several patients occupying successively a bed on which a phlebitis patient has died, have suffered from the disease. (If there be any contagious principle, may it not be deemed far more probable, that the bed or the ward should be the means of communicating it, than the Surgeon's hands or instruments?) Fourthly, a not inconsiderable number of patients have suffered from the disease on whom no operation had been performed, and who were evidently affected with it at the time of admission into the Hospital. Among these, in the majority there has been the history of some slight wound or injury, but in a few the disease has appeared to be really idiopathic.

None of these objections are, of course, to be regarded as at all conclusive in themselves, but taken together they appear to throw a degree of doubt on the theory advanced by Dr. Simpson. It would be very important, if practicable, before commencing an examination into the peculiar features of the prevalent form of phlebitis, to ascertain whether its increasing frequency which is now so much talked about be real or only apparent. The symptoms of inflammation of veins, and its consequent pyæmia, are so much more generally known, and pathological examinations are so much more commonly undertaken now than formerly, that it is quite to be supposed that a considerable number of deaths now occurring should be correctly referred to that disease, which, in past years, might very likely have ranked under the heads of "hectic," "exhaustion," etc.

#### WESTMINSTER HOSPITAL.

##### INJURY TO THE ABDOMEN.—DEATH ON THE FOURTH DAY.—AUTOPSY.—RUPTURE OF THE BLADDER.

[Under the care of Mr. HOLT.]

At page 89 of the *Medical Times and Gazette* for Jan. 22, 1853, we reported a series of cases illustrating severe injuries to the pelvis and its contained viscera, among which were four examples of rupture of the bladder. One of the principal points exemplified in the history of these cases was, the extreme difficulty which often attends their diagnosis at an early period. The profound collapse which is stated by writers to follow these accidents, does not by any means invariably do so, and occasionally the condition of the patient is so exempt from alarming phenomena, that even the most experienced might be excused for giving a favourable prognosis. This circumstance is practically very important, and should induce extreme caution in giving an opinion within the first day or two of the accident respecting any case in which violence has been inflicted on the abdomen. A symptom which is sometimes present in cases of this class, in which neither the pulse nor aspect indicates collapse, but which should of itself always excite apprehension, is extreme and undue restlessness. This sign has, in several cases which have come under our notice, raised the suspicion of a degree of mischief much beyond what the other symptoms indicated, but which the event showed to be correct. This remark applies, to a certain extent, to injuries of the abdominal viscera generally, though probably in a much more marked degree to ruptures of the bladder. Respecting the latter, there is another fact proven by experience, which is contrary to *à priori* conjecture, viz., the slight degree of peritonitis which usually follows. Why the extravasation of urine into the peritoneal sac should fail to cause intense inflammation, it is difficult to conjecture; but that such is the fact, is attested by many independent observers.

Of the four cases recorded in the report just alluded to, life was, in every instance, protracted to from three to four days after the accident; and in the one (Case 6) in which it was proved, at the *post-mortem*, that the urine had freely escaped into the abdomen, the sole evidences of peritoneal inflammation consisted in a slight diffused redness, and a few small patches of recent lymph. In the three others, the urine appeared to have lain behind the peritonæum, and in contact with it, but not actually in its cavity; in these the signs of inflammatory action were yet more slight.

The interesting case which we have this week to record well

exemplifies both these general rules. The degree of collapse immediately following the accident was not extreme; the man lived for four days afterwards. During that time there were few indications of peritoneal inflammation, and at the *post-mortem* the evidences of but slight peritonitis were disclosed. Contrast the case with one of rupture of the stomach, the intestine, or the gall bladder, and how great is the difference. Why the escaped contents of the stomach should cause intense and rapidly fatal inflammation, and those of the urinary bladder should fail to do so, is a question to which, as has been said, we know of no plausible answer.

For the following particulars we are indebted to the notes taken by Mr. Rollaston, the House Surgeon to the Hospital:—

William Miles, aged 40, a law clerk, stout and muscular, but of pale complexion, was admitted on February 1, 1854. On the night of January 30, he had, while in a state of partial intoxication, been overthrown in a wrestling match, and during the fall had received a severe blow in the belly, a little above the pubes, from his antagonist's elbow. Immediately after the accident he complained of severe pain in the part injured, and as he lived at a distant part of the city was put to bed in the public-house where it had occurred. During the night he continued to suffer great pain, and got no sleep, and on the following morning a surgeon was sent for. A catheter having been introduced, about a quart of dark-coloured bloody urine was drawn off, together with a clot of blood. Twelve leeches followed by a bran poultice were afterwards applied over the pubes. It should be noted, that immediately after the accident vomiting had occurred, and that it had been repeated several times during the night. During the whole of the 31st the pain in the lower part of the abdomen continued with unabated violence, entirely preventing sleep, and there was also severe headache. On the morning of February 1 his surgeon again saw him, and having drawn off by the catheter a considerable quantity of bloody urine, recommended his removal to the hospital.

*State on Admission (about Thirty-four Hours after the Accident).*—He is in a state of collapse; the surface pale and cool, forehead perspiring; pulse 120, feeble. His intellects are perfectly clear, but he appears listless and careless about his condition. Pain is complained of in the abdomen, which is slightly but not materially increased by pressure. The belly is somewhat tumid and tense. The bowels have not acted since the accident. In reply to inquiries, it appears that he had never suffered from any disease or irritability of the bladder, and that as far as he can recollect he had made water about two hours before the accident happened.

Ordered to have a dose of castor oil; to be kept lying quite still on his back, with the shoulders raised; beef tea, two pints.

Feb. 2.—After swallowing some beef tea yesterday, vomiting was excited, and it continued to recur frequently throughout the day. Towards evening the pain in the belly quite subsided. The House Surgeon made several attempts with a No. 6 catheter to draw off the urine, but did not succeed, although the instrument would fill with fluid up to its orifice. The man has not slept at all during the night, but he has not been restless or suffered from pain, and is unable to assign a reason for his sleeplessness. Excepting in the complete absence of abdominal pain, the symptoms, general and local, are the same as yesterday.

1 p.m.—Mr. Holt has just seen him; the belly is still tumid, but, excepting some tenderness on pressure, is free from pain. On percussion, it is found to be dull almost to the level of the umbilicus. Mr. Holt readily introduced a catheter, and about two pints of bloody and strong-smelling urine were drawn off. The state of collapse in which the man lay, the feebleness and frequency of his pulse, and the coolness of his skin, together with his insensibility to pain, were thought to be indications for the exhibition of stimulants. Ordered to have two ounces of brandy every two hours. Hot fomentations to be applied to the loins and perinæum, and a mustard poultice to the abdomen.

Feb. 3.—After the exhibition of the brandy was commenced yesterday, no vomiting occurred, but there were no indications of amendment or of recovery from the state of collapse. In the evening, about two pints of bloody urine were drawn off. During the night, although neither restless nor in pain, yet he did not sleep. After gradual sinking death took place at four this morning, up to which time he was calm, free from pain, and in perfect possession of his intellectual faculties.

The autopsy was made by Mr. Power, the Pathological Demonstrator to the Hospital. On opening the abdomen, a little gas of urinous odour escaped. The pelvis was filled with the distended coils of the lesser intestine, on removing which the bladder was brought into view. The latter viscus was contracted, and presented in its superior aspect a large, ragged,



transverse laceration. The peritonæum was torn for a length of three inches, and the mucous and muscular coats to a much less extent. The latter, by bulging into the laceration, appeared to almost plug the aperture. Around the laceration the peritoneal investment of the bladder adhered to the small intestine by means of a small quantity of rust-coloured lymph. The general surface of the peritonæum appeared slightly congested, and here and there between the folds of the intestine were thin flakes of recent lymph.

## CENTRAL LONDON OPHTHALMIC HOSPITAL.

### CYST IN THE ANTERIOR CHAMBER OF THE EYE.

[Under the Care of Mr. HAYNES WALTON.]

It is important for the advancement of Medicine and Surgery, both scientifically and practically, that rare and peculiar cases should not escape public record. The presence of a cyst in the human eyeball certainly comes within this category, and the narration of the details relating to an example of it cannot, we think, fail to be interesting.

A girl, 6 years of age, wounded the right eyeball with a pair of scissors, and destroyed vision for all practical purposes. In March of this year she, being now 18, became an out-patient under Mr. Walton, with the following symptoms. The eyeball was a little shrunken and a little inflamed. A cicatrix on the upper part of the cornea, and passing from the inner margin nearly to the opposite side, indicated the nature of the injury. The iris had not prolapsed. The upper half of the anterior chamber, from the very circumference, was occupied by a semi-opaque cyst, which seemed to be connected to the cicatrix in the cornea, and certainly had an attachment to the margin of the pupil, which was much contracted, and partly covered.

The cornea was not pressed forward, but the increased capacity required for the morbid growth was obtained at the expense of the iris, which was thrown back, and the portion of which corresponding to the centre and greatest convexity of the cyst, was rendered very concave, and so attenuated that the characteristic appearance was lost. It looked of a dark slate colour. The eye was examined under the focus of a convex glass. It could not be ascertained if the crystalline lens was present.

Pain about the eye and the orbit had induced her to seek relief.

Mr. Walton punctured the cyst through the cornea with a broad needle, and fluid escaped; it was supposed from the cyst alone. A decided reduction followed this treatment, but the effect was temporary. Repetitions of it on two other occasions, at intervals of about a month, had not been more effectual; indeed, they seemed to have been rather prejudicial in exciting the growth of the part.

July 19.—The cyst has increased in all dimensions, and the pupil is covered. The eyeball is more vascular. There is almost constant pain in the eye, and occasionally headache.

In the remarks Mr. Walton made on this singular production, he said, that he scarcely ventured to speak on the pathology, as any idea which he might suggest would at best be but theory,—in fact, mere guess-work. There could be little doubt that the cyst was the direct result of the injury received from the scissors. It was the first instance of the kind that he had witnessed in the large number of wounded corneæ that had come under his notice during his professional career, and he supposed that they amounted to hundreds. Yet the archives of Medical literature furnished a few examples of a cyst growing from one or other of the chambers of the eye after such injury.

Concerning the course to be pursued, he saw no difficulty in coming to a decision. The sight of the eye was irremediably lost, and interference was demanded solely to remove a growing body that was becoming intolerable, and which would most probably, if left alone, affect the other eye by sympathetic influence. The simple measure of puncturing had not sufficed, as it sometimes does, to cause contraction of the cyst-walls. The entire cyst should be removed, for there could be no guarantee that partial excision would be effectual. It was quite impossible for anyone to say what was the extent of the attachment; and, therefore, after weighing all the circumstances, he had resolved (directly that the patient had determined to be operated on,—for as yet she had not made up her mind, but required a little more suffering to develop her reasoning powers,) to open the cornea as for “extraction,” proceed to withdraw the cyst, and if, after separating the adhesion to the iris, such other attachments existed as could not be freed without a degree of violence that would endanger suppuration of the eye-ball, he should

remove the portion of the eye-ball which retained them, and for which it would most likely be required to excise the front of the eye. By this, at least, there would be collapse of the organ, and an artificial eye must be worn.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### NORFOLK AND NORWICH HOSPITAL.

#### REPORT ON MEDICAL CASES TREATED DURING THE YEARS 1850, '51, '52, AND '53.

By W. H. RANKING, M.D. Cantab.

[Continued from page 113.]

#### MUSCULAR RHEUMATISM.

WITHOUT attempting to determine the exact site of the rheumatic action in what is termed muscular rheumatism, I shall merely observe that 15 cases have been under treatment, of which 9 were instances of what is familiarly known as lumbago; 1 rheumatism of the intercostal muscles and diaphragm; in the remainder, various muscles, as the deltoid, etc., being chiefly affected.

The diagnosis of muscular rheumatism is, for the most part, sufficiently easy; but cases will now and then present themselves in which the Practitioner may, without great care in his examination, be easily misled.

The following is a case of the kind in which intercostal rheumatism was mistaken for pleurisy:—

*Case 6.—Intercostal Rheumatism.*—A finely-formed young man, an officer's servant, was admitted Nov. 21, 1851. He had then been ill six weeks, complaining the whole time of pain in the left side, following a rigor, and increased by deep inspiration. For this he had been bled, blistered, and mercurialised, and was told that he was the subject of pleurisy.

On admission, he still complained of the “stitch” in the side, which extended from the sternum across the ribs on the left side, on a level with the insertions of the diaphragm. Coughing and deep inspiration caused a painful “catch,” but there was no febrile disturbance. Careful auscultation failed to elicit any of the physical signs of pleurisy; and it was apparent that the pain was in the muscles, from the fact that it was aggravated by any movement which put them upon the stretch.

He was ordered to have a large belladonna plaister applied to the side, and took the following mixture three times a-day:—

R Potassii iodidi ʒss., vin. colchici ʒi., aquæ menthæ ʒvi., sit ʒi. pro dosi.

The relief was so marked and speedy as to astonish the man; and in ten days he requested to be allowed to return to service.

The above case forcibly exemplifies the value of auscultation. Had the Practitioner previously in attendance carefully examined the chest, this patient would have been spared an unnecessary expenditure of blood, and the other items of the “armamentum antiphlogisticum,” too often put into practice on insufficient grounds.

Rheumatic affections of the muscles of the loins give rise to questions in diagnosis of still more complexity, being often with difficulty distinguished, or absolutely mistaken, for disease of the kidney or spine, and *vice versâ*. In seeking to determine the question, in addition to the evidence to be derived from the predominant diathesis of the individual, I am in the habit of relying greatly on the character of the pain, in reference to its intermission and exacerbation under changes of temperature and posture. In lumbago, the pain frequently subsides in a remarkable manner, and remains dormant until prolonged continuance in some particular posture, as stooping, causes its re-appearance. When persistent also, the pain is usually aggravated by the warmth of bed, and becomes excruciating when an attempt is made to turn over, and in rising after stooping. This is not observed usually in renal disease, or in psoas abscess; but, in the latter disease, nevertheless, the symptoms may so closely resemble lumbago as to defy diagnosis, as is seen in the following case:—

*Case 7.—Lumbar Pain.—Supposed Lumbago.—Lumbar Abscess.*—James Goltz, aged 20, a tall, spare youth, of leucophlegmatic habit, admitted Feb. 14, 1853; says that he has for years been subject to rheumatism, and was in the Hospital for that complaint twelve months ago. His chief complaint is of



lumbar pain of several weeks' duration, moderate when he is still, but increased by stooping and turning in bed. His general health is said to be good; his appetite is natural, and he has not emaciated. The urine is passed naturally, and contains no abnormal deposit, but is of low specific gravity; he has never passed gravel nor pus. There is tenderness on deep pressure in the loins, but none in the spinal column. He walks easily, and can stretch his legs backward without inconvenience.

Regarding this case as one of lumbago, I ordered him to be "fired" daily, on Corrigan's plan.

On the 20th, I find that he reports himself as better, being able to stoop with less inconvenience. The amendment, however, did not continue, and he was then cupped on the loins, and took the iodide of potassium with colchicum.

March 17.—Is again much improved, and has gained flesh perceptibly.

April 3.—His having gained flesh, and his general appearance, together with his obvious relish of "full diet," had once induced in my mind—a suspicion of malingering; but, on the 9th, the nature of the case became obvious, a swelling appearing in left groin, which fluctuates.

The case was now transferred to the Surgeon, and passed from my immediate observation.

Here we have an interesting example of the difficulties which sometimes attend the diagnosis of "pains in the back." We have an assemblage of symptoms, antecedent and present, which might fairly warrant the conclusion that they were of rheumatic origin; whereas the distinctive marks, such as they are, of lumbar abscess, were absent. On the one hand, there was a rheumatic history; a calling particularly amenable to rheumatic seizures, viz., that of an agricultural labourer in a marshy district; and the exact character of pain which is commonly observed in rheumatism of the lumbar muscles. On the other hand, there was no spinal tenderness, no aggravation of pain when the psoas muscle was especially put on the stretch, and a positive gain of flesh and general appearance of health.

In the treatment of muscular rheumatism, the internal remedies employed have been colchicum and the iodide of potassium; the external, counter-irritation by means of "firing," and sedative epithems of belladonna. Of the value of the "firing" treatment, in all forms of muscular rheumatism, I am able to speak with the greatest confidence, several obstinate cases having yielded to it in a manner both speedy and satisfactory. As the mode of using the iron is not generally known, a brief description may not be thought superfluous. The instrument consists of a flat steel button and shank inserted into a wooden handle; the whole about six inches in length, the button having the superficies of a shilling. This is held in boiling water as long as the operator's finger, applied to the shank, can endure the heat, when the painful part is *dabbed* quickly and repeatedly over its whole. The operation, which should be continued from five to ten minutes, is accompanied by a slight burning sensation, and leaves red, wafer-like spots, which remain visible for several hours. I may mention, that a case of obstinate sciatica, now under my care, which had resisted other treatment for some weeks, yielded, in the course of six days, to the "firing," without any auxiliary measures.

The result of treatment, in the 15 cases of muscular rheumatism, has been, cure in 12, relief in 3. The latter were long-standing cases of lumbago in old men; and in two of them, connected with a strain in the loins, from lifting heavy weights.

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## NOTICE.

August 5, 1854.

MR. CHURCHILL having removed his Publishing business to more extensive and commodious premises, the MEDICAL TIMES AND GAZETTE will from this date be published by him at No. 11, NEW BURLINGTON STREET, where it is requested that advertisements, communications, and books for review, may be directed.

## Medical Times & Gazette.

SATURDAY, AUGUST 5.

### THE GENERAL BOARD OF HEALTH.

ABOUT a year since (July 23, 1853), while exposing some of the numerous errors of the General Board of Health, we took occasion to urge that a general reconstruction of the Board was imperatively called for. After a year's delay, the gratuitous distribution of an elaborate defence, and the support of a Government through the most popular of its members, the House of Commons has decided that this reconstruction shall take place, and has thrown out the Bill of Lord Palmerston for continuing the present members of the Board in office for a further period of two years. We congratulate the country and the Profession on this decision. The subjection of the sanitary affairs of the country, for another two years, to a Board which has proved its own incompetence, we should have regarded as a great public calamity. As we observed in the article just referred to, "Erroneous in constitution, and promulgating erroneous theories, no one can be surprised at the series of quarrels and cabals, the general ridicule, and the disastrous consequences which have followed the practical operation of unsound principles under an incompetent direction." The vote of the House of Commons on Monday will have a most salutary effect. It will teach the Government that the highest Medical offices in this country cannot be filled by lawyers without bringing disgrace upon those who make the appointments,—it will teach the people that, however long mistaken notions may be persisted in, a time will come when the perpetration of dangerous blunders must lead to Parliamentary retribution.

It is now proposed to form a new Board, similar in constitution to the Poor-law Board, with a President having a seat in the House of Commons. Sir William Molesworth has obtained leave to bring in a Bill for the purpose. The manner in which this proposition will be received must depend upon the members who are to compose the Board. Mr. Chadwick of course retires, and it is proposed to give him a pension of 1000*l.* a-year. We have nothing to say against this, or anything else which deprives him of further power of doing mischief. The fate of Dr. Southwood Smith is still in the balance; but he has so long been bound up in the acts of his colleague that he should certainly share his fate. Any infusion of the old leaven into the new Board would at once excite public distrust. We do not deny many useful qualities to Dr. Smith as a public servant, but we do say that his past career in the Board of Health should be a sufficient reason for any Government refusing to give him any share in the future sanitary arrangements of the Kingdom. Although the Reports on Quarantine, Yellow Fever, and Cholera, were issued by the authority of the whole Board, Dr. Smith, as the only Medical member, was peculiarly responsible for their purely Medical portions, and upon these he should be condemned. We have on several occasions been obliged to express our marked disapproval of the thorough special pleading, the un-



sound reasoning, the unfair suppressions of the truth, the numerous false suggestions, the dangerous practical errors, and the uniform insulting depreciation of the Medical Profession, which have been their chief characteristics. We have always regarded them as most discreditable monuments of great industry, exercised not with intentional dishonesty of purpose, but by a mind so warped by preconceived opinions, that any facts opposed to those opinions could not be believed, and were accordingly cast aside as unworthy of examination, consideration, or record. We have never accused the authors of these reports of the wilful propagation of error; but we do say, that they have made us doubtful of the truth of any statement of fact or opinion proceeding directly or indirectly from the Board whose existence is, so happily for the country, about to terminate.

The only plea upon which there was a chance of saving the Board was, that the cholera is upon us, and that the country would be left to its ravages undefended by the Board. This was the very argument we should have urged to procure its immediate dissolution. Better be without direction than under a bungling superintendence. Mr. Chadwick and Dr. S. Smith announced, in 1847, that they had every reason to believe that the spread of cholera is preventible by "general and combined sanitary arrangements;" yet, by November, 1849, London alone had suffered a mortality from cholera of 14,588. What had been done by these Commissioners in the mean time, or has since been done, to supply our Metropolis with pure water?—to purify the air we breathe from the putrid emanations of slaughtered animals?—to cleanse the house-drains, sewers, and cesspools?—to free the Thames from the pollution of their contents?—to clear the air from smoke? With all their talk about graveyards, have they not so egregiously bungled their measures that the bodies of the dead long afterwards continued to taint the habitations of the living, and do so still? Had not the Registrar-General laid down as on a chart, in 1849, the sinks of putridity and corruption where cholera might again be expected? Did it not strike upon these very spots in 1853? And are they not still in precisely the same sanitary condition? Of what avail, then, the boasted combination of sanitary arrangements?

Let the past, however, teach us a lesson for the future. Let not the history of a new Board of Health be a history of powers abused, of measures mismanaged, of opportunities lost. Let us not trust the health of the greatest nation on the earth to the experiments and crotchets of legal amateurs, boasting of irresponsibility, and glorying in their mistakes. Let us have a Board composed of sound Medical Practitioners,—men in whose opinions the people and the Profession can alike repose with confidence,—men who know what disease is, but who have no favourite theories to force upon all who accept employment under them,—men whose avocation has brought them into contact with all classes of Society, and who, therefore, know how any prejudices which oppose the removal of existing evils may be most easily combated; let some such men as these (and they abound in our Profession) be united under a President, with a seat in Parliament, and form such a Board as Sir Wm. Molesworth projects, or become a department in the Home Office—either plan will answer, if the right men be selected;—let them call to their assistance such engineers, lawyers, manufacturers, or local boards as they may require; give them, or the Home Secretary, adequate power, and the public will be infinitely better protected against preventible disease than they have been under the mischievous, inefficient body which has just sunk so deservedly under the general distrust of the community. Our drink will not much longer be the filtered contents of a vast sewer—the larger half of our streets will not remain undrained—the filthy products of offensive manufactories will not much

longer poison our air—a large proportion of our town graveyards will not remain unclosed—the provisions of the Common Lodging House Act will not be so imperfectly enforced—preparations for checking epidemic disease will not be left until *after* the disease arrives among us—we shall not be met with perpetual lamentations on the one part, that powers are not equal to emergencies, nor, on the other, that powers actually possessed are exercised in a manner which renders them useless or injurious—the public will not be excited to culpable carelessness in exposing themselves to contagious diseases by absurd homilies against contagion—poisons will not be vended openly by our druggists and grocers—our flocks and herds will not be destroyed by the importation of diseased cattle—none of the food in our markets will be unfit for human consumption—in a word, under a well-constituted Medical Board, an efficient system of Medical police would be very soon established, and the sanitary affairs of the country being for the first time placed under proper superintendence, there is every probability that the result would be eminently advantageous to the whole community.

#### GOVERNORS AND MEDICAL OFFICERS OF CHARITIES.

It is matter of considerable importance to the well-being of Medical Charities, that the relative positions and duties of the Governors and the Medical Officers should be clearly defined.

The founders of most of these Institutions have felt that the Medical Officers ought to have something to do with their management, in addition to their ordinary duties as Medical advisers to the patient. Nor can we be surprised that such a feeling should so widely exist. The Governors usually delegate their authority to a small number of their own body, who must necessarily be ignorant in respect to a very great number of the most important points which it is their province to decide. None but the Medical Officers can judge of the generally efficient state of the Institution, while they are the best judges of the qualification and attention to their duties of the nurses, of the fitness of the dispenser for his post, and of the management of the matron,—nay, of all matters excepting the financial affairs of the Charity. On these points they must be better informed, and consequently more capable of forming a correct judgment, than any mere subscriber to the funds of the Charity.

But, while apparently fully sensible of the peculiar fitness of their Medical Officers to exert a substantive influence on the management of the affairs of their Institutions, the founders of our Hospitals and Dispensaries have by no means shown themselves desirous of confiding the whole care of them to Professional men. They have, no doubt, conceived, and rightly so we think, that a body of Professional men, no matter whether Medical or other, are apt to take a professional view of all matters brought before them, and that, in some cases, the professional view is not the common-sense one.

In order to secure that aid from their Medical Officers of which they feel themselves to stand in need, and at the same time not to give up to them the control of the charity, the founders of the Institutions of which we are speaking have usually adopted one of four schemes,—in the

1st. The Medical Officers constitute a Medical Committee.

2nd. The Medical Officers, in conjunction with a few Medical Governors, constitute a Medical Committee.

3rd. The Medical Officers have a seat in the Committee of Management, but no vote.

4th. The Medical Officers are *ex officio* members of the Committee of Management, with a vote.

When either of the first two of these schemes is adopted, it is usual for the Managing Committee to be formed altogether of non-professional persons. The Medical Committee then offer,



in the form of a Resolution, any suggestion for effecting an improvement in the working of the Institution; and it is then the business of the Managing Committee to inquire into the matter; and should difficulties occur to them as to the propriety or practicability of carrying out the alterations advised, to confer with the Medical Committee. The final decision on all points, however, rests with the Managing Committee, for they are the body responsible for the good conduct of the charity to the Governors.

It is notorious that the large majority of the members of the Managing Committees of our Hospitals and Dispensaries rarely attend the meetings of the Board; the consequence is, that one or two active members are the real managers of the charity. Now, if these one or two men are of the race which regards all Medical suggestion with suspicion, or if they be guided, as too often they are, by a single member of the Medical Committee, or by a professional man not on the Medical Committee, the result is, that the advice of the Medical Committee is rejected without consultation.

The Medical Committee feel aggrieved; they protest; their protestation, like their advice, is treated discourteously, and henceforth the two Committees stand in direct opposition to each other. Sooner or later, this must be the condition of Medical Charities governed by a double Committee.

To give the Medical Officers a seat at the Board, but no vote, is almost an insult to them; the only Constitution likely to work well seems to us to be that in which the Medical Officers are *ex officio* members of the Board of Management. The great argument against such an arrangement is, that there are occasionally Medical affairs to be considered, in the discussion of which greater freedom of expression can be used by professional men when uncontrolled by the presence of laymen; but this very rarely happens, and in all large Committees there are necessarily Sub-Committees, by which the necessary freedom of expression is secured.

Our attention has been called to this matter by two cases that have lately happened: the one that of the notorious Royal Free Hospital; the other that of the Northern Dispensary. In reference to the first of these two Institutions, it cannot be supposed that if all the Medical Officers of the Hospital had had a seat and vote at the Board of Management, any Medical Officer could have been dismissed on a charge which affected neither his professional competence, nor his moral character, or that a gentleman could have been appointed to fill the office of Senior Surgeon to the Hospital who had performed the operation for lithotomy but once. With reference to the Northern Dispensary case, the facts, so far as they are yet published, are these. The Northern Dispensary had attached to it a few weeks since, as honorary officers, a consulting Physician, Dr. P. M. Roget; and a consulting Surgeon, Mr. Bishop; two Physicians, Dr. Murphy and Dr. Boon Hayes; one Surgeon, Mr. F. Davies.

During the last six years, in addition to the above, the following gentlemen have held honorary office in the Charity,—Dr. Vander Byl, Dr. Goodfellow, Dr. Sieveking, and Dr. Powell. For several years the Resident Medical Officer of the Charity has been Mr. B. Dalton. This gentleman is paid for his services.

Letters have recently been laid before the Managing Committee of the Dispensary from every one of the Physicians and Surgeons who during the last six years have given their gratuitous services to the Institution, complaining of the conduct of Mr. Dalton in the discharge of his official duties. It is stated in these letters, that Mr. Dalton devotes his time and attention to private patients, employing as his substitutes at the Dispensary persons incompetent to the performance of the duties he confides to them.

Here, then, were charges of the gravest character brought

against a paid Medical Officer of the Charity by nine Physicians and Surgeons, *i. e.*, all who had been connected with the Charity for the space of six years, and several of whom hold a very high position in the estimation of the public and the Profession. These charges refer to the neglect of duties which, if they have not been well performed, must have rendered nugatory the best directed efforts of these same Physicians and Surgeons for the relief of their poor patients. The gentlemen bringing these were, from their position in relation to the accused, fully competent to form an opinion, for they could, and they alone could, judge of the mode in which the dispensing department was conducted, and of the care and attention given to their patients in their absence.

Men like Dr. Roget, Dr. Goodfellow, Dr. Murphy, and Dr. Sieveking, are very unlikely to lend their names to accusations against a professional brother, without being able to substantiate their charge, and without the fullest conviction that they were imperatively called on to make it. But notwithstanding its nature, the character and position of the accusers, and the importance for the welfare of the patients of the Dispensary that the charge should be investigated, the Committee have declined to inquire into it, and the result is, that the whole of the honorary staff of the charity have resigned.

We earnestly trust the inability of the present Managing Committee to obtain new Honorary Physicians and Surgeons for the Dispensary will show to the Governors that a radical change in the constitution of the Dispensary is essential for its wellbeing. We cannot think, for an instant, that Physicians or Surgeons humble spirited enough to take office under the present Managing Committee of the Northern Dispensary will be forthcoming at their call. The Medical officers of the Royal Free Hospital must surely stand alone in their disregard of the opinion of their professional brethren.

#### MEDICAL RESULTS OF THE CENSUS.

THE Registrar-General and his able assistants in the preparation of the Census of Great Britain have just issued that portion of their great Work which relates to the ages, civil condition, occupations, and birth-place of the people, with the number and ages of the blind, the deaf and dumb, and the inmates of workhouses, prisons, lunatic asylums, and hospitals. We scarcely need state that this Report, and the summary Tables with which it is accompanied, are of the greatest value to the physiologist and to all who are engaged either in the culture or the study of Medical Science.

This portion of the Census presents, for the first time in the history of this country, the statistics of blindness and deaf-muteism, which have been hitherto the subject of estimates and conjectures, based on very limited observation. The householder's schedule, it may be recollected, had a column headed, "Blind, Deaf, and Dumb," to be filled up against the name of any member of the family so afflicted. It has not been found practicable to go as fully into the status of disease in Great Britain as in Ireland; but a mass of matter has been obtained on the subject in reference to this country which will supply a deficiency that has long been felt, and lead to many important results.

The statistics of blindness in Great Britain and the Islands of the British Seas give 21,487 persons totally blind, of whom 11,273 are males, and 10,214 females. The number in England and Wales is 18,306, of both sexes; in Scotland 3010, and in the Islands of the British Seas 171. It will be seen that these numbers give a proportion of one blind to every 975 persons in Great Britain; one in 979 in England and Wales, one in 960 in Scotland, and one in 837 in the Channel Islands. The Irish status



of disease shows one in 864; while, in this country, we have in round numbers but one in a thousand.

A comparison of numbers between the country and the town districts produces results remarkably varied, and at first sight liable to mislead as to the different influences of town and country life and occupations on this class of disease.

In Wilts, Dorset, Devon, Cornwall, and Somerset, there is an average of 1 blind in every 758 inhabitants; in Essex, Suffolk, and Norfolk, 1 in 888; and in the Northern Counties, 1 in 823. The highest proportion is 1 in 655, in Herefordshire. While in the Metropolis and the large towns, the ratio is as follows:—

London ...	1 blind in every	1025 inhabitants.
Manchester ...	„	1107 „
Liverpool ...	„	998 „
Birmingham ...	„	— „
Leeds ...	„	1181 „
Sheffield ...	„	1141 „

In the manufacturing and mining counties—

Yorkshire, West Riding ...	1 in	1231 „
Cheshire and Lancashire ...	„	1167 „
Durham ...	„	1163 „
Staffordshire... ..	„	1082 „

These proportions appear at first to oppose the opinion, that the occupations of the town are more injurious to the eyes than those of the country. The general notion, however, will remain undisturbed when it is remembered, that blindness is a common infirmity of extreme old age, as is shown by the Report, which gives nearly one-half the blind above sixty years of age. Where we have the largest proportion of persons of advanced ages we are to look for the greatest number of the blind; and this, as every one knows, is the case in the rural districts. In the Metropolis, in manufacturing districts, and in large towns there is employment for young persons and those in the middle of life, who flock thither for employment,—a consideration which will prevent these figures from being employed to establish any conclusion unfavourable to the rural districts.

The proportion of the blind to the aged is shown in a striking manner in the results given in the following extract:—“Of the 21,487 blind persons in Great Britain, only 2929, or less than 14 per cent., are under 20 years of age—a circumstance tending to show, that cases of blindness at birth are not very common. Between 20 and 60 years of age there are 8456 persons, or about 39 per cent of the whole number; while 10,102 persons, or 47 per cent., are at the advanced ages above 60.”

The number of deaf and dumb in Great Britain, according to the recent Census, is 12,553, (6884 males, and 5669 females,) of whom 10,314 are in England, 2155 in Scotland, and 84 in the Islands of the British Seas, the proportions being 1 in every 1600 inhabitants in Great Britain; 1 in every 1733 in England; 1 in 1340 in Scotland; and 1 in 1704 in the islands.

The distribution of the deaf and dumb gives the largest numbers in the agricultural and pastoral districts, especially where the country is hilly. The highest average is found in the northern counties of Scotland, including the Highlands, the proportion being 1 in 1156. The other divisions come in the following order:—South-west division of England, 1 in 1393; southern counties of Scotland, 1 in 1484; and the Welch, 1 in 1542. In comparing the ages of the deaf mutes, results are obtained not at all corresponding with those presented in the case of the blind. In the deaf and dumb, the highest proportions exist at the periods between five and twenty-five years of age, the numbers gradually diminishing as the age advances.

In reference to both these classes, it will be seen that a great disparity exists between the extent of suffering and the provision made for its relief. We have, as we have seen, 12,553 deaf mutes, and throughout the country only 1100 are returned as

inmates of asylums. There are 21,487 blind, and of these there are 1000 in schools and other public institutions, and 2833 in workhouses. These returns must lead to important and beneficial results.

## REVIEWS.

*L'Huile de Foie de Morue envisagée sous tous les Rapports comme Moyen Thérapeutique.* Par L. J. DE JONGH, Docteur-Médecin à la Haye. Pp. 262. Paris. 1853.

*Cod-Liver Oil; Causes of its Frequent Inefficacy, and Means of Removing the same, with Remarks upon the Superiority of the Light Brown over the Pale Oil, Directions for its Use, and Cases in which the Oil has been Used with the greatest Effect.* By L. J. DE JONGH, M.D., of the Hague. Pp. 48. London. 1854.

THE first of these books is an elaborate history of the chemical properties, mode of administration, and therapeutic effects of cod-liver oil, and is modelled upon a previous work by Dr. Jongh, published in 1843, under the title of “Disquisitio Comparativa Chémico-Médica de Tribus Olei Jecoris Aselli Speciebus.” The second work is a short pamphlet, which contains very little scientific information, and is chiefly made up of cases successfully treated by the oil in the hands of various practitioners, including Dr. Jongh.

We believe that the Profession are much indebted to Dr. Jongh for his laborious researches into the composition and properties of this oil; and we have the high authority of Baron Liebig and the late Dr. Pereira in testimony of the value of these labours. In his zeal for investigating the properties of the oil, Dr. Jongh made a journey to Norway, and carefully examined its varieties, its mode of preparation, and its adulterations. The result of these inquiries was, that, although large quantities of the oil were sent from Norway, the specimens were by no means of equal purity; and he ascertained that the best and most powerful oil was procured from the fish called the dorse or *gadus callarias*, at the Loffoden Isles, whence it was sent to Bergen, and there was frequently mixed with other oils. Dr. Jongh therefore concluded that the only method of procuring a genuine supply was to secure the co-operation of confidential persons in the Loffoden Isles and at Bergen, who should send him the oil direct; and this object we are assured that Dr. Jongh has succeeded in attaining.

We confess, however, that we should have been better pleased with Dr. Jongh if he had confined himself to scientific researches, instead of becoming a direct trader in cod-liver oil, as the mercantile speculation must necessarily detract from the merits of the author.

Dr. Jongh believes that the light-brown cod-liver oil is superior in efficacy to the pale oil, although the latter was formerly preferred, even by himself, on account of its somewhat less disagreeable taste and smell. The superiority of the light-brown oil is due to its containing, in larger proportions than the other oils, the peculiar principles on which, he says, the medicinal properties depend. The analyses of pure cod-liver oil made by Dr. Jongh in 1842 and 1843, gave as the component parts:—Gaduine, an organic substance, discovered and named by Dr. Jongh, oleic acid, margaric acid, glycerine, butyric acid, acetic acid, fellinic acid, chelinic acid, bilifellinic acid, bilifulvine, iodine, bromine, chlorine, phosphoric acid, sulphuric acid, phosphorus, lime, magnesia, soda. Now, according to an analysis made by Dr. Jongh in 1852, “the English pale oil contains scarcely any volatile fatty acid, and a smaller quantity of iodine, phosphate of lime, and elements of the bile, than the light-brown oil.”

Dr. Jongh also relies upon therapeutical experience in proof of the superiority of the brown over the pale oil; and, although we are not ourselves very fully convinced by the instances he adduces, we quote the following remarks from his French work, as the results of his experience:—

“It results from these observations, that in all the cases in which cod-liver oil is indicated, each of the three kinds may act efficiently when it is really genuine and not mixed, but that the black oil acts most promptly; the pale oil requires the longest period for its employment; and, lastly, that the brown oil holds a medium between these two kinds as to the duration of the cure. Hence it is that, relying upon this experience, I have discovered the existence of a much greater efficacy in the dark oils than in the pale oil, experience being necessarily placed, espe-



cially in Medicine, above vain theories."—*L'Huile de Foie de Morue*, p. 161.

The diseases in which Dr. Jongh thinks the oil particularly applicable are "chronic rheumatism, sciatica, hemicrania, cardialgia, rheumatism, tic douloureux, chronic gout, rheumatic and gouty palsy, scrofulous diathesis, tumefaction of the lymphatic glands, scrofulous ulcers, chronic exanthemata, scrofulous ophthalmia, infantile atrophy, rachitis, osteomalaxy, scrofulous caries, scrofulous affections of the joints, tubercular consumption, and divers disturbances in the functions of the system of the mucous membranes."—*Cod-liver Oil*, p. 10.

*Cyclopædia of Chemistry*; with its Applications to Mineralogy, Physiology, and the Arts. By R. D. THOMSON, M.D. 8vo. Pp. 540. London and Glasgow. 1853.

THIS is a book which may not only prove useful as a work of reference, but as a practical manual of chemistry. The author very properly advocates the practice of a system of testing, and urges that the science he professes should not only be taught by lectures, but by direct manipulation, from the very outset of the study. His work may be confidently recommended as brought up to the most recent advances of chemical science.

*The Anatomist's Vade Mecum*: A System of Human Anatomy. By ERASMUS WILSON, F.R.S. Sixth Edition. 8vo. Pp. 698. London. 1854.

WE congratulate the student of anatomy upon the publication of a new edition of this beautiful book. The author has been assisted in its revision by Professor Retzius, of Stockholm; and, at his suggestion, has inserted ten new illustrations, representing the villi, the epithelium, and the follicles of the mucous membrane of the intestinal canal. We quite agree with the learned Swedish Professor, that this is the best Manual extant for the use of young students in the dissecting-room; for, "by it, they get a clearer and quicker insight into the study of anatomy than by any other book."

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### DISEASES OF JOINTS.

UPON RHEUMATIC INFLAMMATION, ARTHRITIC INFLAMMATION, AND PODAGRA.

By VIRCHOW, RICHEL, BONNET, Etc.

Joints are liable to rheumatic inflammation, which occurs either in a chronic form, from exposure to cold, indulgence at the table, and inactive habits, in constitutions predisposed to the disease, or in an acute form, as during the course of rheumatic fever. It is usually not difficult to determine the character of the affection. Except in the case of gonorrhœal rheumatism, more than one joint is usually affected, either at the same time or in rapid succession, by metastasis. The disease flies about from part to part, but usually one joint more than another bears the brunt of the disease. Rheumatic inflammation commences either in the fibrous capsule, in the synovial membrane, or in the bone.

If it commence in the fibrous structures, the ligaments become soft and elongated, so as to permit the head of the bone to slip out of the cavity in which it is naturally fixed, and thus the head of the femur may be displaced upwards on the dorsum ili, without rupture or ulceration of either the capsule or the ligamentum teres. Examples of the kind have been recorded by Mr. Lawrence, Mr. Stanley, Dr. Latham, and others.

Acute rheumatic inflammation, says Virchow, is characterised by rapid suppuration, plastic exudation upon an intensely red, injected, synovial membrane, softening of the capsule, so as to render easy the sudden laceration of its tissue, extensive purulent deposits and sinuses between the fasciæ and the muscles, sometimes associated with neighbouring periostitis." This is, however, but part of the case; the blood contains an excess of fibrin (Bonnet), and there co-exist affections of many internal organs. The inflammation is not confined to the capsule and ligaments; it extends to the periosteum and the head of the bone, when the articular cartilages become loosened, and may lie free in the cavity of the joint. The surface of the bones is often rough and superficially ulcerated, and cavities such as the acetabulum become larger than natural.

The pain, severe enough in the ordinary progress of the disease, becomes greatly aggravated by exercise or sudden violence; it may continue till the patient's death in those instances where relief cannot be afforded by an operation. Instances have been related by Dr. Kusmane (a) and others, of effusion of blood occurring during the course of the disease under the periosteum, and attended by necrosis of the bones. In one, there was a remarkable extent of epistaxis; blood flowed at intervals to the amount of two pounds, and separated into serum and clot.

Richet, however, found, by his experiments, that neither by irritating injections, nor by laceration, could he excite inflammation in the fibrous capsules; and he regards it as extremely improbable, that rheumatism—a disease characterised by such severe pain and such evident inflammatory appearances—can have its seat in a structure so sparingly supplied with blood-vessels. He considers inflammation of the fibrous capsules only a secondary affection, dependent upon disease of the synovial membrane and bones, and as characterised by loss of the pearly aspect and effusion of fluid among the fibres, by which the capsule becomes softened and more yielding.

M. Bouillaud has endeavoured to ascertain the time which an attack of acute rheumatism would last if left to itself, in reference to the relative merits of different modes of treatment. By adding up the number of days that a certain number of rheumatic attacks have lasted, and dividing the product by the number of the patients, he was led to infer from the result that the time would be from a month and a-half to two months. To this, however, there must be exceptions; as a general rule, the healthier the subject, the more rapidly does the disease pursue its course, and come to a favourable termination. (b) However great may become the growing dislike to venesection, it must be regarded as a fact, that in the commencement of an attack of acute rheumatism, when the blood is surcharged with fibrin, the abstraction of blood is of decided benefit, and in the case of the stress of the disease being in a joint, that many morbid changes may be prevented by the application of the cupping-glass repeated once or twice according to the patient's strength. Experience, observes Barthez, teaches that opium is most frequently a palliative of equivocal value in soothing the pains of rheumatism, and that, when its action ceases, the pains are renewed in the same or in other parts with as much or even more violence. It is to be feared, that opium may determine a metastasis of the rheumatism to the brain or to the lungs; that it may increase the heat of skin by constipating the bowels. Bonnet agrees so far with Barthez, that the patients are thrown by narcotism into a state of great discomfort. Their pains become, it is true, less severe, but they experience a desire to vomit, and general malaise. Dreams of an exhausting nature disturb their sleep, and when they recover from their half-conscious condition, their sufferings recommence with nearly the same severity as before. This remedy should be given in full doses only so long as the inflammatory stage lasts. It should be employed in small quantity when indicated only by the violence of the pains. Both in this country and in France morphine is preferred to opium. Bonnet gives 5 to 10 centigrammes for a dose (gr. j. to ii.) He remarks, that these rather strong doses are better supported in this condition of the constitution than in another.

M. Lebreton administers 1-5 to 1-4 grain of the powder of the solanidæ, and especially of the belladonna and datura stramonium, every two hours until delirium supervenes. This phenomenon obtained, he diminishes the doses, so as to keep up a slighter degree of delirium for two or three days. By this treatment, which M. Trousseau has repeated without danger, he affirms that he has cured rheumatic synovitis in a very days. M. Lombard attributes a beneficial effect in arresting the progress of rheumatism to an alcoholic extract of aconite, given in progressively-increasing doses, from 2 to 45 centigrammes (about gr. 1-3 to gr. ix.) The anæsthetic effect of chloroform, as a local application, has also been tried by M. Aran, but with unsatisfactory results. "It is a great error, however," observes Bonnet, "to regard remedies calculated to relieve pain as specifics proper to combat this malady. They relieve a distressing symptom, and fulfil an important indication, but their utility does not pass beyond that point."

The practice of giving nitrate of potash in large doses, originated by Brocklesby, and introduced by Gendrin into France, finds many advocates in the present day. M. Forget, M. Stæber, and M. Martin Solon, have recorded their voices in its favour. It is easily tolerated in doses of 20 to 60 centigrammes (gr. iv. to xv.)

(a) Archiv. für Phys. Heilk. 1852.

(b) Traité Clinique du Rheumatisme Articulair.



It cuts short the attack to six or seven days, producing lowering of the pulse; by the rapidity of its action it renders endocarditis less probable.

### ARTHRITIC INFLAMMATION.

This is characterised in the first stage by exudation into the spongy osseous tissue, by rarefaction, and by mollities; in the second stage, by infiltration of fat and abnormal ossification; finally, in the third period, by shrinking and atrophy of the ends of the bones, with change in their form.

*a* In the acute form, the spongy substance is swelled, and full of blood; the medullary cavity is occupied by a red jelly-like exudation; the outer lamella thinned, so that it may be cut with a knife. The articular cartilage is thinned and in holes, through which escapes the exudation from the bone. The synovial membrane is thick, white, glistening, and dry; the epithelium is removed; its secreting properties seem destroyed. The fluid contained in the joint is thin, of bloody-brown colour, ichorous, and offensive to the smell; it not uncommonly partially escapes through fistulous openings.

*b* The chronic form, *arthritis chronica sicca*, is much more common. In this is found soldering of the articular extremities, infiltration of the spongy substance with an oily fluid; subsequently a deposit of firm yellow fat. The cartilage is in some places hypertrophied, either with loosening of its tissue, or the development of fibrous texture. In other places it is thinner, rendered cribriform and rough, like a bit of felt. There is rapid disintegration of the cartilage cells, with softening and disorganisation of the cartilage. Either there is complete denudation of the bones, or filling up of the vacuities by a false membrane. There is no secretion into the articular cavity; nor is there any thickening of the synovial membrane. There are numerous polypi, or fringes of fat, projecting into the joint.

Contemporaneously with the resorption of the bony tissue within, there is found a deposit of new bone on the circumference, and from the margin of the cartilage bony stalactites with a cartilaginous investment. Ossification of the ligaments ensues; plates of bone are deposited in the synovial membrane and upon the articular cartilage; finally osteophytes grow about the circumference. Loose bodies frequently are formed; they commence in thickening of the synovial fringes; in separation of ossified plates in the synovial membrane; in separation of portions of cartilage. Sometimes they hold by fibrous peduncles.

According to Broca, *arthritis chronica sicca* usually comes on after the age of 40, but sometimes before. It may attack several joints simultaneously, being slow of progress, characterised by deep, vague pains, and stiffness, not marked by swelling or change of form. The changes, however, may go on to produce complete ankylosis, or the articulating surfaces may be spontaneously dislocated. Various stages of this disease have been spoken of, says M. Deville, as independent affections, such as foreign bodies in the joint, eburnation of the extremities of the bones, etc.

According to some authors, the disease appears to commence in the synovial membrane, where the circulation becomes more active, and the vessels gorged with blood; not only are they distended, but also elongated and tortuous, the middle part of each loop much distended and twisted upon itself; these loops are ultimately prolonged as fungous growths, which encroach upon the cartilage. The synovial membrane becomes irregular upon the surface; prominent bands, either attached at both extremities, or free at one end, like the *carneæ columnæ* of the heart, project into the joint, and undergo fibrous degeneration; the subserous tissue is loaded with deposit, which is afterwards organised, and ultimately projects as cretaceous masses into the joint, attached by a narrow pedicle, or completely free. Vauthier counted twenty of these bodies in a single joint. The bones, too, get thinner; the articular extremity shrunken. Vauthier saw it one-third of its natural size.

Although Cruveilhier endeavoured to establish, contrary to the opinion of Brodie, that cartilages could not ulcerate, but that the disease must commence in the bones, yet this opinion did not gain ground with the more practical and well-informed Surgeons of this country. The recent discoveries by the microscope have proved the organisation of cartilage and its proneness to disease; and the minute changes occurring in ulceration have been accurately followed by Mr. Redfern. The grooves which form upon the surface of ulcerating cartilage are usually determined by the movements of the limb. In cartilages thus diseased, there is seen a fibrous structure, into which the cartilage ultimately becomes converted. Upon the nearly denuded bone fibrous shreds, attached by the two extremities, are the last remains of its once smooth and shining covering.

Dr. Beith, R.N., exhibited a specimen of the left hip, from a man, aged 78, the subject of arthritis. The patient had for many years been obliged to walk upon crutches, in consequence of rheumatic disease, following an accident. In 1849, he fell again, and soon afterwards there was found, upon examination, shortening of the left lower extremity, with eversion of the foot. He died some time afterwards of pneumonia.

The left leg was found to be about an inch shorter than its fellow, foot everted, but readily restored to a proper position. Rotation caused articular crepitus at the hip; muscles of the hip wasted, and pale from fatty degeneration; capsular membrane thickened, and studded with osseous plates and nodules; acetabulum deepened and widened; the encrusting cartilage, and the ligamentum teres, had entirely disappeared; in place of the former, there was a thin porcellaneous material, which seemed above the level of that portion of the cavity in its lower part, which is still in its natural state; neck of the femur horizontal, and somewhat shortened; head expanded, so as to overhang the neck by a projecting margin; the cartilage removed, except opposite to the soft mass of vascular synovial membrane, called the Haversian gland; in the rest of the extent the surface was porcellaneous; the opposite hip was healthy; the trochanter major was below the level of the head of the bone; the transverse ligament of the acetabulum was in a natural state.

### PODAGRA OF THE JOINTS.

There is an acute and chronic form of this affection. The acute form occurs in the small bones composing the hand and foot; the ligaments and cartilages seem but little altered; the articular surfaces are covered with a friable deposit; small concretions are found under the periosteum; and the synovial membrane contains a thick, white, grumous fluid, which consists of uric acid and of the urates. The neighbouring bursæ mucosæ appear to be sometimes filled with it. The chronic form is usually called "anomalous gout," and exhibits morbid changes similar to those described in the *malum coxæ senile*. It appears with destruction of the capsule, atrophy, and eburnation of the ends of the bones; ossification of the articular cartilages, but without new bony depositions, without the stalactite formations, without previous swelling and softening of the spongy substance. It consists of incalination and thickening, with atrophy. — *Synopsis from Virchow's Archiv., Gurlt's "Beiträge zur Pathol. Anat. der Gelenke." Bonnet Traité de Thérapeutique des Maladies Articulaires. u. a.*

## PROVINCIAL CORRESPONDENCE.

### SCOTLAND.

EDINBURGH, July 31, 1854.

As I think the opinion of so old a Reformer as Joseph Hume on Medical Reform may be worth having, and of being circulated among the Profession, I enclose a letter from him, which appeared in the *Mercury* this morning. It was called forth by an article in the *Caledonian Mercury*, of July 24. I also enclose Mr. Syme's letter to the *Scotsman*. They are valuable documents to those who take an interest in Medical Reform.

"MEDICAL REFORM.—MR. HUME, M.P.

"[To the Editor of the *Caledonian Mercury*.]

"Bryanstone Square, London, July 25, 1854.

"SIR,—In your paper of yesterday, sent to me, there are some excellent observations on Medical Reform.

"So much has been said and done during the last fifteen years by the different Medical bodies, and by Medical men, about Medical Reform, that the Secretaries of State, one after another, have been quite at a loss what to do to reconcile the different claims, and, consequently, nothing has been done in the right direction.

"I have declined, for many years, to take any part in the controversy that has been carried on between the various Medical institutions, every one of them requiring for themselves a monopoly against the public; nor will I interfere until it shall be determined by the Government that the question is to be settled; not as affecting this or that branch of the Profession in either kingdom, but exclusively in its bearings on the interests of the community at large.

"The Bills now passing through Parliament will only add to the anomalies that already exist. These Bills should be withdrawn by the Secretary of State, and a Bill promised early in the next Session, on the simple principle, that the qualifications



or capacity of all candidates shall be ascertained according to a standard laid down by Parliament; that every candidate shall have his qualifications tested by a minimum of that standard; and that all those whose qualifications have been thus properly tested and admitted should obtain their certificates or degrees, and be qualified to practise in the Navy and Army, and in every part of the United Kingdom.

"That, in fact, all the monopolies or exclusive privileges now held by Colleges and Companies against the public should be abolished.

"I remain, your obedient servant, JOSEPH HUME."

#### "ENGLISH AND SCOTTISH MEDICAL DEGREES.

"[To the Editor of the Scotsman.]

"Edinburgh, July 20, 1854.

"SIR,—In your paper of Wednesday last, the proposed recognition of Scottish Medical Degrees as qualifications for practice is discussed in general terms, but obviously with reference to the alleged conflicting interests of the University and College of Surgeons of Edinburgh. As the interests of these bodies, so far from being opposed to each other, are really inseparably connected, and as it is desirable that erroneous ideas on this subject should not be entertained, especially while the measure in question is under the consideration of Parliament, I beg you will insert the following statement:—

"The Universities of Scotland may, if you please, be represented as monastic Institutions, and remnants of a darker age; but, whatever they were originally, certainly at present possess as Professors the members of the Profession in Scotland who are most extensively engaged in the practice of physic and surgery, and who have done most to promote the advancement of Medical science. The degree or certificate of approval conferred by men whose name, character, and public appointment afford the surest guarantee for the efficient discharge of their duty, has always been considered in Scotland an ample qualification for Medical practice, and was equally so received in England until the London Apothecaries stole a march upon the caution of the Legislature in 1815. The University of Edinburgh is at present the most numerous attended Medical School in her Majesty's dominions, and everything that tends to increase the number of its students must, in a corresponding degree, benefit the College of Surgeons, whose income depends upon the fees paid for its diplomas. But, if the Universities of London and Durham are allowed to qualify for Medical practice in England, while it continues to be impossible to obtain this privilege by any extent of education or examination in Scotland, there must be an additional inducement afforded to withdraw attendance from Edinburgh. Now, the Bill which has been proposed would have the effect of enabling students to obtain the right of general practice in England without the licence of a London Board, since the University degree would defend them from the penalties of the Apothecaries' Company; while the Surgical Diploma, or that of the Glasgow Faculty of Physicians and Surgeons, would supply what was wanting for their admission into the service of the Army, the Navy, the East India Company, and the Poor-law Unions.

"What has been said will, I trust, be sufficient to show how far it was proper to introduce a Bill for the relief of the Scottish Universities, and how far the College of Surgeons is acting with liberality and prudence in opposing it.—I am, &c.

"JAMES SYME."

[The learned Professor has fallen into a strange mistake in thinking that we applied any such term as "monastic" to the Scotch Universities.—Ed. Scotsman.]

## GENERAL CORRESPONDENCE.

### EFFECTS OF TOBACCO-SMOKING.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the Number of your Periodical for 3rd December, 1853, under "Selections from Foreign Journals," there is an extract from a paper by Professor Sigmund, of Vienna, "upon Syphilitic Contagion by Cigar Smoking."

From the brief statement published, it does not appear whether Dr. Sigmund entertains the opinion, that tobacco generates the syphilitic ulceration of the lips, tonsils, and gums, or that the cigar conveys the infection, by being impregnated with the syphilitic virus, through the medium of the manufacturer of it. My object, in requesting the insertion of this communication in your Journal, is not for the purpose

of discussing so important a question, but to describe some of the more remarkable effects, physical and mental, which I have witnessed in practice, resulting from the indiscriminate and intemperate use of tobacco by smoking. It is no uncommon custom, in using the tobacco-pipe, for two or more individuals to smoke it alternately, one after the other, and the same custom is occasionally honoured, not in the breach, but in the observance, even with the cigar. I have repeatedly been consulted by gentlemen, for a well-marked syphilitic ulceration of the throat, who could not account for the affection, as they never had laboured under primary symptoms on the genitals. Upon interrogation, they admitted, almost in every case, that they had either smoked with a pipe used by another person, or had accepted a puff from a friend's cigar. In consequence of such an explanation, I was only enabled to account for the origin of their complaint, and to trace it to a similar cause, by which sibilens are communicated by means of drinking from an infected cup or vessel. Some of these patients had syphilitic ulceration on the lower or upper lips, or their commissure, and had generally a thickened base. Others had syphilitic ulcers on the tongue and throat; and a few, along with the symptoms described, were affected with secondary eruption of the skin, looseness of the hair, and secondary condylomata. I once witnessed the excision of an ulcer with hardened base, from the lower lip of a woman, the ulcer having been mistaken for carcinoma by the Surgeon. The appearance of secondary syphilitic eruption, some weeks after the operation, indicated the nature of the diseased parts. A cure was effected by the hydriodate of potass; and it was subsequently ascertained that the woman had been smoking with the pipe of a syphilitic patient.

When tobacco is immoderately indulged in, the most injurious effects, locally and constitutionally, are produced. The local consequences are, ulceration of the lips, tongue, gums, mucous membrane of the mouth, tonsils, velum, and even the pharynx. I had occasion to attend a captain of the Indian navy, who fell a victim (from smoking cheroots) to ulceration of the mucous membrane of the left cheek, which extended backwards to the tonsils, velum, and pharynx, and exhibited all the characters of carcinoma.

I believe it is generally admitted, that carcinomatous ulceration, particularly of the under lip, among the lower classes, is not unfrequently occasioned by using the short (or cutty) pipe, but it does not appear to be so well known that the same danger attends the use of the cigar. It is probable that a certain degree of heat, combined with the pungent oil of the tobacco, is necessary to act as an exciting of the diseased action which takes place in such cases. The ulceration, especially when it occurs in the lower lip, requires great care and minute examination to distinguish it from the syphilitic form of it, which it very closely resembles. When a carcinomatous condition of the parts does not exist, the ulcerated surface will soon be removed by the ordinary means of treatment, such as frequently rinsing the mouth with a solution of honey (a large teaspoonful dissolved in a tumblerful of warm water), along with the use of an alternative powder, composed of soda  $\text{Oij}$ , rhubarb gr. v., and colomaba gr. v., taken twice daily, and a blue pill twice a-week. Confinement to the house, with a farinaceous form of diet, and rigid abstinence from the pernicious weed, will greatly accelerate a cure. Devoted smokers affirm they cannot relinquish their intemperate habit. Such cases as I have referred to, if such should meet their eye, may possibly awaken in them a sense of their danger, and act in the same way as I have known bad and repeated attacks of delirium tremens operate on the minds of noted drunkards, in causing them to desist from their delusive and dangerous practice of dram-drinking.

The constitutional effects of tobacco are numerous and varied, and occasionally truly deplorable. Among these may be enumerated the usual states of dyspepsia, vitiated taste, a loose condition of the bowels, congestion of the brain, loss of memory, amaurosis, deafness, nervousness, palsy, emasculation, and cowardice or want of moral courage.

Dyspepsia, vitiated taste, diarrhoea, are such obvious and undeniable effects of the intemperate use of tobacco as to require no illustration or proof.

Congestion of the brain is denoted by headache, want of sleep, or rather by restless nights, and occasionally by flushings of the countenance. These symptoms are usually confined to the smoker of tobacco, although I have witnessed their occurrence in the excessive snuffer of the plant. Loss of memory is a common sequence of congestion of the brain, but it is sometimes independent of it. Amaurosis of one or both eyes occurs, with or without cerebral congestion. Without relinquishing the narcotic weed, no form of treatment is available. If that be accom-



plished, the cerebral congestion and affection of the organs of vision and hearing will generally yield to a course of mild aperients, a light, nourishing diet, and the application of a seton in the neck. In amaurosis, blisters to the temples, with the cautious use of the strychnine to the blistered surfaces. In deafness, blisters behind the ears, and strychnine to the blistered surfaces. The shower-bath and sea-bathing, with the use of colomba, quassia, gentian, and quinine, and regular exercise in the open air, and the avoiding heated apartments and relaxing beds, will speedily remove these calamities. Palsy usually assumes the form of hemiplegia, and is almost always incurable.

Emasculation is an unhappy and by no means an unfrequent effect produced by the excessive and abusive indulgence in smoking. Such a defective condition of the generative system is unaccountable to many affected with it. I have been consulted by several fathers, from 30 to 40 years of age, who had the usual number of children in the ordinary period after their marriage, but were surprised that they had for a considerable time lost all inclination for sexual indulgence. I invariably found, upon inquiry, that all these individuals were inveterate and most intemperate smokers; and I never failed to convince them of the cause of the change in the reproductive organs, to arrest their progress in the use of the emasculating narcotic, when the natural functions of which they were deprived returned at no distant date, accompanied with an increase of family. Unmarried persons who have been martyrs to tobacco indulgence in smoking are equally liable to the loss of all desire for commerce with the opposite sex.

Cowardice, or want of moral courage, I have uniformly experienced to influence those individuals addicted to excessive smoking who required a surgical operation, when such a mode of imparting relief to them was proposed for their concurrence.

When the alarming effects produced by tobacco in strangulated hernia are called to mind, as described by the older authors, we can be at no loss to account for its action as a powerful narcotic and rapid poison, or to comprehend its violent constitutional derangements, after witnessing the immediate sickness and vomiting, however small the quantity swallowed.

The number of those—of all ages, from mere childhood, and of every rank, almost in both sexes—who are habitual smokers is quite incredible. The great consumption of tobacco is known from returns made by the Government Custom-house; but it is impossible to estimate its direful effects in deteriorating the bodily functions and mental faculties, in impairing the state of the public health, and altering the character of the inhabitants as a race.

I am, &c. JOHN LIZARS,  
Late Professor of Surgery to the Royal College of  
Surgeons, and Senior Operating Surgeon to the  
Royal Infirmary of Edinburgh.

15, South Charlotte Street, Edinburgh,  
December 16, 1853.

#### PREMONITORY DIARRHŒA AND CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—In answer to Dr. McLoughlin's letter, which appeared in your publication of Saturday last, I have only to reiterate the statement, that the three cases cited were well-marked examples of the disease; that although I purposely omitted giving a detailed account of the physical appearances of the patients on admission to the Hospital, it was not because they had been disregarded, or no mention made of them in the journals, but simply because I considered it quite unnecessary to describe the symptoms of collapse from cholera; these symptoms being so well known, and so remarkable, that I apprehend no one at all conversant with the disease can ever confound it with collapse from any other cause.

Since my first communication to you (12th July), I have admitted to this Hospital 74 cases of choleraic disease, 20 of which were in a state of collapse,—a pretty good criterion of the kind of cases; and of those I could point out four or five, at least, as occurring without any premonitory diarrhœa. I shall content myself, however, with quoting two other cases.

*Case 1.*—Janet McLaren McLymont, aged 46, widow, farm-servant, admitted on the 18th July, 9.20 a.m. States that she has always been in the enjoyment of good health; in fact, she cannot recollect when she was ill before. She came from Stranraer last night by the steamer, and slept in College-street all night, intending to have gone on to Stirling by the train this morning. She got up for that purpose shortly after six o'clock,

and felt perfectly well, when, on coming along the street at a quarter to eight o'clock, she suddenly felt sick, and was obliged to take refuge somewhere. In about half-an-hour, this was followed by the most profuse diarrhœa, accompanied with spasms in her lower extremities. On admission, an hour after, she was found to be fast passing into collapse. Skin sodden, icy cold, and livid; features have the unmistakable choleraic character, as has also the voice, being a husky whisper; eyes retracted in their sockets; dark areola lost in the general lividity of the countenance; breathing deep and laborious, but breath not cold. Pulse at the wrist small and thready, just leaving her. Tongue white, coated, moist, and cold. She cannot tell when she made any urine, but is sure she has made none to-day. Spasms in her lower limbs are of the most violent kind, causing her to scream in agony; thirst insatiable; has little or no vomiting; had an evacuation from the bowels, a few minutes after admission, of characteristic rice-water.

In the above case the patient continued to get worse in despite of treatment, and died after 21 hours' illness.

*Case 2.*—Christina Whiteford Gilfillan, aged 30; married; sempstress; admitted Saturday 29th instant at 2 p.m.; fair hair and blue eyes; looks rather slender, but says she always enjoys good health. States that she has not felt very well for the last two days, but accounts for this by her thin clothing and bad lodging. She went to bed last night at 8 p.m., her bowels having been opened once in the course of the day, rather costive than otherwise. Shortly after she awoke this morning, between seven and eight o'clock, and before she had got out of bed, she was seized with purging, vomiting, and cramps in her limbs, within a few minutes of each other. Since then, she says her motions have literally run from her, without pain, perfectly liquid, and exactly resembling sour milk; vomiting every few minutes, and spasms, more particularly in her toes. At present (six hours after seizure), the surface of the body is rather cold and dusky in colour, features pinched and anxious, eyes sunken, with dark areola around them, well marked. Respiration deep and oppressed, but breath not cold; voice weak and husky; tongue white, coated, and moist; pulse at the wrist 124, small and soft. Says she made a small quantity of urine about ten a.m. The bladder now appears to be empty; the whole abdomen flaccid; retching and vomiting incessant, and she complains of the most insatiable thirst; spasms come on at short intervals, but are not violent.

This patient continued during the whole afternoon much in the same state, and purging smartly. She had suppression of urine till half-past one a.m. the following morning,—a period of fifteen hours and a-half. Yesterday and to-day, however, she is very materially improved under the influence of the saline treatment, and there is every prospect of a favourable termination to the case.

In conclusion, I may remark that my first communication to you was made in no spirit of controversy, but with the view of stating facts. These facts may be disputed by Dr. MacLoughlin, but cannot be disproved. I think, however, that the general opinion of Medical men in this city is, that cases of cholera without premonition are not of rare occurrence. Nay, I have heard several say they have seen well-marked cases of cholera without any evacuation from the bowels whatever, either before or during the progress of the disease, and I am not sure that I have not seen one or two such cases myself.

I am, &c. A. W. MARSHALL, Surg.  
Cholera Hospital, Glasgow, July 31, 1854.

#### MR. WEEDON COOKE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Would you permit me space in your Journal to hold up to the admiration of the Profession, and to record publicly my thanks to the following eminent men, who most kindly and generously put aside their engagements and their duties to give me the benefit of their testimony at the late inquest. The protracted nature of the inquiry obliged me to ask their attendance on many occasions; and I have much cause to be grateful to them for always promptly answering my call. One and all of these excellent men would have spoken to the difficulties and accidents occurring in lithotomy; but their testimony, although most valuable, was finally not considered absolutely necessary by my counsel, Mr. Clarkson; and they were, therefore, not called, much to my regret.

The Profession will, I am sure, rejoice with me, that so much kindly feeling was shown by men who hold the highest places in our ranks, and who have, consequently, the largest opportunities



of appreciating the difficulties and chances of a mishap in a serious operation. Their honourable names are—Mr. Fergusson, of King's College; Mr. Edward Cock, of Guy's; Mr. Erichsen, of University College; Mr. Alexander Ure, of St. Mary's; Mr. Solly, of St. Thomas's; Mr. Adams, of the London Hospital; and although Mr. Coulson, of St. Mary's, was called by the Coroner, I feel that I am deeply indebted to him for the kindly and professional feeling he exhibited in the witness-box. Mr. Henry Smith also would have given valuable testimony; my friend, Mr. Obré, of Dorset-square, kindly attended to state a case of protracted operation; and some other old and valued friends to whom I need not publicly allude were present, and ready with valuable testimony, had it been necessary to call them. Since the termination of the inquest I have to be grateful for many most kind intimations from gentlemen unknown to me before, of their warm sympathy, and I am glad of this opportunity to publicly acknowledge my thanks.

I can scarcely ask you to print a most kind letter from Mr. Fergusson; but will send a copy of it, in case you should feel justified in giving space to it in your journal. I am sure if you do, it will honour your pages, and gratify exceedingly

Yours, &c. T. WEEDON COOKE.

Upper Berkeley-street, Portman-square, Aug. 2, 1854.

(Copy.)

16, George-street, Hanover-square,  
24th July, 1854.

MY DEAR SIR,—Now that this unhappy inquest has come to an end, I beg to offer anew my sympathy with you on the occasion, as throughout the whole investigation nothing more appears against you than you yourself originally admitted, viz., that you had had an unsuccessful operation for stone, having committed a blunder which has often occurred before in the hands of others both older and more experienced. The evidence on all other points clearly showed that you had acted with great kindness and attention to the poor child, both before and after the operation.

My own impression is, that you have been hardly dealt with under all the circumstances; and those who know you as I do, and who appreciate your gentlemanly bearing and excellent surgical knowledge generally, will hope with me that no serious evil will ultimately arise out of this painful incident in your surgical career.—Believe me, my dear Sir, yours very faithfully,

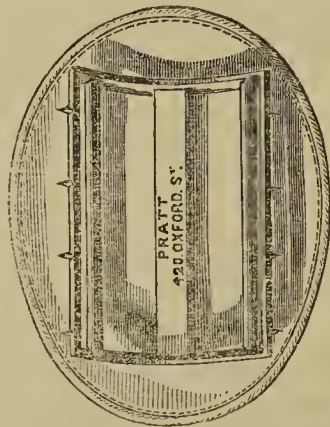
WM. FERGUSSON.

T. Weedon Cooke, Esq.

#### UTERINE COMPRESS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having for some time experienced the want of a Uterine Compress in cases where the hand could not be applied continuously, I mentioned the subject to Mr. Pratt, the instrument maker, of Oxford Street, who suggested the use of an amplified bandage, formed like the field tourniquets lately issued to the troops in the East. The following slight description will show the application of it. It consists of a pad 8 inches long, and 6 broad, covered with chamois leather, having on its upper surface 2 small rollers, and 4 points on each side; a strong bandage, about 54 inches long, and 5 broad, is fastened on one side to the points, passed under the patient (the pad being meanwhile steadied by the hand) and made fast to the opposite points; thus pressure, more or less firm, may be made by one person, as there is no complication of parts in the instrument. In the two following cases it seemed to furnish the aid required:—One, a case of severe flooding in the sixth month of pregnancy, with the os uteri thick and undilatable; no uterine contractions. The pad was applied; only three or four ounces of blood flowed during the next twelve hours, at the expiration of which time the patient was safely delivered of a dead female child. The other, a case of prolapsus uteri, with the accompanying distressing symptoms. After labour, the pad was lightly applied, and liked on the account of the steady pressure it afforded, and feeling of security to the wearer when sitting up. Both patients



spoke of the "support" it gave to their backs. I think that in cases requiring continued pressure, it may be used advantageously.

I am, &c.

JOHN S. BEALE.

Harrow Road.

#### PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—FRIDAY, JULY 28.

MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

On the Motion for going into Committee on this Bill,

Lord Monteaule intimated that it was not his intention to proceed with the Bill until Tuesday next.

The Duke of Argyll expressed a hope that some Clause would be introduced into the Bill, extending the same privileges as were to be granted to graduates of the London University to graduates of the Scotch and Irish Universities. He considered that the Bill was dangerous in its nature, because it did more than it professed to do. There was nothing in the present Bill which was in any way calculated to effectually carry out the great principles of Medical Reform, and the difference of the qualifications that were required by the several Universities would throw almost insuperable difficulties in the way of carrying the present measure into effect. Again, he could not understand, if we admitted the graduates of the London and Durham Universities to the benefit of this Bill, upon what principle it was that the graduates of the Dublin and Scotch Universities were to be excluded.

Lord Monteaule said, that no one could deny that the law, in its present state, was very defective on the subject with which this Bill professed to treat, and the only object of the present measure really was to give to the London University the same privileges that were extended to the older Universities.

The Duke of Argyll said, he had forgot to mention that only yesterday he had had an interview with the President and Fellows of the College of Physicians, who strongly objected to the Bill, on the ground that it included much more than appeared upon the face of it.

Lord Wynford feared that the partial attempt at legislation contemplated by this Bill would merely prejudice the larger and more necessary measures of Medical reform.

The Marquis of Lansdowne said, that there was no doubt but that the expectation had always been held out to the London University of receiving the advantages which this Bill professed to give, and, as far as Medicine was concerned, sharing the same amount of favour as the Universities of Oxford and Cambridge; and the University of London had now undeniably proved itself entitled to the approval of the public by the very excellent way in which it had educated the men who resorted to it.

Their Lordships then deferred going into Committee on the Bill until Tuesday next.

TUESDAY, AUG. 1.

The Scotch Medical Graduates Bill passed through Committee, after some opposition.

The Earl of Shaftesbury moved for certain papers connected with the Board of Health, and entered into some further explanations as to the constitution of that body.

HOUSE OF COMMONS.—MONDAY, JULY 31.

Lord Palmerston moved the second reading of the Public Health Act Amendment Bill, the object of which was to continue for a limited period the Acts which established the Boards of Health. The Act would expire at the end of this Session, and at the present moment, more especially, he thought it peculiarly unfitting that the arrangements made under it should be suddenly dropped, when that terrible disease the cholera prevailed in many parts of Europe, and was beginning to show itself in the Metropolis of this country. Experience had proved, that if remedies were applied in the early stages of this disease, it might be mastered in almost every case; but the arrangements required discretion and combination, and one of the most effectual methods of preventing its ravages, was the system of house-to-house visitation, suggested by the General Board of Health. He thought Parliament, if it deprived the country of the advantages of those Medical arrangements which it was the province of the Board to provide, would incur a serious responsibility. A question arose, however, as to the condition in which the Board should be placed; and he thought, although the arrangements made by Lord Carlisle had, in many respects, worked well, yet, on the whole, they were not such as it was desirable to continue. The Board was, at present,



practically independent, not being under the control of any department of the executive Government, or represented by any responsible organ in Parliament. He thought this a mistake, and the object of the present Bill was to continue the Board for a limited time, and to connect it with the office of the Home Secretary, as a branch of that department; so that the Board would be placed under the direct orders and control of the Secretary of State, who would be answerable for the personal composition of the Board as well as for its acts. He had proposed that the Act should be continued for two years, but he would not object to limit its duration for one year, nor to an inquiry next year into what had been done since 1848. Objections had been made to the persons of whom the Board was composed. All that he could say on this subject was, that the members had placed their appointments in his hands, and were ready to retire if the Government required them to do so. It was proposed to bring the Board under the general scope of retired allowances. He most urgently entreated the House to pass this Bill, which was of the utmost interest to the great masses of the people.

Lord Seymour, in moving that the second reading of the Bill be deferred for three months, observed, that the Act of 1848, the working of which came now properly under review, contained two principles,—one, the introduction of certain sanitary measures; the second, the constitution of a Board to administer the powers it conferred. The first he did not dispute, but its value depended upon the manner in which the powers of the Board were administered; and he should show, he said, that they had been so administered as to be a misfortune instead of an advantage to the community. Those powers required caution, judgment, and forbearance; but the Board, as now constituted, had evinced neither quality. The two chief functions of the Board, according to Lord Palmerston, were to advise the Government and to administer the Public Health Act, neither of which had they discharged satisfactorily. Their advice to the Government, on the subjects of metropolitan interments, the supply of water, drainage, and nuisances, had been useless, or worse than useless; and was it worth, he asked, keeping up such an advising department, whose reports, which cost an enormous sum for printing, were valueless? Considering the Board of Health as a subordinate administrative department, he detailed various instances of their proceedings, in doing which he noticed certain remarks made upon him by the Earl of Shaftesbury in the other House. He regarded the Bill as objectionable, because it gave great powers without proper responsibility. He admitted that the Act of 1848 must be continued for another year; but it should not be continued, he said, under the present Board, which had entirely lost the confidence of that House, and a Board which had forfeited that confidence could not properly execute their duties. It was absolutely necessary for the House to show that it would have a Board properly responsible to it, by rejecting this Bill, in order that the Government might bring in another Bill with a better constituted Board.

Mr. Milnes spoke in defence of the Bill, and replied to Lord Seymour.

Mr. Henley observed that the Board was not only unpopular, but was condemned by the Executive Government, otherwise this would have been a simple continuance Bill. The Board, having such large powers, ought to have the full confidence of Parliament, and there should be discretion at head-quarters. He thought Lord Seymour had taken the only wise course.

Lord J. Russell said, it had been admitted that some body should have a control in this matter, and, with regard to the powers to be given, there was no great difference of opinion. The only question was, whether these powers had been exercised with discretion, or whether there had been so much indiscretion that they could not be committed to the Board even for a year longer. Upon some points he agreed with Lord Seymour that the Board were mistaken in the advice they gave; but upon other subjects their advice had been of great importance, and their merits with regard to them had been overlooked. In respect to the cholera, a public Board could hardly have rendered a greater service. One ground of opposition to the Bill was on account of the persons composing the present Board. The Earl of Shaftesbury required no eulogy; no man had laboured so disinterestedly for the benefit of the working-classes. Mr. Chadwick, an object of so much obloquy, was a man of the greatest energy, who, by labour, zeal, and unremitting application, had endeavoured to find remedies for various social evils. In respect to the Poor-law, crime, and the public health, there was no man to whose inquiries and exertions the country was more indebted. At the same time, he was one of those who were apt to overlook objections to their plans, and he dared say that Mr. Chadwick had not dealt with them always in a conciliatory

or judicious manner. Lord Palmerston had, however, stated that all the members of the Board had placed their appointments in the hands of the Government, and he thought, that after twenty years' labour, Mr. Chadwick should have a retired allowance. With regard to Dr. Southwood Smith, he believed it was absolutely necessary for the good working of the Board, that there should be a Medical Member, and no objection had been made to him. The only difference of opinion, then, was, as to whether a new system should be adopted without further inquiry, or the present system should be continued for six months only; or whether, as the Government proposed, the existence of the Board should be prolonged for another year, and next Session there should be an inquiry.

Mr. Heywood supported the Bill, and defended Mr. Chadwick, whose Medical advisers, he said, had recommended him 'not to continue a member of the Board.'

The House then divided, when the numbers were,—

For the second reading . . . . .	65
Against it . . . . .	74

Majority . . . . .	9
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The Bill was accordingly lost.

TUESDAY, AUGUST 1.

Sir W. Molesworth moved for leave to bring in a Bill to make better provision for the administration of the laws relating to the public health. The Bill was framed, he said, in strict conformity with the opinions, views, and wishes expressed in the House yesterday—namely, that there ought to be a department which should have the administration of the matters under the cognizance of the present Board of Health; that the Board, as now constituted, was not a good Board for the purpose; that there ought to be a person in that House directly responsible to Parliament for the administration of the law, and present to give explanations; and that the new department should not be a portion of the Home Office, but be constituted in the same manner as the Poor-law Board. The Bill, therefore, proposed to give to the Board of Health the same constitution (with certain exceptions) as the Poor-law Board; and a Clause would be introduced to make compensation to one of the present members of the Board of Health—namely, Mr. Chadwick.

After a short conversation, in the course of which Lord J. Russell said, the Government would be ready next year to consent to an inquiry into the whole working of the Board of Health, leave was given to bring in the Bill.

## CHOLERA.

LONDON.—Cholera has made considerable progress since the 26 deaths occurred, which were announced in last Report. It was fatal last week to 133 persons; namely, to 42 children under 15 years of age, 78 men and women between that age and 60 years, and to 13 persons 60 years old and upwards. Seventy-one, or more than half the number of cases occurred on the south side of the river, 35 in the east districts, and the remainder in various parts of the Metropolis, as far as its western extremity. Diarrhœa increased from 58 to 84 in the last two weeks. Of the 133 cases, 46 are stated to have been cases of Asiatic cholera; others are variously denominated. In 105 cases, it is not said whether there was previous diarrhœa; 28 had diarrhœa:—

1 of 4 weeks' standing	5 of 2 days' standing.
1 „ 4 days' „	4 of 1 „
4 „ 3 „ „	2 of 20 hours

and the rest 18, 17, 13, 12, 12, 8, 7, 4, 3, and 2½ hours respectively. 6 are stated to have been collapse cases, of 24, 14, 12, 12, 12, and 2 hours' duration of collapse respectively. 1 had consecutive fever of 30 hours, and was convulsed 2 hours. Omitting 14 cases, where the duration is not mentioned, the average duration of the cholera attack has been, in 119 cases, 21½ hours. Of the 133 cases, 65 were males and 68 females, and occurred as follow:—

In the West Districts . . . . .	5 males
„ „ „ „ „	3 females
„ North „ . . . . .	1 male
„ „ „ „ „	7 females
„ Central „ . . . . .	8 males
„ „ „ „ „	3 females
„ East „ . . . . .	17 males
„ „ „ „ „	18 females
„ South „ . . . . .	37 males
„ „ „ „ „	34 females



The following Table shows the relative prevalence of cholera in the districts of London :—

DISTRICTS.	Popu- lation in 1851.	Deaths from Cholera, July 29.	Total Deaths from Cholera from July 22.	Mortality from All Causes.
LONDON .....	2362236	133	159	1219
1—6. WEST DISTRICTS....	376427	8	10	178
7—11. NORTH DISTRICTS...	490396	8	10	178
12—19. CENTRAL DISTRICTS	393256	11	13	184
20—25. EAST DISTRICTS.....	485522	35	47	275
26—36. SOUTH DISTRICTS ...	616635	71	79	404
1. Kensington ..... HL	120004	2	2	69
2. Chelsea..... WH	56538	1	3	25
3. St. George, Hanover-sq. H	73230	1	1	27
4. Westminster ..... HHPP	65609	2	2	44
5. St. Martin-in-the-Flds. H	24640	2	2	7
6. St. James, Westminster..	36406	—	—	6
7. Marylebone..... H	157696	4	4	57
8. Hampstead .....	11986	1	1	6
9. Pancras ..... WHH	166956	2	3	58
10. Islington..... HHPP	95329	—	—	38
11. Hackney ..... H	58429	1	2	19
12. St. Giles.....	54214	—	1	24
13. Strand (wkh. in 9) ..... H	44460	2	2	17
14. Holborn.....	46571	—	1	26
15. Clerkenwell..... PP	64778	1	1	28
16. St. Luke (wkh. in 20)... L	54055	1	1	25
17. East London..... P	44406	1	1	23
18. West London.... WHPPP	28840	2	2	24
19. City of London(wkh.in25)	56932	4	4	17
20. Shoreditch ..... WL	109257	2	4	53
21. Bethnal-green..... L	90193	—	—	29
22. Whitechapel..... H	79759	3	5	57
23. St. George-in-the-East....	48376	5	5	29
24. Stepney..... H	110775	18	22	70
25. Poplar ..... WL	47162	7	11	37
26. St. Saviour..... HH	35731	5	5	26
27. St. Olave .....	19375	4	5	42
28. Bermondsey.....	48128	14	15	38
29. St. Geo., Southwark LLP	51824	6	7	33
30. Newington..... P	64816	2	2	31
31. Lambeth.....	139325	5	7	70
32. Wandsworth ..... L	50764	3	4	31
33. Camberwell ..... LL	54667	7	7	34
34. Rotherhithe.....	17805	8	8	14
35. Greenwich ..... HHHP	99365	16*	17	70
36. Lewisham ..... W	34835	1	2	15

\* 8 of these cases were on board the Dreadnought.

NOTE.—The letters placed against names of districts denote public institutions now within their limits, namely H for hospital; L, lunatic asylum; P, prison; W indicates a workhouse not belonging to the district, though situated therein.

As will be seen from our Hospital Reports, 11 cases of cholera have been admitted into St. Bartholomew's Hospital, of which 4 have died; at the London Hospital, 5 admitted, 1 died.

THE CITY.—On Tuesday, Mr. Simon, Health Officer of the City of London, presented a Report to the Court of Sewers referring to the occurrence of six fatal cases of cholera in the City, and recommending the Court to employ its powers under the Act to put down the sale of unsound fruit and provisions.

SCOTLAND.—The late outbreak of cholera appears to be already somewhat on the decline. On Monday, between the City and Barony parishes, there were 11 cases and 1 death. On Tuesday and Wednesday only 6 cases and 1 death. On Thursday, there were 39 patients in the City Cholera Hospital, 2 of whom were admitted on Wednesday. On Friday, there were, in the City parish, 10 cases and 1 death: 38 cases remained in the Hospital; of this number, however, the majority are convalescent. In such cases as are still occurring, the malady yields more readily to medical treatment. Two fatal cases occurred towards the end of last week in Edinburgh, one of them a gentleman who

had just returned from an infected district in the west, and the other his son, a child three or four years of age.

CHOLERA ON BOARD A TROOP-SHIP.—The barque, Lord Auckland, which left Gravesend on the 25th ult., bound to Kurra- chee, East Indies, having on board 186 men of the 10th, 24th, 60th, and 87th Regiments, put into Plymouth, on Monday, with 27 ill of the cholera. The Lord Auckland is an old ship, and the breaking out of the fatal disease is attributed in part to bad ventilation. The authorities here have sent a hulk into the Sound to receive the cholera patients. Prior to leaving Graves- end, on the 21st, the black cook was afflicted with cholera, and was sent ashore, when 11 or 12 of the crew refused to proceed, and others were engaged. On Monday, the 24th, Private John Slade, of the 24th Regiment, died, after an attack of eight hours, and was followed by John Connor, of the 87th. John Quintin, also of the 87th, died on Friday. There are 27 cases under Medical treatment, viz., 21 soldiers, 4 seamen, and 2 women; of these, 17 are decidedly choleraic, and 4 of them dangerous.

THE MAURITIUS.—We have received a letter from Port Louis, dated May 30, stating, that cholera had appeared in the prison of that town on the 15th, and, by the 27th, 101 cases and 36 deaths had occurred. Up to that date it was confined to the prison, but, on the 28th, it appeared in the town. On the 30th, the deaths had amounted to 100, and the disease was rapidly spreading to the interior. Only 4 deaths had occurred in the garrison, and these were men in prison. Up to the 27th the wind had been fresh from the S.E., but it suddenly changed to N. on that day, and it became nearly calm.

CANADA.—We have also received a letter from Quebec, dated June 26, stating, that cholera had appeared, on the 20th, in a street of Quebec where other epidemics had first broken out. Deaths had been numerous among the people, and 1 officer and 11 men had fallen among the British troops. The attacks, according to the returns, were—20 cholera, and 47 diarrhoea.

THE EAST.—The French steamer, which arrived at Constanti- nople on the 12th, had nine fatal cases of cholera on board between Malta and the Dardanelles.

St. PETERSBURG.—According to the official returns, there were 113 new cases of cholera, and 46 deaths from the epidemic, at St. Petersburg on the 14th ult. There were, on the 9th of July, 670 cases of cholera, 74 of which occurred on that day, and 30 deaths; on the 10th, there were 55 fresh cases and 30 deaths.

ITALY.—The following private telegraphic despatch has been received:—"Turin, 28th.—A despatch from Genoa announces that the cholera has made its appearance at Leghorn, Florence, and Naples. There were yesterday at Genoa 124 cases, and 51 deaths. At Turin and in the provinces the sanitary state is satis- factory."

ADVICES from Barbadoes state that the cholera had nearly dis- appeared in Bridgetown, but was still very prevalent in many parts of the island. The mortality has already reached near 13,000. The other islands are pretty healthy.

AT CHICAGO letter, of the 12th July, says:—"The cholera has been raging in this city with the greatest violence for the past two or three weeks, and people have been dying off like sheep. From the 3rd to the 9th of this month, the deaths by cholera have averaged over one hundred per day. The emigrants appear to have suffered most."

AMERICA.—The cholera has spread into nearly all parts of the United States.

GALLIPOLI.—A letter from a French Medical gentleman now on duty at Gallipoli states that 400 of the French army are lying in the military Hospitals of that place ill with cholera.

## MEDICAL NEWS.

UNIVERSITY OF EDINBURGH.—The following are the names of gentlemen who have obtained the degree of M.D. in this University during the present year, with the subjects of their theses:—

- \* Adlington, Robert. On Acute Pneumonia.
- Aldridge, Russell. On Tetanus.
- Asher, John Gordon. On Inflammatory Diseases.
- Barclay, Bruce. On Bronchitis.
- \* Bird, R. On the Physiology and Pathology of the Mind.
- Birdwood, George C. Molesworth. On the Origin of Ideas.
- Borthwick, Alexander. On Stricture of the Urethra.
- Butterfield, Charles Henry. On Rheumatic Fever.
- Clegg, William James. On Puerperal Hæmorrhage.



- \* Collins, Francis. On Animal Heat.  
 \*\* Cowan, Michael Waistell. On Exercise.  
 \* Cross, Robert. On Hypochondriasis.  
 \* Cullen, David. On Alcoholic Liquors.  
 \* Davenport, Charles James. On Dropsy.  
 \* Dickson, Robert Graham. On Ophthalmia.  
 \* Ferguson, F. S. Memoranda of Lectures on Clinical Surgery.  
 \* Gibson, William. On Peripneumonia.  
 \* Glover, James Grey. On Cholera Morbus.  
 Gordon, William. On Vesicular Emphysema.  
 Gregory, Wm. Bartleman. On Cardiac Hypertrophy.  
 \* Henderson, Thomas Arkell. On Intus-susception.  
 \*\* Hickson, John George. On Hydrophobia.  
 Hogue, David. On Dental Caries.  
 \* Inglis, Alexander Monro. On Chloroform.  
 Jackson, James Rawlinson. On the Reproduction of Bone.  
 Johnston, Alexander. On the Influence of Temperature.  
 \*\*\* Johnston, Joseph. On the Mucous Membrane of the Uterus.  
 \*\* Kirk, John. On the Structure of the Kidney.  
 \*\*\* Liddon, Edward. On Vomiting of Sarcinae and Torulae.  
 Louttit, James. On Diabetes Mellitus.  
 \* Lucas, F. N. On the Diseases of Artizans and Labourers.  
 \* Macfie, William Henry. On Dysentery.  
 Mackay, Angus John. On Animal Mechanics.  
 Maclaren, James Duncan. On the Nutritive Process.  
 M'Allum, Donald Coleman. On Dropsy of the Amnion.  
 \* M'Cullough, David Moore. On Dropsy.  
 Moore, David. On Anæsthesia in Labour.  
 Noble, Hugo. On Euthanasia.  
 Paterson, John Black. On Health and Disease.  
 \* Phillippo, J. C. On Diseases of the Lungs and of the Heart.  
 Pringle, Robert. On the Influence of Mind over the Body.  
 Reid, Douglas Arthur. On Puerperal Fevers.  
 Richardson, William. On Pleurisy.  
 \* Rudd, Thomas. On Urine as a Diagnostic Agent.  
 \* Seddall, John Vernon. On Pulmonary Tuberculosis.  
 \*\* Sibbald, John. On the Physiology of the Acrita.  
 \* Sharp, Robert. On Dysentery.  
 \* Smith, Charles. On Chloroform.  
 Stammers, Benjamin Henry. On Croup.  
 Syme, George Henry. On Diseases of Joints.  
 \* Taylor, Charles. On Criminal Abortion.  
 Walker, James. On Erysipelas.  
 Wallace, Peter William. On Acute Rheumatism.  
 \*\*\* Willis, Matthew. On Endemic Bronchocele.  
 Williams, Evans Pierce. On Inflammatory Diseases and Mercurial Treatment.  
 Young, Robert. On Puerperal Fever.

\*\*\* Those who have obtained Prizes for their Dissertations.

\*\* Those selected for Competition for the Dissertation Prizes.

\* Those commended for their Dissertations.

UNIVERSITY OF GLASGOW.—At the summer examinations of this University, the following gentlemen obtained the degree of M.D. :—

FERGUSON, WM. EDW. L., Macclesfield.	M'ADAM, J., Glasgow.
GAMMELL, JAMES, Glasgow.	SMITH, W. C., Loch Winnock.
GREEMLEES, J., Scotland.	STEWART, WM., Scotland.
HAMILTON, J. TRAVIS, Dublin.	WEIR, JOHN, Newry.
HOUSTON, D., Scotland.	YOUNG, JAMES, Norwich.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 23th ult. :—

HOWARD, CHARLES OLDROFT, York.  
 HYDE, JOHN MARTIN, Oxford.  
 JOHNSTON, CHARLES EDWARD, H.E.I.C.S.  
 LUCAS, ROBERT, Army.  
 MARSTON, JEFFERY ALLEN, Newcastle-on-Tyne.  
 MINES, THOMAS, Belfast.  
 PEARCE, RAVENHILL, Llangarren Court, Herefordshire.  
 WRIGHT, SAMUEL, Cottenham, Cambridgeshire.

And the following gentlemen were admitted Members of the College on the 31st ult., being the last Court this session :—

BEALE, ROBERT HENRY, Harleyford Place, Kennington.  
 COLEMAN, WILLIAM WARMAN, H.E.I.C.S., Bombay.  
 HAMILTON, JAMES ALEXANDER, Omagh, Tyrone.  
 KERSHAW, BENJAMIN, Rochdale.  
 MILNER, ANDREW, High Harrogate.  
 ROCH, SAMPSON, Youghal.  
 STEWART, WILLIAM, Cork.  
 TOWLE, HENRY, Leeds.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, July 27 :—

DOLLMAN, ARTHUR HENRY, Melbourne, Derby.

HARDING, JOSEPH JAMES, Newcastle-on-Tyne.

RUSSELL, DAVID, Preston.

WRENCH, EDWARD MASON, Cornhill.

WESTMINSTER HOSPITAL SCHOOL OF MEDICINE.—The annual distribution of prizes to the students of the above school took place on Thursday, the 27th of July, in the board-room of the Hospital, and the following are the names of the successful competitors :—

Anatomy	...	Prize	...	...	Mr. Wilson.
Physiology	...	Prize	...	...	Mr. Morgan.
Surgery	...	Prize (senior class)	...	...	Mr. Legge.
	...	Certificate (junior class)	...	...	Mr. Morgan.
Dental Surgery	...	Prize	...	...	Mr. Wallis.
For Reports of Surgical Cases	...	Prize	...	...	Mr. Wilson.
Medicine	...	Certificate	...	...	Mr. Wilson.
Materia Medica	...	Prize	...	...	Mr. Harris.
Midwifery	...	Prize	...	...	Mr. Morgan.
	...	1st Certificate (jun. class)	...	...	Mr. Harris.
	...	2nd Certificate	...	...	Mr. Curran.
Diseases of Women and Children	...	Prize	...	...	Mr. Wilson.
Forensic Medicine	...	Prize	...	...	Mr. Morgan.
Botany	...	Prize	...	...	Mr. Harris.
or General Proficiency (2nd year's students)	...	Prize	...	...	Mr. Morgan.
For General Proficiency (1st year's students)	...	Prize	...	...	Mr. Harris.

#### DEATH.

LALLEMAND.—July 23, at Marseilles, Francis Lallemand, Professor at Montpellier, and Member of the Institute.

EPIDEMIOLOGICAL SOCIETY.—On Monday next, Mr. Spencer Wells will read a Paper, "On the Practical Results of Quarantine."

LYING-IN HOSPITAL, MANCHESTER.—GIFT OF DR. RADFORD.—An adjourned Quarterly Board of this Institution was held on Wednesday. Dr. Radford stated that, from the interest he took in the Institution, and wishing to see it advance in scientific knowledge and usefulness, he had resolved to present his museum and library to the charity, on certain conditions. He should stipulate for two suitable rooms, one for the museum, and one for the library. It was his intention, though he should make no pledges, to increase the library, as far as he was able, during his life. He had made a provision in his will for this gift, but he thought it better to bequeath it to the Institution while living. He also required that a report should be made at each Quarterly Board as to the state of the preparations in the museum, the condition and safe custody of the books; and that there should be an annual inspection of the same by two or three persons, one of whom to be a Medical officer of the Institution, who should inspect and report upon the condition of both the museum and the library. Third, that the Apothecary be appointed the librarian and the resident curator, who was to be responsible to the Board for the safe custody of the museum and library. Fourth, to have a list of rules, based upon liberal and safe principles, to govern the circulation of the bulk of the books, and also to put restrictions upon the use of those of large size, containing plates, and which were only intended for reference. Fifth, to have rules to regulate the circulation of books among pupils, with guarantee and deposit paid for their safe return. The sixth condition would have reference to the question of investment in the hands of Trustees. These conditions were, he considered, unselfish, and were imposed to further the interests of the Institution, and especially of the Medical staff. The last condition, and which might be considered a selfish one, was that Mr. Winterbottom, a nephew, Surgeon of the Institution, should have free recourse to his gift at all times.

LITERARY PENSIONS.—Of the 1,200*l.* annually appropriated for literary pensions, the following allotments have been made :—100*l.* a-year to Mrs. Moir, (widow of the late Dr. Moir,) in consideration of her late husband's literary and scientific works in connexion with his Profession, his poetical talents, and the destitute condition of his widow and eight children.—80*l.* a-year to the daughters of the late Dr. M'Gillivray, in consideration of their late father's contributions to the science of natural history, and the destitute condition in which his family are placed by his decease.

THE TIGER.—Dr. Domville, of the Tiger, has arrived at



Malta from Odessa. Our Correspondent informs us that he was "exchanged for an old ruffian of a Polish doctor, captured by one of our ships on the coast of Circassia." This doctor goes back to his Russian masters very unwillingly. Mr. Lawless, the Assistant-Surgeon, remains at Odessa.

**HEALTH OF THE BALTIC FLEET.**—The only ships which suffered from cholera are those which proceeded up to Cronstadt. The smaller vessels, especially the paddle squadron, have enjoyed a high standard of health, the per centage of sick not averaging more than  $2\frac{1}{2}$ . Sulphuric acid has been extensively tried. It was much liked by the patients, and taken, freely diluted, greedily. We are promised full accounts of its effects in future letters.

**CASES OF POISONING WITH POTTED MEATS.**—On Saturday afternoon last, the inhabitants of Gibson Street, Foundry, were thrown into consternation by the report that six or seven families were poisoned with having eaten potted meat, purchased at a shop at the corner of the street. About five o'clock in the afternoon, so ill were those who had partaken of the meat, that Mr. Munroe, Surgeon, was sent for, and found no fewer than twenty persons, comprising men, women, and children, all violently sick and purged, with severe cramps, and some of them who had eaten more than the others, going fast into collapse. The police at once stopped the sale of any more of the meat, which had been purchased of Mr. Andrews, pork-butcher, in the shambles, who was the maker. The Mayor, on Monday morning, caused an investigation to be made in the magistrates' room, as to the cause of the sudden and violent sickness. The meat inspector deposed, that potted flesh meat during very hot weather will undergo a sort of putrefactive fermentation, which, even in that incipient stage, chemical analysis will not be able to detect, and produce all those symptoms of gastric irritation and poisoning exhibited in those persons in the Foundry.

**MORTALITY NOTABILIA.**—From 1008 in the preceding week the deaths in London rose to 1219 in the week that ended last Saturday. In the ten weeks corresponding to last week of the years 1844-53 the average number was 1072, which, if raised in proportion to increase of population, becomes 1179. The present return is therefore in excess of the estimated amount. The zymotic class of diseases, which numbered 293 deaths in the previous week, rose last week to 422.

**Births.**—The births of 763 boys and 750 girls—in all 1513 children—were registered. Average, 1361.

**Meteorology.**—The mean height of the barometer in the week was 29.990 in. The mean temperature of the week was  $64.9^{\circ}$ , which is  $2.9^{\circ}$  above the average of the same week in 38 years. Rain, 0.04 in.; wind, east-north-east. Horizontal movement of air, 452 miles; electricity positive and tension moderate on Sunday and Monday; nothing shown on other five days.

#### DEATHS REGISTERED in the Metropolis for the Week ending Saturday, July 29, 1854.

CAUSES OF DEATH.	JULY 29.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	604	387	227	1219	10716
SPECIFIED CAUSES .. .. .	602	387	227	1217	10661
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	272	121	29	422	3748
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	4	21	22	47	406
3. Tubercular Diseases .. .. .	70	101	7	178	1917
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	67	33	41	141	1170
5. Diseases of the Heart and Blood-vessels .. .. .	2	19	13	34	310
6. Diseases of the Lungs and of the other Organs of Respiration ..	54	22	30	106	803
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	28	28	14	70	710
8. Diseases of the Kidneys, etc. ..	1	12	4	17	112
9. Childbirth, Diseases of the Uterus ..	..	10	2	12	95
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	1	3	..	4	62
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	1	1	1	3	13
12. Malformations .. .. .	5	..	..	5	33
13. Premature Birth and Debility ..	32	1	1	34	253
14. Atrophy .. .. .	38	1	11	50	211
15. Age .. .. .	..	..	45	45	370
16. Sudden .. .. .	3	1	2	6	53
17. Violence, Privation, Cold, and Intemperance .. .. .	24	13	5	43	290
CAUSES NOT SPECIFIED .. .. .	2	..	..	2	55

#### TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Mr. Horsley has favoured us with a new test for diabetic or grape sugar, and announces "a freely alkaline solution of chromate of potass as the test." If Mr. Horsley will further announce the strength of the neutral solution, that is, the proportion of the chromate of potass to the oz. of distilled water, he will confer a greater favour upon the pathological experimentalist than if he were to reconcile or refute the objections and cavillings of ten thousand cavillers and hypercritics.

I am, &c.

CURIOSUS.

Mr. Armstrong.—Pereira's is the most complete work on *Materia Medica*. If this be too expensive, Dr. Forbes Royle's *Mannual* may be recommended.

Mr. Borham.—The addition shall be made.

The ravings of the *Medical Reformer* of *John Bull's Cabin* can only excite pity.

Mr. Blackton.—The most recent work on Diseases of the Testis by a London Surgeon, is that of Mr. Curling. We shall be happy to receive the report of the case of chorea.

The disgraceful advertisement of the so-called *Cancer Curer*, sent us in a Provincial paper, shall not be lost sight of. Such things should lead to a united move for a Reform Bill which would effectually check unlicensed practice, and give the Colleges the power of expelling any member who uses secret remedies.

H. G., Dublin, should apply to the Secretary of the General Board of Health.

*Fiat Justitia*—A Surgeon—F.R.C.S.—Chirurgus—Mr. A. Childs—Fair Play—The Ghost of Bransby Cooper—An Old Friend of Shaw—Dr. Graham—Mr. Gilchrist—A St. George's Man—A University College Student—and others who have commented on the conduct of the Editor of the *Lancet* with regard to the late Inquest, are thanked for their letters. We only refrain from publishing them, first, because we are anxious to avoid personal matters as much as possible; and secondly, because there seems to be but one opinion on the subject throughout the Profession.

The letter of our Correspondent in the Isle of Wight, on the Volcanic Origin of Cholera, is too speculative for our pages.

A Subscriber.—The note could not be inserted without the name of the author.

Dr. Leared.—The letter in reply to Dr. Lindsay, which was received some weeks since, has been delayed in order that the paper which appears in the present Number might be commented on at the same time.

Inquirer.—The caustic used by Dr. Landolfi, with which he is said to have cured a Princess of Anhalt, and 100 other cases, is a mixture of equal parts of the chlorides of bromine, zinc, gold, and antimony, made into a tenacious paste by mixing with flour. This is spread on linen, and left for ten or twelve days, till the slough it produces drops off. It causes violent pain for six or eight hours. Poultices of fresh lettuce leaves are used to allay this.

Mr. Austin.—We have already noticed the meeting.

Mr. Gay's remarks on Mr. Ward's paper shall appear as soon as possible.

Mr. Maxwell should apply to the Secretary of the Pharmaceutical Society for the information he requires.

A Constant Reader.—The probability of Sir John Forbes's Bill passing next Session cannot be determined just yet. The other question is one of detail, not provided for in the Bill.

Dr. Davidson, of H.M.S. *Dragon*, has sent us specimens of a species of distoma, found in the portal veins of a sheep purchased for the use of the ship's company. The veins were quite filled with them. The species is the *Distoma Lanceolata*.

Mr. Waters.—The cases shall appear.

Mr. Carey.—With respect to the first-named, Yes, as to both qualifications. The 2nd is L.R.C.S. Edin. only.

COMMUNICATIONS have been received from—

Mr. R. C. HAMILTON; Mr. BORLASE CHILDS; Mr. CHAPMAN; Dr. RANKING; Dr. WOOD; Dr. PAVEY; Dr. AYRE; Mr. F. COOPER; Mr. SOWERBY; Mr. FENNINGS; Mr. SKEY; Mr. WILDE, Dublin; Mr. GAY; Mr. G. L. COOPER; Dr. EISENMANN, Würzburg; Dr. ALEXANDER, Altona; Dr. LEARED; Dr. TODD; Mr. HAYNES WALTON; Dr. ARNOTT; Dr. SIEVEKING; Dr. LINDSAY; Mr. BEALE; Mr. OWEN; Mr. LIZARS; Mr. MARSHALL; Mr. H. SMITH; CURIOSUS; Mr. ARMSTRONG; Mr. BORHAM; Mr. BLACKTON; H. G., Dublin; FIAT JUSTITIA; F.R.C.S.; CHIRURGUS; Mr. A. CHILDS; FAIR PLAY; THE GHOST OF BRANSBY COOPER; AN OLD FRIEND OF SHAW; Dr. GRAHAM; Mr. GILCHRIST; A ST. GEORGE'S MAN; A UNIVERSITY COLLEGE STUDENT; A SUBSCRIBER; Dr. LEARED; INQUIRER; Mr. AUSTIN; Mr. GAY; Mr. MAXWELL; A CONSTANT READER. Mr. WATERS, Liverpool; Mr. SEMPLE; Mr. C. PALEY, York; Mr. HILLIER; UNIVERSITY COLLEGE HOSPITAL; Mr. WILLIAMS, Gny's; Mr. GREENWOOD, the London Hospital; Mr. STRETTON, Wolverhampton; Mr. BOTTOMLEY, Huddersfield; Mr. HASTINGS, St. George's; Mr. HENRY THOMPSON, Wimpole-street; Dr. LAMBERT, Hull; Mr. G. B. CHILDS; Mr. SWEETE; Mr. CAREY.



## ORIGINAL LECTURES.

## CLINICAL LECTURE,

ON

## A CASE OF RENAL EPILEPSY,

AND ON

## THE TREATMENT OF EPILEPSY IN GENERAL.

DELIVERED AT

King's College Hospital.

By ROBERT B. TODD, M.D., F.R.S.

Physician to the Hospital.

(Continued from page 131.)

HAVING thus called your attention to this interesting case, I am tempted to conclude this lecture with some remarks on the treatment of epileptic cases generally.

Unsatisfactory as is the art of therapeutics in many of the diseases of mankind, there is none in which it calls for improvement more loudly than in epilepsy. No doubt the great obscurity of the pathology of a large proportion of the cases has hitherto opposed the framing of a satisfactory plan of treatment based on rational principles. This has therefore thrown us, except for certain cases, which I shall presently specify, upon an empirical method. Certain drugs, sometimes suggested from being in popular use, or from being found among the popular traditions or folk-lore of particular localities, sometimes because they exercise some indefinite influence upon the nervous system—I say, drugs, the trial of which was first suggested in these ways, have obtained a credit as cures, for this malady, supported by the names and authorities of men whose opinions ought to have weight on Medical subjects. It is clearly our duty, in the absence of a more rational system, to investigate the real value of these agents as antidotes to the attacks of this formidable disease, and to search for new ones, remembering that the discovery of the anti-periodic virtues of quinine was not due to any *à priori* reasoning; nor were the powers of iodide of potassium or of colchicum suggested by any previous view of the pathology of the diseases, against which they are often employed with signal success. Neither were the anti-psoric virtues of sulphur suggested by our previous knowledge of the pathology of itch; and let it not be forgotten, that the highest science could give no better answer to the query propounded to the candidate in Molière, "*Quare opium facit dormire?*" than that which he is made to give—"*Quia est in eo virtus dormitiva.*"

In discussing the treatment of epilepsy, you will find it convenient to keep in recollection the classification I proposed to you of the various cases of this disease. The cases most amenable to treatment are those which constitute the second group. In examining a case of epilepsy, try if it will admit of being placed in this group. Is there a syphilitic taint? Are there grounds for suspecting renal disease? Have the attacks any connexion with imperfectly developed gout? Is general nutrition, or that of the nervous centres in particular, impaired by some undue drain upon the system? If there be any of these peculiarities, there will be indications enough for a rational treatment, which, if begun early, and continued with perseverance, will often prove quite successful. In the syphilitic form you will find benefit from mercury and iodine, and sarsaparilla, and especially the iodide of potassium. In the renal form you must treat mainly the renal disease, and keep in view the promotion of the flow of urine, and of the action of the skin. Such cases are often much benefitted by a long-continued drain from the back of the neck, or from the head. When gout is present you must treat the diathesis. In cases of epilepsy, connected with gout, great benefit is also derived from keeping up a free, but not a weakening discharge from the back of the neck.

When the epileptic attacks seem to be due to an exhausted and weakened state of system, the course of treatment is sufficiently plain. You will take great pains to check whatever drain may be weakening the patient; and you will use every means to improve the quantity and quality of his blood. In such cases iron and other metallic tonics, quinine, mineral acids, cod's-liver oil, etc., are the proper remedies.

When the case is referable to the first group, and the epileptic attacks seem to be associated with some form of organic disease, there is little or no room for treatment. When the disease

is distinctly inflammatory, the free use of mercury both by the mouth and by inunction offers the best promise of good.

We now come to the third and the largest group of epileptic cases, in which the patient is the subject of more or less frequent attacks, occurring at variable intervals, and with every degree of severity, and without any cause that we can trace. Such cases are so obscure, alike in their etiology as in their pathology, that one need not wonder at the difficulty of treating them; and it is for this class of cases, that the long list of empirical remedies to which I before alluded has been suggested.

It requires no small amount of care and discrimination to determine whether a given remedy does good or otherwise in a case of epilepsy. There is no point upon which men are more readily led into the erroneous conclusion of *post hoc ergo propter hoc*, than on this. A certain number of drugs have been given in a case of epilepsy over a long period of time. At length, after one of them has been exhibited for a brief period, the fits become milder and cease, and the remedy last used gets the credit of the cure. And the reputation of a drug as a cure for epilepsy is made by three or four such cases as this.

Now to form a right judgment as to the influence of particular remedies in the treatment of epilepsy, you should keep in mind certain features in the clinical history of the disease. One of these is the tendency of the attacks to cease spontaneously. Sometimes they will cease and never return, happily for the patient. At other times they will cease, remain in abeyance many years, and return after an interval of time, even of that length. About three years ago, I attended a gentleman who had been epileptic many years before, having had two or three fits a month. These fits ceased, and for twenty years he remained free. One morning, while in the act of shaving, in his bed-room, at an inn, he fell in a fit, and was found lying insensible on the floor. From this time the fits recurred at short intervals, and were soon complicated with epileptic delirium, the case forming one of the best examples of that affection I ever witnessed. In a few months both the delirium and the fits disappeared, and he was again restored to active life.

A good instance of the capricious manner in which the fits appear and disappear, is afforded by the case of a boy, Hicks, aged 10. (Vol. XXXVI.) This boy had fits first, while cutting his teeth, at the age of ten months, and he continued to be subject to them, often to as many as four in the day, until he was three years old. He remained free from the attacks from his third to his sixth year. The fits now returned with great violence, and he would have as many as four, and on one occasion fourteen, in a day. He was now admitted into the Hospital, and remained for three months. The fits ceased; he left the Hospital, and continued free for six months. They then returned, and for two months he had them very frequently; at the end of that time he again came into the Hospital, and remained a month. The fits ceased now for five months. At the expiration of this time they returned, sometimes three or four a-day, sometimes none for a fortnight. He was admitted a third time, and remained six weeks without benefit.

Another point is, that mental emotion and moral causes exercise an important influence in checking the fits. The presence of the Medical attendant in the room with his patient will often prevent the access of the fit. Hence it may be explained how it so often happens that the Physician is disappointed in witnessing the attack. Let any one of experience in this disease look back, and he will be surprised in how few of the numerous patients that have come before him he has witnessed the attack. Sometimes, indeed, mental emotion may stop a fit just as it is beginning. In this way, no doubt, the somewhat barbarous expedient of putting a quantity of salt in the mouth of the patient just as the fit began, obtained its reputation.

We have frequent opportunities of witnessing an interesting illustration of this fact in patients who are brought into the Hospital suffering from attacks daily, or on alternate days. I purposely delay putting them on any treatment, that I may acquire a better knowledge of their constitution, and observe how far they may be influenced by change of place and living. In most of these cases, from the day of admission, the attacks will cease, and not return for many days. A remarkable instance of this is the case of Charlotte Bulling aged 15. (Vol. XXXVI.) She had had severe fits three and four times a-day for a fortnight prior to her admission, on the 24th September; she remained in the Hospital till the 19th of October, and during all that time she had not had one fit. No medicine of any kind was given.

In this way, change of remedy, change of Medical attendant, change of place, altered circumstances, exercise a temporary influence in stopping or modifying the attacks. The greater the hold which the remedy takes upon the imagination and the feel-



ings of the patient, the longer and more complete will be the interruption to the attacks. Hence the use of certain *real* or *supposed* remedies exercises a *moral*, if not a *physical*, influence.

The occurrence of an acute disease, as fever, or of a chronic disease, will cause the suspension of the fits, which will return as before when the fever or other malady ceases. The same effect, as well as that caused by the influence of mental emotion, is apt to be produced in other paroxysmal diseases of the nervous system, as in tic, sick-headache, etc.

The safest rule to guide you, in drawing a conclusion as to the efficacy of this or that remedy, is, I think, the following:—Give the remedy a fair trial, the duration of which must vary with the frequency of the attacks. If it seem to exert an influence, suspend it,—then resume it,—and then suspend its use again. If you find a marked difference in the state of the patient during the periods of use and during those of suspension of the remedy, the attacks having stopped or been distinctly modified during the former periods, and returning during the latter, then you may reasonably attribute the change to the remedy; and it is desirable that you should give your patient the full benefit of it.

Whatever remedies or course of treatment you pursue, take care and do not appear to despond, or use any other language than that of hope. Avoid extravagant promises, as inconsistent with that love of truth which ought to characterise every professional man; but, unless you have the strongest evidence against it, do not yourself, or allow your patient, to abandon hope.

It is not a little humiliating to modern science, that, in the treatment of epilepsy, we have made little or no progress since the early days of Physic, excepting that we have learned to separate such cases as I have grouped together in the second class, and to apply a rational treatment to them.

First to be regarded, in the treatment of epilepsy, are rules of diet, and of a general hygienic character. All these should have immediate reference to the easy fulfilment of the digestive function, and the restoration and the maintenance of a vigorous nutrition. I cannot attach any importance to the exclusive plans of a milk diet, or a vegetable diet, or an animal diet, except where there is some distinct and obvious fault of primary and secondary digestion. After all, indeed, there is no intrinsic difference between an indiscriminate vegetable diet and an animal diet, excepting this, (which ought not to be lost sight of,) that a patient who feeds on cabbages, cauliflowers, peas, beans, etc., takes, in addition to a good quantity of nutritious matter of the same nature as that found in animal food, a considerable mass of ligneous and inorganic matter, which passes through the bowels undigested. Persons who feed on an exclusive vegetable diet, Vegetarians as they call themselves, eat large quantities and make large masses of feces. There is, however, an important difference between an *amylaceous* or *farinaceous* diet and an animal diet. The former kind of food is digested chiefly in the small intestine, the latter in the stomach. And you will often find it advantageous to adopt the one or the other, according as the digestive powers of the bowel or of the stomach are at fault.

I would just remark here, that important as attention to diet is in all cases of epilepsy, it is especially so in those in which the attacks are apt to occur in the night, when the patient is asleep.

In connexion with diet, I may notice remedies which exert a direct influence on the digestive organs, such as purgatives. These have no special anti-epileptic power; they are valuable agents in the acute epilepsy which is connected with renal disease, such drugs as elaterium being particularly applicable. But in the ordinary chronic epilepsy they have no special value, beyond their use in aiding and promoting the digestive function, and in diminishing an unduly plethoric state. In children or young persons in whom the presence of worms may be suspected, anthelmintic purgatives are obviously indicated.

So, also, it may be said of bleeding. It is mainly useful in diminishing an unduly plethoric state of system, and in reducing blood too rich in colour. Sometimes, too, there may seem to be a local congestion, which local bleeding may relieve. But as it is clearly desirable to keep the blood at *par* as to the proportion of its staminal principles, it is not expedient that either local or general bleeding should form a prominent part of the treatment of epilepsy. And I would add, that whatever congestion of the nervous centres may occur in such cases must be regarded rather as the effect than the cause of the epileptic paroxysm. Nor is there any fact in pathology better established than that a state of anaemia, or a poor and watery blood, is favourable to the development or the continuance of the exalted

polarity of the nervous centres which belongs to many, if not all, cases of epilepsy.

Among the hygienic measures, a regulated system of exercise cannot be too strongly recommended; but it must be carefully adjusted to the powers of your patient. In persons of good muscular strength, I have seen remarkable benefit from strong and prolonged exercise. Active muscular exertion has, beyond doubt, a powerful influence in modifying general nutrition, and that of the nervous system in particular. Another very important hygienic measure is the regulation of sleep, which should not be too long at once. Many cases of epilepsy are benefited by taking sleep for two or three short periods in the twenty-four hours. It is desirable that the waking hours should not be too prolonged, nor extended to a late hour at night. There is a very remarkable connexion between sleep and epilepsy (indeed, there is an analogy between the condition of unhealthy or perturbed sleep and that of epilepsy), which is one of the most interesting points for investigation in connexion with the malady.

Let me now briefly refer to some of the drugs that afford most prospect of use in the treatment of epileptic cases. Most of these have been used in consequence of their exhibiting a certain amount of physiological influence on the nervous system. As to others, it is difficult to trace the circumstances, which led to their admission among the *juvantia* in this disease. First in the list I would place those drugs which belong to the narcotic class—opium and its various preparations, belladonna, henbane, couium, camphor. These certainly exercise a very powerful influence in calming the excitable state of the nervous system which accompanies epilepsy. They are applicable chiefly to the more acute cases, and especially when epileptic delirium is threatened or present. You should never administer them except when you have full opportunity of watching your patient, or of confiding him to the care of another. This remark, I need hardly add, applies chiefly to belladonna and the preparations of opium.

Belladonna has been greatly extolled by some French writers, far more than it deserves, as far as I can judge from my own experience. It is a remedy which leaves no permanent ill effect, and which, I think, is worthy of a more extensive trial in this country, than it has yet received. That it exercises a physiological influence on the nervous system, no one can doubt, who has administered it for forty-eight hours; but as it induces a state of pupil very like that, which is so common in epilepsy, one might fear that it rather favoured the epileptic state. A good series of clinical observations are yet wanting upon the effects of this drug. The preparation chiefly used in France is the powdered leaves of the plant.

Opium is often useful in cases in which the fit is apt to occur in the night or early morning. A full dose given at bed-time will prevent the development of the fit.

The valerian was used formerly in epilepsy more extensively than now. It is a medicine, however, which should not be despised or discarded. Its use promises most in the complications of hysteria and epilepsy. Its virtue depends upon the presence of an oil or acid which is capable of entering into combination with metallic bases, as zinc and iron, and which also combines with quinine and other alkaloids. You may give it either in scruple doses of the powder two or three times a-day, or in infusion, or as an ammoniated tincture, or in combination with quinine or the metals.

Other nervine remedies may be added to your list, and you should keep them in reserve to employ as occasion may require, such as musk, castor, assafoetida, stramonium, sagapenum, garlic, remembering the moral influence of a change of drug. I cannot say that the evidence of any special power of an anti-epileptic nature in any of these drugs is at all satisfactory.

In this class of drugs you may place the Sumbul, of which a tincture is prepared by Mr. Savory, of Bond Street. One of the earliest cases in which I employed it, seemed to benefit very decidedly by it; and I have since used it many times with unequivocal good, so as to lead me to look upon it as a useful stimulant, and antispasmodic remedy.

Digitalis has been greatly lauded by some. It may act favourably partly by its diuretic properties, and partly by its influence on the heart's action. There is quite sufficient evidence of its utility to warrant its being retained among the list of remedies applicable to this disease, and to justify its occasional cautious use.

The cotyledon-umbilicus may rank with digitalis as a remedy for epilepsy. I cannot say that I have met with a case distinctly benefited by its use; but the cases published by Mr. Salter, and those recorded by the late Dr. Graves, indicate that it possesses



a certain anti-epileptic power. I incline to think it acts by a diuretic influence.

There are other drugs obtained from the vegetable kingdom which I think deserve a trial in epilepsy. One of these is the *Achillaea millefolium*, which, in the form of a decoction, exerts a very decided diuretic influence. On the same principle, *taraxacum* may do good in certain cases, as in those in which the epilepsy has a relation to gout in the system.

The alkaline salts, especially the bicarbonate and the nitrate of potass, appear to me often to be very useful on a similar principle, namely, by increasing the activity of the kidneys.

The cardamine *pratensis* was greatly extolled by Sir George Baker. Turpentine has been used chiefly from its anthelmintic properties. It is a remedy that should be used very carefully, and never if there be suspicion of organic disease of the brain.

The *selinum palustre* or *peucedanum montanum* is highly commended by Herpin, on, as I think, insufficient grounds. The plant is very difficult to procure, and I have not yet been able to try it.

The various metallic tonics have been and are extensively used in epilepsy. Of these the safest is zinc, the sulphate, or the oxide. Either of these preparations may be given without any disadvantage that I know of for a considerable time, and in large doses. Some time ago I gave to a patient in this Hospital as much as half a drachm of sulphate of zinc thrice a-day without any sensible effect. The dose had reached that amount by gradual increase. Whether these drugs exercise any special favourable influence I am unable to say; all I know is, that, under their long-continued use, patients sometimes cease to be troubled with fits.

The various salts of iron are also applicable to the treatment of this disease, and especially to cases in which the blood is poor in hæmatin. But they are not so harmless as the salts of zinc. Their tendency in some persons to excite headache precludes their use with them; and they often disturb digestion, and on this account cannot be persevered with. The saccharine carbonate, the sulphate, the citrate, and the tincture of the sesquichloride, as well as Griffith's mixture, are the preparations of iron which you will find most suitable to the generality of cases.

Salts of copper and of silver are also used for epilepsy, with, I think, at best, but very doubtful efficacy. To the cautious use of the ammonio-sulphate of copper I see no material objection; in too large doses it may irritate the gastro-intestinal mucous membrane, but such irritation is easily removed.

There is, however, a much more serious objection to the use of the salts of silver. The nitrate and the oxide are the salts employed. Now, there is no doubt that the nitrate discolours the skin. We see repeated examples of this in the streets; scarcely a day passes that I do not recognise persons in the streets, as epileptics, who had been treated with nitrate of silver. If the nitrate of silver were a certain, or even a very frequent cure for this formidable disease, well and good; but, seeing that it is very far from being entitled to the credit of being such a remedy, I say, that we have no right to make blackamoors of our patients, and to stigmatise them for ever as epileptics, and too often as *epileptics uncured*, on the mere chance of doing good by nitrate of silver. No doubt few would hesitate long between choosing a discoloured skin and being the subject of a disease so fearful as epilepsy. But it seems to me, that the remedy ought to be a specific, to justify the Practitioner in administering it, with the strong probability there is of producing such an effect. Remember, too, that the nitrate of silver stain communicated in this way is probably indelible, and that by an experienced eye it is not to be mistaken. I have seen it after ten and fifteen years from the administration of the drug.

Finding, then, no special virtue in the nitrate of silver as against epilepsy, and that it is very apt to produce the serious result to which I have referred, with whatever care it may be administered, I have long since abandoned its use. I fear the oxide of silver is not more promising either as to its influence on the disease, or its freedom from the discolouring power.

Indigo has likewise been given in epilepsy, but with no other result, as far as I can learn, than what Penil observed, that it turned the nails of his patients blue.

The time has, I think, now arrived, when we must look in another direction for an anti-epileptic remedy. We must turn our attention more particularly to those substances which are capable of being exhibited by inhalation, of being brought to bear upon the nervous system without being subjected to the action of the gastric fluid.

Ether and chloroform, it is now well known, are capable of being taken into the blood in this way. Some years ago I tried experiments as to their power of controlling the convulsions in-

duced by strychnine, and with the result of finding that they possessed that power very completely. As long as an animal is fully under the influence of ether or chloroform, no convulsion can be produced. I was thus led to try their inhalation in epilepsy. I have chiefly employed for this purpose chloroform, because it is less disagreeable to patients to take. The results of my observations so far, are these,—that in the more acute forms of epilepsy the inhalation of chloroform has considerable influence in controlling and modifying the attacks; it has also a very decided power over epileptic delirium; and over some of the concomitants of epilepsy, as the violent convulsive jerks of the muscles of both upper and lower extremities, which are always most distressing, and often very dangerous. It has a marked and immediate power over puerperal convulsions; and I am glad to see that my friend, Professor Simpson, of Edinburgh, sanctions, by his high authority, its use in such cases. It is also applicable, and with advantage, to the convulsions of infants, and to laryngismus stridulus.

There is no use in employing chloroform in epilepsy unattended by other symptoms, when the attacks are at uncertain times and at long intervals; nor do I advise you to attempt its use, unless the patient is fully under your control or will heartily co-operate with you. And, in cases where the heart is affected either functionally or organically, it should never be used. Its inhalation at two or three stated times of the day, exercises a very calming effect on the nervous system, diminishing its excitability very materially. But this must be carried on over a long period of time—many months, and even years; and the dose may vary from twenty to sixty minims, according to the effect produced, and you should aim at obtaining a gradual, not a rapid effect. The patient should always remain in the horizontal posture during the inhalation, and for at least half an hour after it.

You will expect me to say something on a proposal made within the last few years to open the trachea of patients suffering under severe epilepsy, with the two-fold object of preventing the fits, or of obviating their effect, in creating undue distension of the cerebral blood-vessels, if they should occur.

Before a proposition of this kind can meet with general favour from practical men, it must be satisfactorily proved that the hypothesis, or theory, if you will, from which the proposal emanates, is essentially sound, and next it must be shown that the operation is in itself one that is not seriously dangerous to life; and lastly, it ought to be in the highest degree probable that the attacks will not recur after the operation has been performed. It is, as you know, contrary to all principles of sound surgery to perform an operation unless it be for the complete removal of the disease, or at worst, to stave off the re-appearance of the malady to the latest period.

The hypothesis from which this proposal emanates assumes that the exciting cause of all the evil in severe epileptic paroxysms, is the contraction of the muscles of the neck and glottis, which induces and maintains a congested state of brain, which, in its turn, excites and keeps up the convulsions. I have elsewhere examined this congestion theory in detail, and I am not aware that the arguments which I then advanced against it have ever been fairly met. I have also shown, by experiment, that epileptic convulsions may be excited in dogs which had been freely tracheotomised previously, full provision having been made for the free ingress and egress of the air; and also in a dog in which the muscles of the glottis were paralysed by section of the recurrent nerve. These experiments the advocates of tracheotomy in epilepsy have found it convenient to ignore.

Again, I would ask, is tracheotomy either a very simple or a very safe operation? I do not think that the results of the operation either for other diseases, or for epilepsy, are very satisfactory. Patients often die from the effects of the operation, exhaustion, erysipelas, diffuse inflammation of the areolar tissue spreading into the mediastinum.

And, lastly, what are the prospects that, the operation having been done, the evil will not recur? This can only be ascertained by that which I cannot recommend, frequent experiments. I would only make this remark, that those who have the courage to try these experiments, and feel themselves justified in so doing, must carefully watch the results, and endeavour to draw a proper distinction between the actual physical effects of the operation, and that mental influence which, as I have shown you in a former part of this lecture, undoubtedly tends to stay the disease, when any new treatment is adopted, or any considerable change takes place in the patient's position and circumstances.

But, gentlemen, let us look on, and watch the results of these operations in the hands of others. No one will be more ready



to acknowledge himself in the wrong than I shall be, should it turn out that, in this proposal, an important remedy has been found for a most terrible malady.

In conclusion, I have to express my fears that I have drawn but a sorry picture of the power of our art to deal with this formidable disease. But let not this discourage you; and do not fall into the notion, nor countenance it any way, that epilepsy is an incurable malady, and that epileptic patients may as well be abandoned to their fate. There is no doubt that some may be completely cured, many very greatly alleviated, and that all should, as far as possible, be the objects of Medical scrutiny and care, with at least the object of finding out more and more of the natural history of the malady, and of the *juvantia* as well as the *laedentia*; and with a hope that, at some time or other, a remedy may be vouchsafed to us, or at least that we may gain some insight into the intrinsic nature of this formidable scourge of mankind.

## ORIGINAL COMMUNICATIONS.

### NAVY MEDICAL REPORTS

No. XXII.

#### BULLETIN OF THE HEALTH OF HER MAJESTY'S FLEET IN THE EUXINE DURING THE QUARTER ENDING JUNE 31—THE FIRST QUARTER OF THE WAR.

MEAN strength of the Fleet in line-of-battle ships, 8223; placed on the sick-list, 2478; total day-sickness, 27,298. Average number of days spent by each case on the list, 11.4; discharged cured, 2299; sent to Hospital, 74; died, 18; invalided, 21: per centage of sick, 30.5.

*Movements of the Fleet.*—Quitted the Bosphorus on the 24th of March with the first appearance of approaching moderation in the weather; waited for the declaration of war at Baldjik, in Roumelia. The middle of April appeared off Odessa, when the "attack on the Imperial mole" came off, with very little loss on the side of the Allied Fleets, on account of the longer range of their guns. The end of April and the greater part of May were spent off Sebastopol. 21st of May returned to Baldjik, compelled to resort there for water, where the Fleet has since remained to cover the landing of the army at Varna.

*The Climate.*—Until the beginning of May, the same wintry weather was experienced in the Euxine as previously in the Bosphorus,—cold, wet, snowy, the temperature averaging about 43.5 deg. Fahr.; but the sense of cold greatly exceeded the indications of the thermometer. From the beginning of May till the 18th, the ships were enveloped almost constantly in a heavy, dense fog; but with the disappearance of which fine, dry, clear, summer weather set in. Towards the end of June the temperature in the day-time was frequently tropical.

There have been two events worthy of notice in the sanitary history of the Fleet,—the numerous relapses of intermittent fever, and the appearance of scurvy.

*Intermittent Fever.*—The original ague was contracted at Besika Bay last year, while the Fleet was anchored off the marshy plains of old Troy. In the larger ships, with a mean complement of 6149, there took place between the 1st of August and the 22nd of October, 1360 cases; but of these only 9 terminated fatally, and which had degenerated to the remittent type.

Relapses of this ague continued to recur, from various causes, in the Bosphorus, during the winter; but, in the month of May, and mostly during the fog, 235 cases were returned, and they were, with scarcely any exception, relapses. This fog could not have been, therefore, the vehicle of malaria, although it is said to emanate from the swampy banks and shores of the Dnieper, and the Sea of Azov, and to be brought down by the easterly winds. While the fog prevailed, for days in succession, it had a very depressing effect on the system; and in this way brought about such numerous relapses of intermittent fever.

*Scorbutus.*—When the fleet entered the Black Sea, in March, their systems were not saturated, so to speak, with fresh provisions, only five days a-week of fresh beef and vegetables having been issued to them during the winter, on account of the embarrassment soon brought on the resources of the district by the sudden appearance there, in November, of the Allied fleets, with 20,000 men on board. Also, while in the Bosphorus, on account of the state of the weather, the lower-deck ports had to

be kept almost constantly closed, which interfered seriously with the ventilation below. For these reasons, the crews, although not sickly, were not in a thoroughly sound state of health, when the fleet entered the Black Sea in March, to encounter, on *salt provisions*, the same bad weather, and still greater hardships.

With the beginning of May, after only thirty-seven days on salt provisions, and notwithstanding the regular issue of lime-juice, according to the Queen's regulation, scurvy appeared,—at first, as merely the scorbutic diathesis in men debilitated by numerous relapses of ague, but, at length, as true scorbutus, occurring in healthy and robust subjects. But this speedy appearance of the disease is to be attributed to the exaggerated meteorological causes of scorbutus in the Euxine,—low temperature, humid atmosphere, etc.

When a few cases in most of the larger ships had appeared, the summer set in; the sun, gaining strength, dissipated the fog; and the fleet, being compelled to resort there for water, obtained, at Baldjik, supplies of fresh provisions; at first, indifferent beef and good onions, but, soon afterwards, good beef, and a mixture of onions and green vegetables, before which all traces of scurvy soon disappeared. The present arrangements of the Commissariat will insure abundant fresh supplies for a considerable time.

Hemeralopia was a common precursory symptom of scurvy in this instance. Whereas, between the 1st of January and the 30th of April, not one case of hemeralopia was returned by the whole fleet; during the month of May, the epoch of the scorbutic diathesis, only 25 cases were returned by five of the ships.

At first, before the disease was recognised as a premonitory symptom of scurvy, it was, in some instances, treated actively, with bleeding, cupping, purgatives, blisters, when benefit was only temporarily and slowly obtained; but, when afterwards (the alarm of scurvy having been in the meantime sounded,) it was treated with lime-juice and vegetable diet, the results were a rapid and permanent cure.

Mistakes are frequently made at sea with respect to hemeralopia. The ship arrives in port opportunely fresh provisions are obtained, the hemeralopia cured, and the presence of scurvy never suspected.

Great importance being attached at present to the health and well-being of our fleets, a short statement of the preparations that have been made for the health-service of the fleet, and the eventualities of the war in the Euxine, will not be an inappropriate conclusion to this brief bulletin.

When the fleet appeared in the Bosphorus in November, a large house was obtained from the Sultan, situate at Therapia, the most healthy spot on the Bosphorus, and admirably adapted in every other respect for a temporary Hospital. It was furnished immediately with fifty beds from Malta. This sufficed for the winter, as all the chronic cases were sent to Malta, where they had the advantage of a more genial climate, and the best Hospital accommodation. In March, when a state of war appeared to be approaching, fifty more beds were brought up from Malta, and with the commencement of hostilities, the Hospital accommodations were extended to 150 beds; and can be easily extended to more than 200.

The Euxine is more a lake than a sea; and the wounded of any action that may take place here will be conveyed in steamers with troop-decks to the Bosphorus in a few hours. The sick of the fleet are now sent, in the first instance, to Therapia; the chronic cases, and such others as would be benefited by the change, are afterwards, as opportunities occur, transferred to Malta; hence, the average number of patients at Therapia ought not to exceed, excepting in the event of a general action, more than about thirty.

## ON CHRONIC AND PERIODICAL HEADACHE.

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[Read before the Harveian Society.]

OCCASIONALLY it almost appears as if an inverse ratio existed between the danger threatened by a given disease and the pain accompanying it. Certain it is that many of the most fatal maladies are not marked by a proportionate amount of suffering, and that many which are ushered in by bodily anguish lose this feature in a great measure as the "day of nothingness" approaches. Pain is a valuable indicator to the Physician of



hidden processes; but, at the same time, it is one which in its turn requires to be measured, in order to be appreciated by the observer at its real value; and for which, unfortunately, we possess no standard, except that afforded to us by an intimate knowledge of the individual before us, or a vague, empirical acquaintance of human nature at large. An "odynometer" would be of vast service in reading the history of disease; but we must advance much beyond our present understanding of the nervous system before we can expect to meet with an invention of this kind. Whether, however, the pain be represented by a known quantity of greater or less magnitude, it is invariably sufficiently unpleasant to the sufferer to desire some means of speedy relief, and this very natural wish is readily responded to by sympathising friends or more scientific *Æsculapii*. But the apparent urgency of the symptom is the very feature which often induces the patient to employ his remedies inconsiderately and at random, while it places him at the mercy of persons who are intent upon their own advantage rather than upon the other's relief.

Pain is the sentinel of health. Pain, to employ Romberg's oriental imagery, is the prayer uttered by the nerve for healthy blood. Pain was placed by our Maker as the beneficent guardian of this mortal fabric, a warning friend more often than an avenging angel. But none of our feelings or our emotions are isolated; nor is there one which is not, more or less, under the domination of the higher powers of the mind. Though pain be but a physical manifestation, the actual suffering may be much exalted or diminished by the intellectual and moral force brought to resist its encroachment. This is an element that we practically regard every day, in estimating the importance of the symptom in this or that case; but as we are commonly free from suffering at the time we have to judge our patient's condition, we are rather apt to demand a greater exercise of self-command and resolution from him than may be quite just; nor is it always the case that those who show least sympathy to others have themselves the greatest powers of endurance in the time of need. The significance of pain, then, varies in different individuals, as it varies in different classes, or in the same individuals at different ages, no less than its expression. The susceptibility to pain is probably greatest immediately after birth, though the actual suffering cannot have attained its climax until the mental powers are so far developed as to allow of the feeling of conscious apprehension. During the first years of life, spasmodic action appears to be the form in which the nervous system, as it were, responds to the tax made upon it. As life advances, the capability of endurance increases; but an excess of pain is met by a temporary arrest of the powers of perception, and the sufferer is relieved by syncope. I need not now enlarge upon the difference displayed in this respect by the two sexes. We all know the fortitude exhibited by those who, though more fragile in form and constitution, appear, in times demanding a moral effort, to bear pain better than the sons of Adam; and yet these sons, using their prerogative of power, have made it a by-word to bear pain like a woman. It would almost seem as if she were trained, by the many minor aches that she is subject to, to the endurance of great suffering; they certainly contribute not a little towards rendering her the sympathising comforter, whose very look is a healing balm in the dark day of weariness and pain.

I have ventured to make these preliminary remarks as an excuse for devoting such consideration as the necessary limits of the occasion will permit, to some of those morbid states which are characterised by pain, confined to one—the most important—part of the body, the head. Headache, like pain experienced elsewhere, is not a disease, but a symptom of disease; and yet it is so commonly the only sign recognised by the patient, that it is constantly exalted to the rank of disease itself. The one great difficulty already alluded to, in appreciating the value of pain as a symptom, is, that it belongs entirely to the class of subjective phenomena; it is in no way physically tangible. The difficulty in the present instance is much enhanced by the inaccessible character of the organ or organs belonging to the head. While its presence in the abdomen, thorax, or extremities, may be more closely investigated, and its accompanying symptoms more accurately defined by means of direct appliances, we are much more limited to what the lawyer terms circumstantial evidence, in order to establish its intensity, its character, its relations to other morbid phenomena, when affecting the head. Much of what we regard as acknowledged fact in this domain of pathology is yet but hypothetical; there is still more that no one has yet attempted to withdraw from the range of mere conjecture. But while this is only an argument in favour of our making the subject one of earnest consideration, it warns me not to increase the obscurities already surrounding it by increasing the hypo-

thetical structure. I have carefully gone through the numerous cases which I have recorded in my own practice, in which headache was the prominent symptom, and to some of the conclusions at which I have thus arrived I shall beg your considerate attention.

A question that meets us on the threshold of the subject is one that fortunately no longer admits of an ambiguous answer. It is, whether the absolute amount of blood contained within the cranium varies. The practice of all ages negated the supposition, that the quantity of blood within the skull was always the same, until the apple of discord was thrown in by some experimenters, among whom Dr. Kellies' name stands foremost. He has, however, been completely refuted by Dr. Burrows,<sup>(a)</sup> who meets Dr. Kellies' views by experiments and arguments of a most convincing character. Dr. Burrows' summary is, that "experiments and physiological considerations lead us to the conclusion that the quantity of the blood within the cranium is extremely variable at different times and under different circumstances." This statement is in no way opposed by the fact, that the total contents of the cranium must at all times be a nearly constant quantity; for there are various mechanical provisions which are evidently destined to keep up the balance when a change in the amount of one or the other constituents takes place. One of these is the meningeal serosity which may freely pass from the spinal to the cerebral cavity, and is immediately under the influence of atmospheric pressure in the former. Another is the venous *rete mirabile* contained in each lateral ventricle, known to you as the choroid plexus, and capable of very considerable distension or contraction, according to the amount of blood contained,—a safety-valve of very remarkable construction, and capable of aiding the system, not merely as a receptacle of blood, but also by the secretion of various matters, the accumulation of which would be injurious to the constitution. We allude not merely to serum, but to the concentric bodies containing phosphate of lime, and to epithelial growths that are so frequently found in or about the plexuses. Another provision consists in the extreme elasticity of the white matter of the brain, secured by its canalicular structure, no less than by what my researches have led me to regard as the peculiar conformation of the bloodvessels of this portion of the brain. This last point is not one for present consideration; but, in the case of any member of our Society having turned his attention to the circulation within the brain, I would request him specially to attend to the arrangement of the minute vessels, with a view to determining whether or not they present enlargements resembling reservoirs, fed and emptied by numerous conduits of much smaller dimensions than themselves.

Nothing is of more importance in reference to the pathology and therapeutics of the head than clear and well-defined notions on the physiological subject of the circulation within the cranium; for, among the various sources of Medical scepticism, no one is more puzzling or more destructive of logical practice than a contradiction between the doctrines of physiology and the daily practice of Medicine.

What Hippocrates said of spasm—

"Σπασμός γίνεται ἢ ὑπὸ πληρώσεως ἢ κενώσεως,"

—that it results either from fulness or emptiness, or, to use more modern terms, from hyperæmia or anæmia,—applies equally to headache; but, to embrace all the causes of this affection, we must add a third element, which, though most commonly complicating one of the above circumstances, is not necessarily included in them, viz., a change in the constitution of the blood. Dr. Bennett<sup>(b)</sup> is of opinion, that "headache is always occasioned by pressure, which probably arises from local congestions of blood, although the causes tending to these, or the means by which they are produced, are yet unknown." This view, if correct, would simplify our pathology of the subject, as well as our treatment; but, while it applies to a majority of the cases of headache that come under our notice, it is far from universal, and, unless received with considerable qualifications, would perpetuate the exclusively antiphlogistic proceedings from which therapeutics appear to be emerging. This remark is borne out by the experience of Sir Henry Holland,<sup>(c)</sup> who, in speaking of headache, says, that "many of its varieties are as little defined by our knowledge of their causes as by the terms used in describing them; though probably the greater number depend on different conditions of the circulation through the brain; of which conditions, that of congestion or retarded circulation, varying in degree and in the vessels in which it occurs, is presumedly the most frequent."

(a) On Disorders of the Cerebral Circulation. London. 1846.

(b) Tweedie's Library of Medicine. Vol. II., Art. "Cephalalgia."

(c) Medical Notes and Reflections, p. 48.



The same author, advertent to vertigo as a frequent concomitant of cerebral affections, speaks of it "as a symptom which often conveys alarm, from the idea of pressure on the brain, and leads to immediate depletion under this view. In some cases," he continues, "the inference and practice are just and beneficial; but there are others, (and these, as I think, of frequent occurrence,) where vertigo is the effect of causes wholly remote from fulness or over-action, being, in fact, a step towards syncope, and a proof of exhaustion of the nervous power; here we require, not bleeding, but cordials, to restore the brain; and a wrong practice may lead into serious danger."

The three essential points upon which we would insist, as requiring our first consideration, in forming an opinion upon an individual case of cephalalgia, are, whether the *causa proxima* consists in an increased afflux of blood, in a diminished amount of blood, or in a specific dyscrasia. None of these matters can be discussed otherwise than hypothetically, without some previous history of the case; the external appearance of the patient, though a guide, is often fallacious; and though we might, in marked instances, determine, by the light of empirical experience, whether we have to deal with hyperæmia or anæmia, the frequency with which dyscrasic conditions of the blood constitute an essential element in the causation of headache is so great, as to greatly influence the results of our practice, according as we attend to it or neglect it. Romberg,<sup>(a)</sup> in speaking of the difficulties attending the physical exploration of the brain in cephalalgia, which he treats of simply as hyperæsthesia, states, that "one means of approach has been overlooked which we ought certainly to avail ourselves of: it is a fact, that during every vigorous and long-continued act of expiration the brain is elevated, the cerebellum being pressed against the tentorium, the cerebrum against the cranial bones; the old Surgeons, acting upon a knowledge of this circumstance, recommended their patients who suffered from penetrating wounds of the cranium to cough violently, or sneeze, in order to promote the discharge of blood or pus. We may therefore employ continued expiration, or holding the breath during expiration, in cerebral diseases, especially if it affects the surface, as a sort of substitute for the external pressure, which we so frequently have recourse to in the exploration of the abdomen or thorax. The patients alluded to generally complain of the headache being brought on by straining or defecation. For the purposes of diagnosis, we cause the patient to imitate this effort, by holding the breath for some time during expiration, while the abdominal muscles are contracted. This at once brings on the pain, or if it was present increases it to the utmost. The same occurs in screaming, coughing, and vomiting. Similar experiments may be instituted during inspiration, during which the brain falls and approaches the base of the skull; we may thus obtain some information on the diseases affecting the base of the cerebrum and cerebellum."

## CLINICAL OBSERVATIONS ON SURGERY.

By R. H. MEADE, F.R.C.S.

Surgeon to the Bradford Infirmary.

1. *Urinary Calculus, Adherent to the Walls of the Bladder, removed by Lithotomy.*—John Crowther, aged 62, was admitted into the Bradford Infirmary, under my care, on the 14th of September, 1852, with symptoms of stone, and on passing a sound a calculus was at once detected. He had suffered from irritation of the bladder for many years (nearly twenty) but it had not been so severe as to prevent him from attending to his work (that of a labourer in the Low-moor Iron Works) until within a few months of his admission, when his health had given way considerably, and he had become tormented with an incessant desire to empty the bladder.

On examination of the urine it was found to contain a considerable quantity of ropy mucus, and after standing a short time became highly alkaline; it also deposited a copious phosphatic sediment, which, under the microscope, was seen to consist of crystals of triple phosphate (some of which were of a very large size), and amorphous particles of phosphate of lime. The coats of the bladder were weak and dilated, a large quantity of urine being always retained, which the patient was unable to expel; but by examination through the rectum and urethra, this was found to be independent of enlargement of the prostate gland. The specific gravity of the urine was healthy, and there being no decided symptoms of disease of the kidneys, it was

thought that the calculus might safely be removed by operation; and the case not being considered a favourable one for lithotripsy, the patient at once consented to have lithotomy performed.

He was kept in the Infirmary for a fortnight previous to the operation, during which time he took the mineral acids with opium, and was given a generous diet, under which treatment his health considerably improved, the irritability of the bladder and the deposition of the phosphates being lessened.

The operation was performed on the 1st of October, 1852, and nothing unusual occurred in its progress until the stone was grasped in the forceps, when a sensation was communicated to the hand, as if it was breaking down in the instrument; and considering, from the state of the urine, that it was probably composed of the mixed phosphates, and, therefore, soft and friable, I at first thought that this was the case; but I almost immediately noticed that the distance between the handles remained unaltered, and, gently withdrawing the forceps, the stone was extracted without any difficulty. It was now seen that the calculus had been adherent to the coats of the bladder, and that its separation had communicated the sensation in question.

The place of attachment was out of the reach of the finger, the patient being a short and rather fat man, with a deep perinæum; but, on the re-introduction of the forceps, a rough surface could be felt on the posterior wall of the bladder, from which another small portion of calculous matter was removed.

The man recovered from the operation without any serious symptoms, but the wound was rather longer than usual in healing, and he continued for some time in a weak state of health, the urine still depositing a phosphatic sediment. He was discharged from the hospital two months after the operation, but was several months more before he completely recovered; he eventually did so, however, and I have seen him several times lately; and find that he is able to follow his usual occupation, and is now quite free from all irritation of the bladder. When it was found that the calculus had been adherent to the posterior part of the bladder, it was remembered that before the operation the stone could only be felt with the sound, when the latter was held in a particular position, viz., with the handle depressed as far back as possible between the patient's thighs, and this was especially noticed when the patient was in the recumbent position; it excited, however, no particular attention at the time.

The calculus presented some points of interest independent of its adhesion to the bladder. It was orbicular, and depressed in shape, measuring nearly an inch and a-half in its transverse diameter, but not quite an inch in thickness. It was attached by a kind of peduncle to the bladder, the adherent surface not being more than half an-inch in extent. The exterior was of a pink colour, when recently extracted, and highly crystalline in structure, being composed of crystals of an unusually large size. On being analysed by Mr. Thomas Taylor,<sup>(a)</sup> it was found to consist of nearly pure crystalline phosphate of magnesia and ammonia, capping a small mass of the mixed phosphates. The stone has been deposited in the Museum of St. Bartholomew's Hospital.

The above case is chiefly worth recording, on account of the rarity with which a stone is met with adherent to the coats of the bladder. All authors agree that this is very seldom found, and though such cases are alluded to, I can find few or none distinctly recorded.

Sir B. Brodie says, in his lectures on the Diseases of the Urinary Organs, "You will hear not unfrequently of calculi which adhere to the bladder; but you may be assured, nevertheless, that this is a very unfrequent occurrence. Ask all experienced Surgeons, and they will tell you what I tell you now, that adhering calculi are rare. It is not very uncommon to find a diseased bladder, a portion of which is incrustated with calculous matter; but that is a very different thing from an adhering calculus, and not likely to be mistaken for a stone in the bladder." (Edit. 3rd, p. 260.) He then goes on to explain how this incrustation of the bladder takes place, but he says nothing respecting the mode in which calculi can become adherent; except in one case, in which he removed a stone which was fixed to the inner surface of the bladder, and arose in consequence of an original malformation; the calculous matter having formed round a small portion of bone, and two imperfectly formed teeth.

I am indebted for the most probable explanation of the mode of attachment of the calculus to the bladder that can be offered

(a) On Nervous Diseases, Syd. Soc. Ed. Vol. I., p. 159.

(a) Author of the "Catalogue of Concretions," in the Museum of the Royal College of Surgeons.



during the life-time of the patient, in the case I have related, to my friend Mr. Paget, of St. Bartholomew's, to whom I sent the stone. He says in a note which I received from him:—"I think it very likely that the broken part was once continuous with another portion contained within a pouch of the bladder, and of course remaining there still. The mass removed is too heavy to have been held in position by mere adhesion with incrustated calculous matter." The stone had probably been once entirely encysted, and then produced comparatively little irritation; but one portion of it being exposed to the action of the urine, had gradually increased in size by the successive deposition of crystals on its surface until it gave rise to so much pain and general disorder of the health as to lead to steps being taken for its removal.

2. *Impermeable Stricture of the Urethra Cured by Division in the Perinæum.*—I was consulted in October, 1853, by a man about 50 years of age, who was suffering from stricture in the urethra. The disease had existed for twenty years, and he had been in the habit of passing a bougie himself, at intervals, until within the last two years, during which time the symptoms had become worse, and no instrument had been passed into his bladder. Previously to his consulting me, he had been for several months under the care of another Surgeon, who had repeatedly tried to introduce a bougie, both while the patient was under the influence of chloroform and otherwise, but without success.

The man was in comfortable circumstances, and had been a printer by trade, but had been unable to follow his occupation for some time. Formerly he had suffered from confinement in hot rooms; his hand was tremulous, and he was altogether in a delicate nervous state. On introducing a bougie into the urethra, I found an excessively irritable and sensitive state of the whole canal, which made it even difficult to reach the stricture. When I did so, I found that it was seated in the posterior part of the urethra, behind the bulb, and considerable thickening and induration could be felt in this situation through the perinæum and from the rectum. There seemed to be a great tendency to spasm, and the slightest pressure of the instrument on the stricture caused great pain. He said that he always made water in a very fine stream, and frequently only in drops; that both night and day there was almost constant inclination to empty the bladder, and the attempts to do so were always accompanied by great straining and forcible involuntary action of the bladder. During the last two years he had been subject to repeated attacks of spasmodic retention of urine, requiring the frequent use of opiates, (both by the mouth and in suppositories,) and the warm bath, for their relief.

On examination of the urine, I found that it contained numerous large crystals of oxalate of lime, and deposited a considerable quantity of ropy mucus; its specific gravity was also unnaturally low. With a view to relieve the irritable state of the bladder and urethra, by rendering the urinary secretion more healthy, I ordered him to take some nitro-muriatic acid, put him upon a proper system of diet, and wished him to remain quiet for several weeks, no further attempt being made at present to pass a bougie.

At the expiration of a month, I found the urethra rather less irritable, and the patient said that he had suffered much less from spasms since he had taken the acid. I now tried to pass a small metallic bougie through the stricture, but though it penetrated into it for a short distance, and was very tightly grasped, I could not get it through. I still hoped, by persevering in the use of a silver sound or catheter, in the method recommended by Sir B. Brodie, (pressing the point firmly and steadily against the stricture, and continuing the pressure for some time every few days,) to succeed at last. I found, however, that the stricture and the whole of the urethra were so exquisitely tender, that though I used very trifling pressure, the patient suffered so much for several days after every attempt, that he could not summon resolution to have the trial repeated for a week or ten days, or sometimes more, so that no progress was made.

I also applied a small portion of potassa fusa to the stricture; but instead of doing good it greatly increased the irritation, and brought on retention of urine. About two months after I first saw him, a small abscess formed in the perinæum, which burst and was succeeded by a fistulous opening, through which a few drops of urine escaped when he made water.

The man was very anxious that something should be done, and had made up his mind to go to Edinburgh, and put himself under the care of Mr. Syme, unless I could relieve him. I told him, that I thought the best way would be, to divide the stricture in the perinæum, and thus introduce a catheter into

the bladder; and, though it was a proceeding of some difficulty and danger in a case where no instrument could first be passed through the stricture, still it might be accomplished, and would afford a fair prospect of permanent relief. He readily consented, and with the assistance of my friend Mr. Coates (the late House-Surgeon of our Infirmary,) I performed the operation as follows, on the 14th of Feb., 1854. After administering chloroform, and fastening the patient in the position for lithotomy, I introduced a grooved staff of rather small size down to the stricture. The tissues in the perinæum were hard and thickened, so that, though he was a thin man, there appeared to be a considerable depth of parts covering the point of the instrument. I now cut down upon the extremity of the staff, and after dividing the textures in the raphé fully to the depth of half an inch, I got into the groove. I made an opening in the urethra sufficiently large to introduce the point of my finger, and endeavoured to pass a small grooved probe through the stricture, from the wound towards the bladder, but without success. Could I have done so, it would have been easy to have laid the strictured part of the canal open, by running a small knife along the groove towards the bladder. Finding that the stricture was impermeable, I introduced the fore-finger of my left hand into the rectum, and feeling for the prostate, took a small straight and narrow bistoury in my right hand, and passing it by the wound into the urethra, thrust it onwards in the natural direction of the canal, for nearly an inch towards the apex of the prostate gland. I now pushed on the staff in the line of my incision, and had the satisfaction to find it enter the bladder. The staff being removed, a No. 8 silver catheter was introduced in its place with a little trouble, and clear urine flowed through it.

There was very little hæmorrhage during the operation, and all bleeding appeared to have ceased before the patient was removed to bed; in the evening, however, a little blood flowed through the catheter, which was retained in the bladder. On the following day (15th) he was quite easy, the urine was clear, and there was no constitutional disturbance.

On the 16th he was not quite so well; the catheter appeared to be producing a good deal of irritation of the bladder, and the flow of urine through it was impeded by portions of clotted blood and ropy mucus; I therefore removed it, and introduced an elastic gum one in its place. The pain and irritation continuing, the patient took this out of the bladder himself during the night, and on the following day I found considerable difficulty in re-introducing it, for a good deal of inflammatory swelling had occurred in the neighbourhood of the wound. The attempts which I made brought on considerable arterial hæmorrhage, and I was obliged to put the patient under the influence of chloroform, when I succeeded in getting a silver catheter into the bladder, and then restrained the bleeding by plugging the wound round the instrument with lint soaked in tincture of matric. There was no return of hæmorrhage; I allowed the catheter to remain for five days in the bladder, when I removed it, and introduced an elastic one in its place without any trouble, which I kept in for six days more. The wound in the perinæum had by this time almost closed, only a few drops of urine escaping from it when the patient evacuated the bladder; and there appeared no further necessity to retain any instrument in the urethra; I was, therefore, content with passing one daily for another week, and then taught the patient to introduce one for himself on alternate days, which he soon managed without any difficulty. At the expiration of a month from the time of the performance of the operation, a No. 8 catheter (as large a one as the orifice of the urethra would easily admit) entered the bladder with the greatest facility, so that from the sensation communicated to the hand it would not have been known that there had ever been a stricture.

Three months after the operation, there was no tendency to contraction of the canal, but I recommended him to continue the use of the bougie constantly, introducing it every two or three days. A small fistulous opening still remained in the perinæum, but this occasioned so little inconvenience, that I could not persuade the patient to submit to any further treatment for its removal, as the application of a heated wire, etc. His general health had greatly improved, the irritability of the bladder had almost subsided, he had become stout and strong, and was able to follow his usual occupation.

I have been induced to relate this case from the acknowledged difficulty of treatment which exists, when a very tight stricture is combined with great irritability of the urethra, rendering the introduction of bougies almost impossible. No exact rules can be laid down for the management of such cases, but the Surgeon must be guided in each individual case by his own judgment, and select such a mode of operation as may appear best fitted



for the occasion. Something, perhaps, may be learned, especially by the young Practitioner, from the perusal of detailed cases, and from a description of the particular steps followed in each operation.

Bradford, Yorks, June 7, 1854.

## RADICAL CURE OF AN ENORMOUS HYDROCELE.

By DR. GRASSI, of Alexandria.

[Communicated by Mr. J. F. OGILVIE, of Croydon.]

PAOLO DI GIORGIO, shoemaker, from Caramania, aged 36, presented himself to Dr. Grassi, of Alexandria, in the middle of May, 1853, with a large scrotal tumour, about eighteen inches in transverse diameter, and reaching to the level of the knees, of smooth surface, excoriated at some points, and possessing a certain degree of elasticity and feeling of fluctuation, but not at all diaphanous. The penis was altogether hidden, and the testicles could not be felt through the thickened walls of the tumour. It was diagnosed without difficulty to be a hydrocele, and considering all the circumstances of the case, Dr. Grassi resolved on an operation similar to that he had often before practised in cases of elephantiasis of the scrotum; but in order, in the first place, to ascertain the position of the testes, and so be able to avoid wounding them, it was determined, in consultation with Dr. Frias, to evacuate the fluid in the first instance, which was accordingly done, and fifteen pounds of limpid serum drawn off. The testes were now found to lie close to the inguinal rings.

In order to give a chance, remote as it was, of cure by the usual method, a certain quantity of tincture of iodine and warm spirit was thrown in, which caused very slight pain to the patient, but, as had been anticipated, the fluid was reproduced in a short space of time.

On the 29th, Dr. Grassi performed the following operation:—The patient being placed as for lithotomy, Dr. Grassi, with a double-edged knife, formed two flaps, each about three inches in length, one in the right and the other on the left of the tumour, by transfixing on each side from the root of the penis to the perinæum, and cutting downwards and outwards. A small triangular flap was also formed at the root of the penis, between the others, and the remainder of the mass removed by one sweep of the knife. This was accomplished in a minute and a-half; only two small arteries required ligature. The testicles were now visible, the right somewhat atrophied. The flaps were approximated, and secured by ten or twelve sutures, plaisters, and compresses applied, and the whole supported by a suspensory bandage.

At the end of forty-eight hours great part of the wound was found united by the first intention. The last ligature came away on the twelfth day, and the patient was pronounced quite cured on the twenty-third day, previous to which, namely, on the twenty-first, says Dr. Grassi, "Fu in grado di soddisfare ai piaceri matrimoniali."

The portion removed weighed four pounds. The integuments and tunica vaginalis were much condensed, and cut with difficulty.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### SERIES OF CASES OF ABDOMINAL TUMOURS.

By degrees there has accumulated in our Hospital note-book an extended series of cases illustrative of the less frequent forms of abdominal tumours. Including, for convenience' sake, under the term "tumour," all affections distinguished by local tumefaction, we now propose to classify the series alluded to, and to bring before the attention of our readers a selection of the more instructive cases which compose it. Apart from the comparative rarity of their occurrence, the difficulties which often attend both the diagnosis and the treatment of abdominal tumours, render the subject one of great interest. Commencing with tumours consisting of inflammatory products, either purulent or fibrinous, we shall next glance at hypertrophies of viscera, and at accumulations within them, and then pass on to those coming in

a more strict sense within the category, viz., aneurisms, hydatid cysts, and malignant and other growths. Intending to append, either to individual cases or to the separate groups, such explanatory comments as may there appear necessary, it will not be needful to here make any prefatory observations, and we may accordingly commence the series without further prelude.

## ST. THOMAS'S AND THE MIDDLESEX HOSPITALS.

### CASES OF TYPHLEITIS.

THE learned terms Typhlitis and Perityphlitis (*τυφλον* cœcum) are the names by which is designated a disease which consists in inflammation of the cellular tissue around the cœcum. The affection, although unrecognised until quite of late years, is one which is not very infrequent, and possesses well-marked features, and as the names bestowed are expressive, and at the same time not inelegant, there can perhaps be no good reason against their general adoption. The reasons why this portion of the intestinal tract should be liable to inflammations of peculiar and isolated nature, become evident when its anatomical relations are considered. First, there is the ileo-cœcal valve, very likely to obstruct occasionally matters in their onward passage; secondly, the large pouch of intestine, well fitted to permit of irritating accumulations of fæces; thirdly, the vermiform appendix subject to impactions, and capable when malplaced of partially strangulating the gut to which it is attached; lastly, around all this complexity of structure there is an unusually large amount of loose cellular tissue, from its nature prone to be the seat of inflammatory effusions. Dr. Burne, to whom the Profession is indebted for some of the earliest published information on this subject, gives cases which exemplify the actual influence of each of these hypothetical causes. (a) In the great majority of instances, however, the disease depends not upon one, but upon several of these causes combined. A portion of undigested food is refused passage at the ileo-cœcal valve, and thrown back into the cœcal pouch, becomes the nucleus around which a fæcal accumulation forms, which occasions obstruction, and ultimately inflammation of the bowel results, attended by copious effusion into the tissue surrounding it. Cases of this nature must have fallen under the observation of most experienced Practitioners. A patient complains of pain in the lower part of the right side of the belly, which, after gradually increasing for several days, has at length become very severe; he is feverish, and generally there is an account of the bowels having been more costive than usual. On examination, a diffused, softish, and very tender swelling is found in the iliac fossa. Leeches are applied, and a brisk purgative given. In a few days the symptoms are quite relieved, and the tumour has vanished. Such is the more ordinary course of these cases, but every now and then more serious results ensue, and actual suppuration takes place. The cases in which abscess forms are probably either those in which the disease has been neglected, or the patient's constitution is peculiarly irritable, and those in which the exciting cause is the impaction of some foreign body, which cannot be removed by purgation, as of a bone in the cœcum, or a fruit-stone in the appendix. This latter class are of course the most serious, since, as the cause is almost irremediable, the abscess will probably never close. As illustrations of the milder form of the affection, we may cite the following cases, in the first of which the formation of an abscess was probably very narrowly escaped.

### Case 1.—SUBACUTE TYPHLEITIS.—ANTIPHLOGISTIC AND PURGATIVE TREATMENT.—RECOVERY.

[Under the care of Dr. BENNETT.]

David Davis, a grocer's shopman, aged 20, of sanguine temperament, and accustomed to enjoy good health, was admitted into Jacob's Ward on Sept. 28, 1852. He was suffering from general fever, and complained of much pain in his abdomen. On examination no tumour was perceptible to the eye; but, in the right iliac fossa, the finger detected a diffused resistant swelling nearly the size of a fist, over which pressure gave great pain. Light percussion over this lump elicited a dull note. The opposite side, and indeed all other regions of the abdomen, were soft, flaccid, and quite free from tenderness. The skin was hot; face flushed; pulse 94, sharp and resisting; urine high coloured

(a) As it does not come within the scope or object of the present report to attempt to include the published experience of others, we must be content to refer the reader to Dr. Burne's valuable papers, which may be found in the "Medico-Chirurgical Transactions," Vols. 20 and 22.



and scanty; tongue covered with thin creamy fur. On inquiry as to the action of the bowels, it appeared that they had, according to habit, acted regularly twice a-day, and that the stools had displayed their usual appearance. The patient stated that his illness had commenced nine days before his admission by a feeling of general uneasiness in the belly, which ultimately became fixed in the right flank. He had noticed that there was in that situation a very tender swelling, and several relays of leeches had been applied over it. It was impossible, from the pain which manipulation occasioned, to make an examination of the swelling such as might determine whether or not it contained impacted fæces; but, were such the case, its diffused boundaries and its immobility made it evident that much effusion around the bowel existed also. Dr. Bennett ordered a pill containing two grains of calomel and five of Dover's powder, to be taken twice daily, and a large poultice to be applied over the whole right half of the abdomen.

29th.—Has passed a restless night. His condition, general and local, much the same as yesterday. To repeat the pills, and to have ten leeches applied over the tumour.

Oct. 2.—The pyrexial disturbance is much diminished, and the tenderness around the swelling is not nearly so acute as it was. The tumefaction is much diminished in extent, and, owing to the subsidence of the tenderness, its boundaries may now be much more easily felt. The bowels have throughout been open, and the motions are not constipated. Pulse 72, full; tongue almost clean; urine high coloured. To continue the pills, and at night to have a brisk cathartic enema.

6th.—He has much improved since last note; but, notwithstanding that the enema acted very freely, yet but little influence on the tumour was apparent on the following day. The latter is now gradually diminishing, but has not yet quite disappeared. Ordered:—a draught, containing ten grains of the bicarbonate of potash and half-an-ounce of decoction of aloes, to be taken three times daily. A blister to be applied over the swelling.

15th.—He is to-day discharged at his own request, having quite regained his usual health. Careful manipulation in the region of the tumour still, however, detects the remains of slight induration, but there is not abnormal tenderness.

The swelling and induration were in this case very well marked, and could only result from one of two conditions,—either accumulation within the bowel, or effusion around it. The circumstance that they originated and continued to exist despite the free action of the bowels, and were not perceptibly diminished by the purgative enema, which was employed as a tentative remedy, are against the former supposition. In favour of the latter, are the gradual formation of the swelling, with symptoms of inflammation, and its gradual decline under antiphlogistic measures; its acute tenderness, and the general pyrexial disturbance throughout, also support the same conclusion. It is not improbable but there might be some amount of fæcal accumulation; but that the great proportion of the tumefaction was from effusion into the sub-peritoneal tissue there appeared but little room to doubt. With regard to treatment, Dr. Bennett was inclined to think that the constant local employment of warmth and moisture, in the form of a large poultice, had been of important service. The case was one in which, probably, the formation of an abscess was but just avoided.

The next case which we have to relate is almost the parallel of the above; it occurred in the Middlesex Hospital.

#### Case 2. — SUB-ACUTE TYPHLITIS. — ANTIPHLOGISTIC TREATMENT—RECOVERY.

[Under the care of Mr. SHAW.]

Daniel Collins, aged 22, a robust man, was admitted on March 1, 1853, on account of a painful swelling in the iliac region of the abdomen. It appeared that he had been a week ill, and his first symptoms had been a sharp rigor, attended by severe pain in the right side of the belly. His bowels, which usually acted once daily, had, previous to this attack, not been relieved for upwards of forty-eight hours. Considering that his illness arose from constipation, he took a large dose of jalap, which purged him freely but gave no relief. Subsequently he put himself under medical care, and was further purged, and had mustard plasters applied to the affected part.

When admitted, he was feverish and had a coated tongue. The swelling, which was very easily perceptible, was firm, ill-circumscribed, and very tender. There had been no rigors since the first. As the purgative plan had been unavailingly employed before admission, Mr. Shaw did not think it advisable to push it further. Fomentations were ordered to the belly, the patient was confined to a broth and farinaceous diet, and small doses of

mercury with opium were exhibited. On the fourth day all feverishness had disappeared, and the swelling was much diminished, and in the course of about ten days the man might have been considered well. As in the previous case there was a certain amount of induration, which remained after the other symptoms had passed away.

We might collect numerous other cases of almost similar nature with the above, but, as they are selected merely as examples of a not very infrequent affection, it does not seem worth while to multiply them. In a third case, which occurred under Dr. Roupell's care in St. Bartholomew's Hospital, and the notes of which are now before us, the patient was a man, aged 27, who had suffered for twelve days prior to his admission, during the whole of which time his bowels had acted regularly. In this case the inflammatory symptoms ran high, and for a few days the man's life appeared to be in some danger. The disease would appear to be more common in young and robust men than others, and it must be noted as a general fact, and one which the three cases mentioned all illustrate, that usually no marked degree of constipation precedes its occurrence.

### KING'S COLLEGE HOSPITAL.

#### CASES OF PELVIC ABSCESS.

BEFORE commencing the narrative of the following case, it may be well to precede a few general remarks on the disease of which it is an example:—

Among the most important of the cases in which purulent collections form within the abdomen are those known as *pelvic abscesses*, in which inflammation of the cellular tissue of one or other part of the pelvis ends in suppuration. These cases have, in England, scarcely claimed the attention which might seem due to them, as they are not very rare. Although several papers of more or less value have been published respecting them in our own country, yet the only monograph on the subject with which we are acquainted is that of M. Marchal, of Paris. The cases recorded by the latter author, amount to 75, of which all, except 15, occurred in women. If, indeed, we may be allowed to except all cases complicated with visceral disease, and limit the definition to genuine phlegmonous inflammation of the cellular tissue, it might be asserted that the disease, with extremely few exceptions occurs only in the female sex. When met with in males, it is almost always a secondary effect of disease of the bladder or intestines, or of inflammation of the peritoneum, or of the veins about the prostate and rectum. The reason of its frequent occurrence in women is evident. The internal organs of generation in that sex are subject to much disturbance. Not only are they constantly engaged during a large part of life in functional activity, but those functions require great alteration both in the size and positions of the viscera. To permit of the latter changes, a large quantity of connective tissue necessarily exists in their neighbourhood, which it may easily be supposed is prone, when exposed to the pressure, contusion, etc., incident to childbirth, to become the seat of inflammation. Probably not a few labours are followed by some tendency to such disease, which, in the majority, subsides under treatment, without going on to suppuration. In a few, however, such a happy termination is not achieved, but there is left in some part of the pelvis an inflammatory induration, which, after occasioning to the patient various distressful sensations for a period more or less prolonged, finally ends in abscess, and discharges itself either externally or into the bowel or vagina. Experience fully bears out this description; for in a very large majority of pelvic abscesses in females, the disease is found to have followed on parturition, at periods varying from a week or two to several months. In those in which the interval is the longest, the patients almost always give the history of having been ill ever since delivery, and of having felt that all was not right with them. Of the 60 cases occurring in women mentioned by M. Marchal, 52 were consequent on labour, and several of the remaining 8, inasmuch as they were complicated with visceral disease, ought scarcely to be ranked in the same list. Of eight cases recorded by Mr. Bell, (See *Medical Gazette*, Dec. 12, 1854, and Jan. 9 and 16, 1846,) all were in women: six were immediately consequent on parturition, and two appeared to have been caused by exposure to cold while menstruating, neither of the patients having been recently delivered.

With regard to the exact part in which these abscesses originate some difference of opinion has prevailed. Dr. Doherty, one of the earliest writers on the subject, in a paper on "Chronic



Inflammation of the Uterine Appendages after Parturition," considers the ovary to be the part at first involved in inflammation; other authors have spoken of the "parts constituting the broad ligament," while Dr. Lever, with much plausibility ("Guy's Hospital Reports," 1854), on account of the difficulty in determining this point, proposes that the disease should not be spoken of by any more definite name than pelvic "inflammation." In all probability the disease is generally located in the cellular tissue only, and may originate in any part of the pelvis.

As it respects diagnosis, the cases we are about to adduce, selected chiefly on account of their interest in regard to it, will form the best commentary. It will be seen that it often advances very insidiously, and may simulate several other affections. Careful examination, together with the history of the case, would probably, however, generally lead to a correct opinion. Vaginal examination should, of course, never be omitted, and more important still is the examination per rectum. By the latter passage, as first pointed out by Loewenhardt, the ovary and its adjacent parts may be easily reached, and their condition ascertained.

The prognosis of pelvic abscess following parturition is probably for the most part favourable. The patients often sink into hectic under the profuse discharge which follows, but as there is no persistent cause of irritation (as in psoas abscess, or those depending on foreign bodies), they generally rally as the abscess diminishes in size. The treatment should of course consist in the most liberal diet, combined with such tonics as may appear necessary. The abscess should be opened as soon as a tendency to point in any direction is perceived. The most favourable class are those, perhaps, in which the opening is into the vagina, as a free and depending channel of exit is then procured, while no risk from the contraction of the cicatrix afterwards is encountered, as might be the case were the rectum the part selected.

#### Case 3.—SUBACUTE PELVIC ABSCESS AFTER PARTURITION.—EVACUATION EXTERNALLY.—RECOVERY.

[Under the care of Dr. BUDD.]

Sophia Benson, aged 31, the subject of the following case, was admitted on March 16, 1853, on account of a firm and very tender swelling situated just within the brim of the right ilium, and extending thence deep into the pelvis. The history given was, that she had been confined on February 2, and that three or four days afterwards she had observed a painful tumefaction in the affected region, and also suffered from slight feverish symptoms. Six leeches were applied to the swelling, and afforded great temporary relief. After a few days, however, the tumefaction again began to increase in size. During this time she did not remember to have had any fits of chilliness. Previous to the confinement, which was a favourable one, she had enjoyed good health, though always of a delicate habit.

At the time of admission she was extremely weak, and much emaciated. An attack of feverishness occurred regularly each evening, followed by most profuse sweating. Appetite bad; tongue red and dryish; pulse 100, and very feeble. The tumour was perceptibly elevated, but the skin above it was not reddened. Dr. Budd prescribed—Dec. cinchon. ʒiss. ter die sumend. A large poultice to be applied to the part.

23rd.—During the past week she has suffered a good deal of throbbing pain in the part, and has, if anything, got more feeble. No rigors have occurred. Fluctuation is now quite perceptible. Pt. med.

April 4.—The pain latterly has not been so severe. Her appetite has also improved, but she still feels very weak and low. The abscess having shown a tendency to point at a part about an inch and a-half within the anterior superior spine of the ilium, it was to-day opened, when about half a pint of thick pus escaped. Ordered wine ʒiv.; pt. med. et cataplasma. Some bed-sores having formed, they are to be covered with amadou, rendered adhesive by means of lead plaster.

11th.—The discharge continues profuse, but the patient is improving in health, sleeps fairly, and feels stronger. Pulse 84.

May 2nd.—The induration round the abscess is diminishing; there is still a considerable amount of discharge.

R. Acid. sulph. dil. ℥xv., quin. disulph. gr. j., magnes. sulph. gr. xv., tinct. hyosc. ʒss., ex aq. ter die sumend.

16th.—The discharge has nearly ceased, and the wound is closing. The patient has quite recovered from her hectic condition, and rapidly gaining strength.

Soon after the last note the patient left the Hospital in a state from which complete recovery might be fairly expected.

#### UNIVERSITY COLLEGE HOSPITAL.

#### Case 4.—PELVIC ABSCESS AFTER PARTURITION.—COMMUNICATION WITH THE BLADDER.—EXTERNAL OPENING.—RECOVERY.

[Under the care of Mr. ERICHSEN.]

CATHERINE BOWERMAN, aged 25, married, was admitted on April 26, 1853. She was the mother of three children, and had been confined of her last, after a severe labour, four months ago. Three days after the delivery, she had suffered a feverish attack, attended by much headache, and which lasted about a week. As this illness passed off, she began to suffer from shooting pain in the right iliac fossa. These pains continued to recur, and, five weeks later, she discovered a swelling in that region, and a second one more towards the median line. After a time, these two swellings joined into one large one, and from this she suffered frequently what she described as "dreadful" pain. Her bowels, at the time, were confined, and the stomach so irritable, that she vomited almost everything she took. With these symptoms she was admitted into an Hospital, where leeches were applied to the part with some benefit, and, after a time, she was discharged much relieved. While an inmate there, she had much pain and irritability about the bladder. After her return home, the tumour again became more perceptible, and about six days ago, while lying quiet on the sofa, she had once or twice felt what she compared to something snapping in it. This account of her previous history, it must be observed, was obtained from herself only; but, as she was an intelligent person, there appeared no reason to mistrust it.

*Present Condition.*—She is emaciated, and suffers from hectic fever, with evening exacerbations, and a troublesome cough; bowels confined; pulse weak and rapid. Directly above the symphysis pubis is a tumour of about two inches in diameter, hard at its borders, and soft and fluctuating in its centre. On pressing it, a distinct gurgling noise may be produced. Its borders extend on each side into the iliac fossæ, and on the left the gurgling noise may also be caused. It is very tender, and subject to constant aching pain. She states, that several times during the last few days she has had a distinct perception of wind passing with her urine. The urine has an acid re-action; it contains pus, but has no fecal odour.

April 27.—The catheter having been introduced, air passed by its orifice, together with purulent urine; the gas that escaped had no smell. The catheter was not stained. The remedies prescribed consist in anodynes and expectorants for the relief of the cough, and a full nutritious diet has been ordered.

May 2.—The symptoms, during the last few days, have continued as before, and several times the patient has herself distinctly felt the rumbling of the air in the tumour. This morning no gurgling can be perceived, and the skin over the swelling is discoloured, as if it were about to break. An examination by the vagina, and one also by the rectum, have been made, but nothing material was discovered.

4th.—The tumour burst spontaneously this morning, and, some air and pus having escaped, its walls collapsed. A poultice has been applied over it, on removing which, an escape of gas always takes place. Mr. Erichsen has enlarged the opening in a direction upwards.

18th.—Since last date great improvement has been made; the wound continues to discharge, but has a healthy appearance, and the cavity seems to be filling from below.

June 11.—Discharged, a very small fistula being all that remains. She has regained almost her usual health.

*Remarks.*—It was very difficult, in the above case, to account for the presence of air in the cavity of the abscess. There were no indications of communication with the bowel, inasmuch as feces never escaped by the bladder, or pus by the rectum, nor had the gas any fecal odour. It is possible that the gas was spontaneously generated from the decomposition of the pus; but, had such been the case, there would probably have been present more severe constitutional disturbance, and the discharge would have been attended by more of fœtor. Perhaps the most likely supposition is, that the air had been derived from the vagina, either by transudation through a much-thinned membrane, or by means of a valvular aperture so small as to have escaped notice. Another interesting feature in the case is the opening of the abscess into the bladder, which is not a usual occurrence. The opening was probably small, and did not allow of the escape of urine backwards into the abscess sac. The complication did not appear to materially interfere with the progress of the case.



## ST. BARTHOLOMEW'S HOSPITAL.

**Case 5.—CHRONIC PELVIC ABSCESS AFTER PARTURITION.—SYMPTOMS SIMULATING DISEASED HIP-JOINT.—RECOVERY.**

[Under the care of Dr. ROUPELL and Mr. STANLEY.]

Mary Ann Woodcock, aged 26, married, of dark complexion and rather delicate aspect, was admitted on Dec. 31, 1852. She stated that she had been accustomed to live well, and had previous to her present illness always enjoyed excellent health. She had been twice confined, on each occasion of living and healthy infants. After the first, she recovered without any unusual symptoms. The second had taken place four months ago, the labour lasting about eleven hours, during the latter three of which the pains were of extreme severity. Eight days afterwards, having left her bed, she began to experience pain in the right knee and thigh, and the latter became so much bent on the pelvis that she was unable to put the foot to the ground, and was obliged to walk with a stick. Around the hip there was considerable tenderness and sense of stiffness.

The above symptoms persisted, with, indeed, gradual aggravation during the period intervening between this date and that of her admission to the Hospital, and for them she consulted three different Surgeons, all of whom expressed their belief that the affection was inflammation of the hip-joint, and advised the application of various forms of counter-irritation. A great many blisters had been applied, with, however, no relief to the pain, and the health of the patient had gradually declined. On admission, she was pale and anæmic, and her pulse was frequent and feeble. Much pain all around the affected hip was complained of; but the woman expressed herself as certain that she had never experienced any sort of shivering fits. She was not aware of the existence of any swelling; but, on examining the abdomen, Dr. Roupell discovered a slight bulging, which was tender on pressure, just above Poupart's ligament in the right groin.

R Potassii iodidi gr. ij., dec. sarzæ co. ʒi. ter die. A poultice to be applied to the groin and lower part of abdomen.

In the course of the week the swelling had considerably increased; and, as it was evident that an abscess was forming, Dr. Roupell had the patient transferred to a surgical ward, where she came under the care of Mr. Stanley.

She was then ordered half meat diet; wine ʒiv., haust. morph. acet. gr.  $\frac{1}{3}$  o. n.

January 15.—This morning, the abscess burst spontaneously into the poultice, and discharged a quantity of pus. The opening formed was a little above the middle of Poupart's ligament, and, as it was very small, Mr. Stanley thought it best to enlarge it by means of a bistoury; after doing which nearly half a pint of thick creamy pus escaped.

Soon after the abscess had been opened, the pain in the part became much alleviated, and in a little time the patient was able to sit up in bed. The discharge continued in considerable quantity for near a month, after which it gradually abated, but did not cease to flow until the beginning of March. During the whole of this time, however, there was great improvement in the woman's general condition. She gained strength and flesh, and by degrees became able to bend the thigh without pain, and to get the foot to the ground. On March 11 she left the Hospital quite well, the wound being healed.

This case is a very good example of the more chronic form of pelvic abscess following parturition. Although the symptoms commenced within a few days of the delivery, yet it was not until four months later that the tumour had so far advanced as to be perceptible externally. After the puncture, also, the course was much delayed, more than two months being occupied in the emptying and filling up of the cyst. It must be noted that the chronic is a much more frequent form than the acute, and several others of the following cases are instances of it. The very deceptive character frequently assumed by the early symptoms of pelvic abscess is a point well worthy of being brought under notice. In the above, those of diseased hip-joint were closely simulated, and in the other one which is to follow, as is not very seldom the case, suspicions as to the existence of a malignant tumour were excited. With regard to the diagnosis from diseased hip-joint, it ought in the majority of cases to be very easy, that is, if a vaginal examination were permitted. The finger introduced into the vaginal sac, or perhaps still better into the rectum, would, in cases of suppuration within the pelvis, almost infallibly detect a tumid and tender place, which could have no possible connexion with the joint, supposing the latter in an early stage of disease. The patients in the above case and the

one which preceded it, had no recollection of having suffered from rigors. Probably they had forgotten them, since it is certainly rare in such cases for them not to occur. In the great majority of cases of pelvic abscess, tendency to shiver is among the more prominent of the symptoms.

**Case 6.—PELVIC ABSCESS AFTER PARTURITION.—SUSPECTED MALIGNANT DISEASE.—EVACUATION EXTERNALLY.—RECOVERY.**

[Under the care of Mr. LLOYD.]

Ann Jones, a delicate-looking woman, of rather florid complexion, aged 26, was admitted, under the care of Mr. Lloyd, in the early part of June, 1853. Her complaint was an abdominal tumour; about the diagnosis there was at first much doubt. The induration commenced on the left side, just in front of the anterior superior spinous process of the ilium, and extended across the front of the symphysis pubis to two inches on its right side. It appeared firmly fixed to the bones, and at its deepest part jutted into the abdomen about three inches. It had an uneven, almost nodulated, outline, and felt firm to the touch, excepting at one spot near the ilium, where obscure fluctuation was perceptible. On examining per vaginam, the uterus was found pushed low down, and its neck almost obliterated: the tumour could be distinctly felt to the left side, but there was no fluctuation.

The following history was obtained:—The patient was a married woman, and had had four children, and eight or nine miscarriages; she had been accustomed to live well, and there was no history of cancer in the family. During her last pregnancy she had enjoyed excellent health. It had ended about ten months ago, in the birth of a healthy child, at the full time. The labour was an easy one, and for three days afterwards all went on well. On the fourth day after her confinement she took a black draught, which caused a severe and protracted diarrhoea, and much reduced her strength. During the continuance of the purging she had no particular pain in the belly, but frequently felt cold and chilly. At the end of six weeks she was sufficiently recovered to get out again, and during the following months continued to improve in strength. She did not, however, get quite well; a sensation in the left side continuing to annoy her, as of a tumour, which became painful when she made any exertion, either in lifting weights, laughing, etc. No lump could be perceived externally, but as the sensation persisted, she ultimately consulted Dr. Waller, of St. Thomas's, under whose care she much improved. After leaving Dr. Waller, she remained in fair health for about three months, when she again began to suffer pain in the right iliac fossa, and soon afterwards discovered that there was a perceptible tumour in that region. Her admission, under Mr. Lloyd, was three weeks after the discovery of the lump, and at the time she was the subject of a degree of hectic fever, and suffered much from night sweats and flushings. Pulse 106, very small, and soft.

The history thus seemed to favour the opinion that it would prove to be a chronic abscess rather than a growth of cancer, which had at first been suspected. The after-progress proved this diagnosis to be correct. In the course of a month the tumour had much increased in size, and fluctuation in the front of it had become more distinct. Slight rigors, followed by heat and sweating, continued frequently to recur during this period, and in spite of the exhibition of tonics, with the allowance of a liberal diet, she sank into a condition of extreme exhaustion. On July 22, Mr. Lloyd made an opening into the most prominent part of the swelling, about an inch and a-half above the middle of Poupart's ligament, when nearly half a pint of fetid pus escaped. The opening thus made continued free, and a profuse discharge ensued; by degrees, however, the flow abated, and the extent of induration much diminished. In the middle of September she had sufficiently recovered to be allowed to leave her bed, and, at the end of that month, she returned to her home; the fistula, however, not being closed. A fortnight after her discharge she had to be re-admitted. It appeared that she had over-exerted herself, and a relapse had been the consequence. She had had severe rigors, and the tumour had again much increased, and was now pointing about an inch and a-half below the umbilicus. It was found, on examination per vaginam, that the neck of the uterus, which at the time of her discharge had regained its normal length, was again lost, but there did not seem any inclination, on the part of the abscess, to break into the vagina. Soon after the second admission, the upper collection of matter made for itself an opening through the abdominal parietes, about two inches below the umbilicus, which, after a few weeks of profuse discharge, permanently closed. The patient remained under Mr. Lloyd's care for about two months, during



which she made very great improvement, and, when ultimately discharged, the induration had all but disappeared; and, although the sinus had not quite closed, yet there seemed every probability that it would very shortly do so.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### THE NOTTINGHAM GENERAL HOSPITAL.

#### Case 7.—ENCYSTED ABSCESS IN THE ABDOMEN FOLLOWING PERITONITIS.—EVACUATION EXTER- NALLY.—RECOVERY.

[Under the care of Mr. BOOTH EDDISON.]

WILLIAM CLARKE, aged 32, an emaciated and cachectic man, was admitted on Jan. 17, 1852. He stated that he had been of very temperate habits, and had always enjoyed excellent health until about six weeks, when he was laid up with a severe illness, which his Surgeon called peritonitis. Treatment by venesection, blisters, and mercury, was pursued, and in about three weeks he was able to leave his bed, although then feeling extremely weak. He was not salivated, but the Surgeon who attended him expressed his surprise that the gums had not become sore. A few days after he had got up his attention was directed to a swelling which he found forming in the epigastrium, and which was rather painful. Poultices were applied to it, and afterwards tincture of iodine; but, as it continued to enlarge, he sought admission into the Hospital about a fortnight after he had first discovered it. In no stage of his illness had there been either rigors or jaundice.

*Present Condition.*—He is anæmic, and much emaciated; but is improving in strength, and has no pain anywhere, excepting an occasional throbbing in the tumour. Tongue moist and clean; appetite good; bowels regular; complains of slight thirst; pulse 120, soft and feeble. A little above the umbilicus is a soft fluctuating tumour, five inches broad, by four in its vertical measurement. It is pointing at its lower border, immediately above the umbilicus. No enlargement of the liver or any other viscus can be detected. Urine of normal character.

During the first week that the man was under care, the treatment consisted in keeping large linseed-meal poultices applied to the tumour, and in trying to improve the general health by tonics and good diet. On the 25th the pain in the swelling having become considerable, Mr. Eddison opened it with a lancet at the most prominent part, when about four ounces of fetid sanious pus escaped. Mr. White, the House-surgeon to the Hospital, made an examination of the pus, but could discover no evidences of the presence of bile. The abscess continued to discharge for a little more than a week, when it seemed to have emptied itself, and spontaneously closed. The man remained in the Hospital for about a month afterwards, during which time he much improved in health and strength, and all signs of abdominal mischief quite disappeared.

## Medical Times & Gazette.

SATURDAY, AUGUST 12.

### HEALTH OF THE STATE.—THE FACULTY OF MEDICINE.

A few circumstances of recent occurrence are full of significance for those who have any conception, however limited, of the magnitude and national importance of the questions involved in the care of the Public Health of these Kingdoms. These circumstances are also lessons of warning, and, if we will but profit by them, will teach us to be wise, in so far at least, that we shall know by experience what to avoid; they will show us where lies the wrong road; and thus diminish the difficulties of finding the right path. The sanitary history of England during the last five years will show the British public how large sums may be spent without any adequate return in the shape of melioration of the public health, and how

precious time may be wasted, and likewise how much energy and ability may be misspent for want of proper guidance, and want of proper knowledge, and want of the proper men to plan, and direct, and carry out the necessary measures,—in short, from the absurd system, now so common, of putting one man's work into another man's hands. The circumstances we allude to, it is almost unnecessary to observe, are the recent debates on the Board of Health, the notoriously general ill-success of almost all the measures projected or attempted under the Public Health Act, the rejection of Lord Palmerston's Bill for its continuance, the formation of a new Board under a Bill which in one short week has passed through both Houses of Parliament, and the appointment of a layman as the first Minister of Health. These facts bear the highest significance for the people of these countries at large, and for the Faculty of Medicine in its public capacity, as the proper guardian of the health of the community. With regard to the public, it has been quacked by its self-chosen servants; with regard to the Faculty, it has seen its services ignored, its highest duties and offices usurped, and its voice, whenever raised in warning, listened to with contempt, or allowed to fall unheeded on pre-occupied ears. We do not, however, entirely exempt from censure the Faculty of Medicine itself for the part it has played, or rather that it has *not* played, in regard to interests that require the exercise of its highest and grandest functions as a great body in the State, as a great servant of the public, and one in which a trust, second to none in the circle of purely human affairs, is reposed. It may be urged, that in the framing of great sanitary measures for the kingdom, the advice of the Medical Faculty was not sought, and, moreover, that if proffered, it would either not be received, or received with contempt and indifference. It may be said, that it has no public mode of expression for its voice; and that it possesses no recognised representatives in Parliament to be the exponent of its views. This is, no doubt, all too true; and, if the experience of the past few years only show us this great want and radical defect in our organization as a body, make it clear to us how and where we are deficient, strike us with a full and heartfelt sense of how much below the level of our true public value, real dignity, and social importance we stand for want of such unity and organization, we at least shall have profited much. Where and to whom should the State look for counsel in all that relates to the interest of the public health, if not to the Faculty of Medicine? Who and what should be the medium of advising on sanitary measures to be taken, on plans to be adopted for the arrest of disease or the preservation of health, if not the Faculty of Medicine? Who should be the counsellors of all such public acts as are required to prevent disease, stay or alleviate its ravages, restore public health, and devise the means of preserving it, if not those who have made the conditions of health and disease the study of their lives, if not in fact thoroughly and scientifically educated Medical men? Will the public tolerate a commission of lawyers, laymen, or *dilettanti*, to build their churches, courts of law, gaols, prisons, and other public edifices? Will they commit the business of the Exchequer and the Treasury to a heterogeneous board of doctors, clergymen, and lawyers? They surely will not; and if in such affairs the simple but infallible rule of "*ne sutor ultra crepidam*" be enforced, how much more necessary is it that in that which involves life and death, in that which deals with the health of millions, only those who have been well educated in the Science and Art of Medicine should be entrusted with the control and direction of the sanitary measures of the State.

The fate of the present Board of Health is sealed; a new measure, which promised to be somewhat more comprehensive, has been passed; but we have no hesitation in saying, that its constitution is radically unsound, and is not calculated to meet



the requirements at issue. Here is the constitution of the new Board:—

"It shall be lawful for Her Majesty from time to time, by warrant under the Royal sign manual, to appoint a person to be, during Her Majesty's pleasure, President of the General Board of Health under this Act, and such President and Her Majesty's Principal Secretary of State for the time being, and the President and Vice-President for the time being of the Committee of Council appointed for the consideration of matters relating to Trade and Foreign Plantations, shall constitute and be the General Board of Health; and during any vacancy in the said Board, the continuing members thereof may act as if no vacancy had occurred; provided that the said Board of Health shall be continued only for two years next after the day of the passing of this Act, and thenceforth until the end of the then next Session of Parliament and no longer."

Thus the new Board consists entirely of laymen; and the President named, Sir Benjamin Hall, has certainly never been accused of Medical knowledge. It is only as Secretaries or Inspectors appointed by this Board that Medical men can serve the State. They are to be subjected, in the affairs of their own Profession, to laymen.

Between general State questions and those of Public Health, there is all the difference which exists between matters pertaining to the ill-defined subjects of general and commercial knowledge, and those which come under the province of a science, an art, or a profession. Ordinary intelligence and general knowledge do not suffice here. The absurdity of entrusting legal matters to a Board of laymen, or of giving the practical conduct of naval or military affairs to non-professional men would be at once apparent. But every one that dabbles with popular knowledge in medicine is supposed to be quite competent to discuss and determine on sanitary questions, which have, now-a-days, it must be noticed, acquired a certain kind of fashionable, philanthropic vogue. And yet no subjects require more careful study, more accurate observation and close investigation, or clearer powers of reasoning than those involved in Medicine.

Taking into consideration the questions of physiology, pathology, practical Medicine, the doctrines of contagion, the influences of hygienic conditions, the effects of pure or impure air, of good or defective food, clothing, personal and domestic cleanliness, bad ventilation, noxious, dangerous, or unwholesome trades, and the infinite variety of such problems which come to be determined by a body occupying the position of a Board of Public Health, it must be admitted by every man of common sense, that if not entirely, at least in far the greater and most important part, its construction should be Medical, embracing Medical science, Medical knowledge of all kinds, practical Medical skill, and direct and immediate acquaintance with disease, the conditions which cause it, the agencies which alleviate or cure it, and the measures which may be put in force to prevent its recurrence, or arrest its progress.

Some duties, doubtless, which must come under the cognizance of a public body, such as a Board of Health, it will be asserted, are not of a Medical nature. But its greatest, most important, and essential functions, are based upon the principles of Medical science; and the success of the most important of its operations for the care and protection of the public health will depend upon the practical skill, knowledge, and acquaintance with all the resources of Medical art possessed by those engaged in carrying out its measures. The care of the public health, as well as that of individuals,—the health of the State, as well as that of its subjects,—comes within the province of the Faculty of Medicine, and to the Faculty of Medicine alone can the great charge be wisely or safely entrusted. Starting with these views, therefore, we should require in the construction of the Board of Health a full recognition of the special scientific functions such a body has to discharge. We should require that it

comprised within itself all the scientific knowledge that the most modern physiological and pathological research has placed within our reach for improving the hygienic status of the community, and for arresting disease or preventing its invasion.

Having laid down these principles, it may appear almost useless, perhaps, under existing circumstances, to enter into details with regard to the best modes of carrying them into effect. There are, however, some important points in connexion with the actual composition of the Body which is to have charge of the public health, its duties, powers, and independence, which we think of vital importance to have fully recognised by the Profession, although, for the present, they are disregarded by the Government.

To secure to the public in the construction of such a body all the resources of the now enormously extensive range of subjects which come within the domain of Medical science, it should comprise at least three members of the Faculty of Medicine, of the highest scientific culture, of the most extensive experience, and with the fullest acquaintance with the present condition and progress of Medical science in its various branches. By the adequate representation of various departments of Medical science, the public would be secured all the advantages to be derived from the application of Physiology to the determination of questions of hygiene, salubrity, the conditions which favour the physical development of the body, and promote the duration of life. The Pathologist would afford that knowledge which is applicable to investigating the conditions of disease, the circumstances which favour its production, the modes of its propagation, and the various resources within our reach for its prevention or arrest. In the representation of Physico-Chemistry, we should have guaranteed that kind of knowledge by which alone can be properly solved questions relating to noxious and unwholesome trades, the influence of effluvia, and the means of neutralising or removing them, whether they arise from natural causes, or the presence of swamps, or from neglected drains, foul river beds, from the receptacles of offal of all kinds, and the innumerable other causes which render many parts of our wealthiest cities the foci and hot-beds of contagious disease. Under this section would come also the supervision of all articles used as food, whether derived from the animal or the vegetable kingdom, and the securing of the public against the sale of unsound or unwholesome articles of food of any kind. In carrying out improvements on a necessarily extensive scale, in devising and effecting improvements in buildings and dwellings, in the laying down of sewer lines, in all the class of operations requiring knowledge of surveying and construction, much technical engineering knowledge would be required to direct the deliberations of the Board, and, with this view, a Civil Engineer of the highest scientific attainments in his profession might be added to the Board, or consulted when necessary. More than one individual in England, in a private capacity, has so distinguished himself by real earnest philanthropy, solid acquirements in scientific knowledge, and active labour to advance the cause of Sanitary Reform, that it may be considered unjust to exclude such men altogether from a share in the direction of affairs to which they have already lent valuable aid; and we should, therefore, propose to give one or two of the most distinguished of those individuals places as *honorary* members of the Board or Commission of Health. There are serious objections, however, to making such a Commission too large. Numbers *dilute* responsibility, impede action, and make counsels weak and inefficient.

With an organization such as that we have indicated, the highest requisite powers and authority could be safely entrusted to the Commission. This Body might be denominated "The Commission of Civil Medical Service," or, if a shorter name were



required, "The Council of Health," to give its President, who should invariably, and as of necessity, be one of the three Members, a seat in the House of Commons, and to place in the hands of the Commission the control and direction of all matters affecting the health of the public. The new Body would, of course, succeed to all the powers and functions of the late Board of Health; but, in addition to these, there are other important duties which, we consider, could be best discharged by the "Civil Medical Service." We shall, however, reserve them for discussion in detail, in subsequent articles. To carry out the operations of the Commission, it would be necessary to have an adequate staff of officers, including Medical inspectors, two or more engineers, legal agents, secretaries, and clerks. Our scheme would, therefore, stand somewhat thus in outline:—

**"CIVIL MEDICAL SERVICE, FOR THE CONTROL AND DIRECTION OF THE SANITARY AFFAIRS OF THE KINGDOM. COMMISSION."**

"Three Physicians or Surgeons: one of these members to be President or Chairman of the Commission, with a seat in the House of Commons.

"A Civil Engineer of high scientific attainments, who had devoted attention to sanitary affairs (?)"

"Three honorary members, including noblemen or gentlemen, who have devoted themselves to the advancement of Sanitary Reform. All these members to be nominated, in the first instance, by the Secretary of State; the President to be elected from among the three Medical members; the honorary members to be always nominated by the Secretary of State. A competent staff of Medical Inspectors, Engineers, Legal Agents, Secretaries, and Clerks to carry out the provisions of the Commission. Liberal appointments and salaries to be provided."

With such an organization, some real and effective measures of Sanitary Reform could be carried out, and in the course of a few years, the condition of the public health would doubtless be improved to a material degree. With any less complete system, we despair of any good being done; but more especially till the Medical nature of the question of the public health be conceded, we anticipate nothing but abortive efforts at Sanitary Reform. Sir William Molesworth's measure is really a gross insult to the Medical Profession; and we congratulate our readers upon the fact that some of the most distinguished members of our body are combining to memorialise the Government upon the absolute necessity of having Medical members with a seat on the Board.

### THE MEDICAL OFFICERS IN THE ENGLISH AND FRENCH NAVIES.

WE published in a recent Number a letter from a Correspondent in our Baltic fleet, showing the number of Medical Officers at present serving in the ships composing it, and the numbers required to complete the war complement. It may not be uninteresting to our readers to compare this with the regulations of the French Service; and we are happy to be able to lay before them the means of doing so, having just received a private communication from a French officer in the Baltic Squadron, dated so late as July 25. The following is the list he gives of the numbers now actually serving in the ships:—

	Principal Surgeon.	Surgeon of 1st Class.	Surgeon of 2nd Class.	Surgeon of 3rd Class.	Surgeon of 3rd Class. Auxiliary.
Inflexible ...	1	0	1	1	1
Duguesclin ...	0	1	1	1	1
Austerlitz ...	0	1	1	1	1
Tage ...	0	2	0	0	2
Hercule ...	0	1	1	1	1
Jemmapes ...	0	1	1	1	1
Duperré ...	0	1	1	0	1
Trident ...	0	1	1	0	1
Breslaw ...	0	1	0(a)	0	1

(a) The surgeon of the second class is at Kiel.

	Principal Surgeon.	FRIGATES.			
		Surgeon of 1st Class.	Surgeon of 2nd Class.	Surgeon of 3rd Class.	Surgeon of 3rd Class. Auxiliary.
Andromaque ...	0	0	2	0	1
Sémillante ...	0	1	1	0	1
Poursuivante ...	0	1	0	0	1
Vengeance ...	0	0	1	1	0
Zenobie ...	0	1	1	0	1
Virginie ...	0	1	1	0	1
Algérie (hôpital) ...	0	1	1	1	1
Darien ...	0	0	1	1	1
		CORVETTES, ETC.			
		Surgeon of 1st Class.	Surgeon of 2nd Class.	Surgeon of 3rd Class.	Surgeon of 3rd Class. Auxiliary.
Phlegéon ...	0	0	1	0	1
Licorne ...	0	0	0	0	1
Brandon ...	0	0	0	1	0
Merlon ...	0	0	1	0	0
Souffleur ...	0	0	1	0	0
Lucifer ...	0	0	1	0	1
Aigle ...	0	0	1	0	0

The following are the rules of the service:—

Ships of the line	In war...	1, 1st class	1, 2nd	2, 3rd
	In peace	1, "	1, "	1, "
Frigates ...	...	1, "	1, "	1, "
Steam frigates ...	...	0, "	1, "	2, "
Corvettes, etc.	In war...	0, "	1, "	1, "
	In peace	0, "	1, "	0, "

The pay of the officers is as follows:—

Principal Surgeon ...	when at sea, 3600fr. per annum.
	ashore, 3000fr. "
Surgeon 1st class ...	when at sea, 2880fr. "
	ashore, 2400fr. "
" 2nd class ..	when at sea, 2160fr. "
	ashore, 1800fr. "
" 3rd class ...	when at sea, 1440fr. "
	ashore, 1200fr. "

Besides this, when ashore an allowance is made for house-rent; and at sea table-money is allowed.

The allowance for rent is—

Principal Surgeon ...	720fr. per annum.
Surgeon, 1st class ...	360fr. "
" 2nd and 3rd ...	240fr. "

The table-money is—

Principal Surgeon ...	12fr. per diem.
Surgeon, 1st and 2nd class...	60fr. mensem.
" 3rd class ...	30fr. "

It should be remembered, that 25fr. is about an English sovereign.

If we compare the pay of the Medical Officers in the French and English Services, it appears that the sea pay and allowances of the Principal Surgeon in the former amount to 319l. per annum. The inspector who, in our service, corresponds in position with this officer, receives 574l., and, if he has served ten years in that capacity, 766l. We have an Inspector in the Baltic, and there is but one afloat. In the Black Sea, the duty is done by a Deputy-Inspector, whose pay is 365l. In either case, the pay is thus superior to the French. Their Surgeons of the first class only receive 144l. a-year; while ours range, according to length of service, from 200l. to 328l. Their 3rd class Surgeons, corresponding to our Assistant-Surgeons, have only 72l. a-year; while ours range from 129l. to 184l. Thus, the advantage is greatly in our favour, when serving on full pay; but it will be observed that the French officers have nearly the same pay when ashore, while ours must content themselves with half-pay, unless on active service.

The Principal Surgeon dines with the Admiral; the Surgeons of the first and second class with the senior officers; those of the third with the juniors. In our Service, the Inspector messes with the senior officers; the Surgeons as with the French.

As to the Auxiliary Surgeons of the 3rd class, our Correspondent says:—"In such times as the present, every sort of person is taken at the sea-ports; and, after they have passed the examination required from Surgeons of the 3rd class, they are admitted



provisionally into the corps. Most of them know nothing, and do more discredit to the department than assistance."

It appears to be the opinion, that, though the Medical staff in our fleet is not sufficiently numerous, yet that it is much better organised than the French. If our Admiralty would only redress the grievances they inflict upon their Medical officers so unjustly, the Naval Medical Service would be the most popular in the world, and would successfully compete for the best men from the schools with the Army and East India Company.

### ETIOLOGICAL ANOMALIES IN CHOLERA.

THE following extracts from letters just received from a friend, seem worthy of permanent record as undoubted and very remarkable facts in the history of cholera. We shall, however, draw no inferences from them, but leave them as themes for the exercise of the ingenuity of those who take different sides in the question of the causes of cholera. It is, at least, curious to find, exclusively exempt from the malady, the very places which, according to the views generally prevalent, ought to be its especial haunts. We do not intend, in conformity with the playful suggestion of our non-Medical Correspondent, to get A BLACK HOLE made to test the preventive powers of foul air and crowding; but we doubt not that the facts here recorded will be regarded as strengthening the arguments in favour of one much-disputed cause of the malady:—

#### I.

"Mexico, July 2, 1854.

"Here we are infected with cholera, which has been with us since November last; but it has of late been very severe. The cases are most violent—much more so than in its former visits, and attacks the higher classes rather than the lower. It is a singular thing that there has not been a single case in any of the prisons. You have seen the Tepic and Guadalupe prisons. Bad and filthy as they are, the 'Acordada' and the 'Diputacion' of this city are much worse,—the filth, putrefaction, and stench are beyond all conception; and yet, while people in elegant bed-rooms are carried off in five or six hours, not a case has occurred in those filthy nests. You may recollect we made the same observation in Tepic in 1833. This is worth studying."

#### II.

"I have received the Mexican letter, and return it to show you the extraordinary circumstance of people not dying of cholera when shut up in close, filthy prisons in Mexico. I well remember that, in 1833, the prison of Tepic (in Mexico) was entirely exempt from cholera, when the rest of the population lost about one-tenth. This, at the time, I thought might be owing to some accidental cause; but it seems to be a general result. This prison of Tepic was beyond anything you could have seen in your day. It was filled often to cramming, and had only one small window, or rather air-hole, to ventilate a place containing 250 people! This hole was placed just below the roof or ceiling, and admitted very little light. I had the temerity to go into this prison to measure its capacity, but I was very glad to get out of it. Yet this black-hole, in the time of a very severe cholera, lost no more than its ordinary numbers in ordinary times; I even think less! Can you scientific men account for this? or could this fact be of any use in suggesting a remedy or preventive for this terrible disease? Do get a black-hole made at some place where there may be cholera, and make the experiment!"

**EARLY CLOSING OF CHEMISTS' SHOPS.**—On Monday morning, at the early hour of five o'clock, a General Meeting of Chemists' and Druggists' Assistants was held at the Freemasons' Tavern, in connexion with the Early Closing Movement. Mr. Whitford, Surgeon, took the chair, and dwelt upon the great hardships inflicted upon the Chemists' assistants by the present protracted attendance behind the counter. It was resolved to prepare a pamphlet, setting forth their grievance, copies to be sent to the Editors of the London journals, and to all the metropolitan clergy; to call a meeting of the employers; and to appoint a Deputation to canvass the trade, the result to be referred to a second employers' meeting.

### REVIEWS.

*Sudden Death.* By A. B. GRANVILLE, M.D., F.R.S., M.R.C.P. (London). Pp. 286. London: 1854.

Dr. Granville, in the present volume, treats the question of sudden death rather in a moral and religious than in a Medical or pathological point of view. He tells us, however, that he intends shortly to publish another series of observations, in which he will treat fully, popularly, and practically, of "the causes of sudden death—the true nature of apoplexy and paralysis—the treatment and prevention of these formidable disorders by remedies, by diet, by change of air, and by mineral waters—the philosophy of sudden death—the parentage of insanity traced to the same causes that give rise to the two former diseases—and, finally, the 'dying of old age,' or, as it has been called 'longevity.'" —P. 285.

Although the subject of sudden death is one of the most mournful which could have been selected for a popular treatise, Dr. Granville has managed to extract a very readable book out of the materials in his hands. The style is easy and flowing, passing from gay to grave, interspersing lively anecdotes with religious reflections, and abounding in illustrations which are often striking and appropriate.

The most elaborate chapter is that on Death-Statistics, which is founded upon a series of investigations made by Dr. Granville into the records kept by the Registrar-General, and a very graphic description is given of the gloomy chambers where the silent memorials of the dead are deposited.

"Day-by-day," says Dr. Granville, "for many months, at such hours as my other engagements would permit me, and under such auspices, did I attend at this office, from December, 1852, till July, 1853, and again in October and November of the latter year. For three or four hours at a time I proceeded to the examination of some hundreds of huge folios, going over every name inserted therein, and picking out and noting down in tabular forms already prepared, all the cases which had direct reference to the threefold object of my inquiry. (Sudden death, apoplexy, and paralysis.) In the subterranean and vaulted chambers, then, of the Registrar-General's-Office, did I take my station in a compartment destined for the preservation of death-records ever since the commencement of the establishment in 1838. The very aspect of the structure and its atmosphere, warmed by steamed air, in which an oil-lamp struggled to disperse darkness, tended to add to that feeling of awe and solemnity which the nature of the inquiry was, of itself, calculated to inspire. All around against the walls large presses are erected, on the many shelves of which one beholds, regularly arranged, an immense number of volumes, fourteen inches in length, twelve inches wide, and from two to three, and even four, inches in thickness. Their sable binding, massive, and secured in front by strong straps and buckles, is relieved on the back by the laconic word "deaths," stamped in large gold letters. As the eye ranges round the vaulted chamber, this solemn monosyllable offers itself, repeated a hundred and hundred times, until the very number sickens the spirit."—P. 38.

The Statistics of Death examined by Dr. Granville present some curious and unexpected results; and although our space will not allow us to enter fully into this very interesting part of the subject, we may mention one fact which is peculiarly striking. It appears, that the total number of deaths in the cholera-year (1849), for all England and Wales, was 440,839; but in 1850 the number of deaths fell to 368,995, "being not only 71,844 less than in the cholera-year, but even less than the number of deaths of the year preceding that of the cholera, by as many as 30,838. . . . If we take the deaths of the two years together which preceded the cholera, and strike the mean, and treat the year of the cholera, and the compensating year that follows, in the same manner, we shall find that the four years present nearly the same average. . . . So that in reality, it is found, when the aggregate of the four years is taken, either for the whole of England, or for the Metropolis only, that no greater number of people died in those years because of the cholera intervening, than if the cholera had not visited us."—Pp. 62, 63, 64, and 65.

Dr. Granville adverts in very strong terms, in his Chapter on the Early Destruction of Life in England, to the fact of the excessive mortality of children under one year of age; and, finding that the proportion is much greater in the manufacturing and densely-peopled districts than in those which are inhabited by the better and wealthier classes, he hints at the probability that this great amount of deaths is not explained by the operation of natural causes.



In answer to the question, What is Sudden Death? Dr. Granville proposes another question, What is Life? And although he very ingeniously shows that the definitions proposed by the most distinguished physiologists are all defective, he does not offer any definition of his own. The pathological phenomena of Sudden Death are not touched upon by Dr. Granville in this volume, but he probably intends to defer their consideration for his forthcoming publication.

*Nice and its Climate*; with Notices of the Coast from Marseilles to Genoa. By EDWIN LEE. Translated from the French, with Additional Observations on the Influence of Climate on Pulmonary Consumption. Pp. 168. London: 1854.

This work was originally written in French, while the Author was residing at Nice, and it is now presented in an English form for the benefit of those of our countrymen who may contemplate a visit to this celebrated watering-place. As is usual in Mr. Lee's works, the purely technical matter is agreeably interspersed with descriptions of the scenery of the places mentioned. From exaggerated notions of the salubrity of Nice, and the consequent disappointment of many who have resorted to it for remedial purposes, it has lately fallen somewhat into disrepute; but Mr. Lee considers that, by taking certain precautions and by occasional change of locality under some circumstances, the beneficial effects of a residence at Nice will be fully experienced by invalids. The following remarks will show, in some measure, the precautions to be observed by those who resort to Nice for pulmonary complaints:—

"Those persons predisposed to our labouring under pulmonary disease, ought not, however, to remain at Nice, or at least, in the parts of the shore exposed to the action of the winds during the spring months, when, as we have seen, the atmospheric variations—a hot sun not unfrequently prevailing, or alternating with a cold wind, are at times great and frequent. In general the weather in November, December, and January is, for the most part, fine and warm, with the exception of an occasional windy or rainy day; and, at this time, when the air-passages are not very susceptible to cold, one or other of the localities fronting the sea might be chosen. . . . Many patients would be benefited by a few weeks' sojourn at Nice in the beginning of winter, to whom a longer stay would be prejudicial, on account of an exciting atmosphere being too long continued; and it not unfrequently happens, that patients who feel themselves better, and invigorated soon after their arrival, subsequently lose ground, and become affected by symptoms of general or local excitation. . . . I have generally recommended patients with predisposition to, or suffering from any existing disease of the respiratory apparatus, to leave Nice in or before the beginning of February, and proceed southward to Rome or Pisa; where a sojourn of a few weeks at this season would often be serviceable, when a more prolonged stay would be too relaxing."—Pp. 99, 100, and 101.

We can recommend Mr. Lee's work to all who propose to repair to Nice, whether for health or for pleasure.

*The Diseases of the Fœtus in Utero (not Including Malformations)*; with an Outline of Fœtal Development. By HENRY MUDGE, M.D., F.R.C.S., L.S.A., late Vice-President of the Parisian Medical Society, etc. 12mo. Pp. 200. London. 1854.

As Dr. Mudge observes in his Preface, this is the first attempt in English Medical literature to bring together materials under the title, "Diseases of the Fœtus in Utero, with an Outline of Fœtal Development."

Dr. Mudge's Work is strictly a compilation; it contains very few original observations; at the same time it is valuable, inasmuch as it brings together in the smallest compass the principal part of what is known on the subject. The work is divided into two parts. In the first, occupying seventy-seven pages, the development of the fœtus is considered. In the second, the diseases of the fœtus. The latter are arranged under three heads, viz.: Diseases derived from the Mother, Diseases derived from the Father, Diseases originating in the Fœtus itself. Morbid conditions of the umbilical cord, the membranes, liquor amnii, and placenta, are then briefly touched on.

The following is an illustration of Dr. Mudge's style, and of the mode in which the different subjects are treated:—

"I have seen a few cases of ascites in the fœtus. Numerous cases are recorded by French authors. Depaul believes that the distended fœtal bladder is often mistaken for that disease; and

gives a case in which a large accumulation of fœtal urine impeding delivery presented all the characters of dropsy. Cruveilhier and Valleix have frequently met with various forms of apoplexy in the new-born, and much oftener in older children. Valleix states, that, in a great many instances, he found a sub-cranial ecchymosis. By accoucheurs, this appearance is generally attributed to the pressure, congestion, and probable rupture of vessels, which happen during labour. We know, however, that congestion and inflammation may take place in the brain and its membranes *in utero*, as in cases of tubercular deposits, clots, and hydrocephalus. I have seen the latter complicated with spina bifida, and forming a serious impediment to delivery; in some cases it has been necessary to tap the membranes of the brain before delivery could be effected."—P. 138.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### FATAL HÆMATURIA, CAUSED BY AN OPEN VARIX AT THE NECK OF THE BLADDER.

A patient, admitted into the Hôtel Dieu, under the care of Professor Laugier, for an affection of the femur, a periosteal exostosis, was attacked by severe hæmaturia a few days after he had been in the Hospital. The blood was dark and pure, without admixture of urine. Upon examining the hypogastric region, the bladder was felt distended and mounting towards the umbilicus. No appreciable lesion was detected by the introduction of the catheter. There was no stricture, no tumour nor fungous growth in the region of the prostate. Some time before the patient had suffered from myelitis, indicated by sharp pains in the loins, and by paraplegia,—symptoms which persisted at the present time. The hæmaturia continued at intervals, sometimes in great abundance, unchecked by the application of cold, or of the usual remedies. The patient, thus exhausted, gradually sank.

At the autopsy there were seen voluminous varices at the neck of the bladder. One was ulcerated and widely open. From this orifice the blood had flowed.

This observation is not altogether without precedent in the annals of science. A certain number of examples have been recorded by Bonnet, Chopart, Desault, and others; but mostly have the varices been complicated with some other lesion, such as vesical calculi, prostatic tumours, etc. Patients suffering from vesical varices have been residents in the Antilles, and have returned to France in consequence of repeated attacks of hæmaturia. Desault pretends to have effected a cure by the permanent séjour of a sound in the bladder acting as a compressor. But M. Laugier considers such cures as doubtful.—*Gazette des Hôpitaux*, July 8, 1854.

#### THE APPLICATION OF COLLODION, AS A MEANS TO RESOLVE ENGORGEMENTS OF THE TESTICLE, AFTER THE OPERATION FOR HYDROCELE, BY INJECTION.

By M. VELPEAU.

Although engorgement of the testicle so often following the injection of iodine into the tunica vaginalis, rarely constitutes an accident sufficiently grave to demand the employment of any medication, being usually dissipated by rest and the application of cold, Surgeons have endeavoured to shorten the duration of the affection. Strips of plaster and various means of compression have been used with advantage; but a difficulty has existed in preserving methodical, uniform, and persistent pressure. M. Velpeau has lately tried the effect of collodion upon the patients in La Charité. Four or five patients were operated upon for hydrocele in the usual way, namely, by puncture and the injection of iodine. Upon the third or fourth day the collodion was applied, and the duration of the inflammatory engorgement was sensibly shortened. In one case the swelling disappeared in twenty-four hours. M. Velpeau proposes to try the application immediately after the operation.—*Op. Cit.*

#### SUDDEN DEATH FROM THE RUPTURE OF A LARGE SAC OF ACEPHALOCYSTS INTO THE LUNG.

By Dr. ALFTER.

A girl, aged 24, in good health, began to experience eleven months before death periodical pains in the right hypochondrium. Three months later she noticed a swelling under the



lower ribs of the right side. Percussion gave a hollow sound from a fingers' breadth above the right nipple across the axilla to the lower angle of the scapula, downwards, towards the diaphragm. Over the whole of this region there was no respiratory murmur. Suddenly, one morning, the patient experienced sharp pain and oppression of the chest. A severe fit of coughing came on, during which an enormous quantity of sooty-coloured fluid was voided through the mouth and nose, and the patient rapidly expired. *Post-mortem* examination revealed the presence of a large sac of acephalocysts in the liver, extending through the diaphragm, and making its way into the right pleural sac.—*Deutsche Klinik*, 33 and 34, 1853.

#### CONIIN AS AN APPLICATION IN SCROFULOUS INTOLERANCE OF LIGHT.

By Prof. V. MAUTHNER.

The author employed with great effect the following preparation in the non-inflammatory blepharospasm of scrofulous children:—Coniin gr. ss., olei amygd. dulc. ʒj. Mix, to form a thick fluid, with which the lids may be daily pencilled. In eight, or at most fourteen days, this troublesome condition ceases. Hard glandular swellings of the neck bear this remedy better than salves composed of iodine.—*Journ. f. Kinderkr.*, 1, 2, 1854.

#### THE USES OF ANÆSTHETIC INHALATIONS IN INTERNAL DISEASES.

By Dr. L. SAUREL.

The anæsthetic workings of ether and chloroform become manifested in three directions:—1. Upon the sensibility; 2. Upon the motility; 3. Upon the intelligence. This physiological influence corresponds with the therapeutical uses of the remedy in diseases connected with pains, cramps, or delirium, provided the cause lies in dynamic and not in organic disturbance. The more recent the malady, the more rare and yet more regular the occurrence of the attacks, so much safer is the result. In old dynamic or in organic affections, only a palliative effect is to be expected. A most marked improvement may be anticipated from anæsthetic treatment in pure and essential neuralgia; symptomatic pains can only be alleviated. When there exist organic changes of structure, or a vitiated state of the fluids, similar good results must not be expected. But the plan has been tried in remittent fevers, and in pleuropneumonia, although the experience is yet too limited for any expression of opinion. Dr. Maunson, of America, relates the case of a man, aged 40, who managed himself to assuage for many hours attacks of cramp consequent upon poisoning with two grains of strychnia, by holding to his mouth a cloth moistened with chloroform.—*Gaz. de Paris*. T. 13. 1854.

#### THE FLOWERS OF SPARTIUM SCOPARIA IN ANASARCA.

By GARCIA Y. ALVAREZ.

Rayer's recommendation, that the above-named remedy should be tried in albuminous nephritis, is confirmed by the results of a case recorded by the author. In a man, aged 40, a severe attack of general anasarca consequent upon this disease was cured by the employment of an infusion of the flowers of scoparia; the urine gave no longer an albuminous re-action.—*El. Siglo Medico*, Feb., 1854.

#### COLLODION IN ORCHITIS.

By Prof. COSTES.

The author relates three cases of this disease, where rubbing over the scrotum with a mixture of twenty parts collodion and six of castor-oil was followed by disappearance of both swelling and pain, and by rapid and complete cure.—*Journ. de Bord.*, March, 1854.

#### CÆSARIAN SECTION, WITH GOOD RESULT BOTH FOR MOTHER AND CHILD.

By HAMER, of Ommerschans.

(Communicated by Dr. RANNEFT, of Frederiksoord.)

A primipara, aged 30, who had suffered in her youth from rachitis, experienced her first pains February 2, 1853, at the normal term of pregnancy. At eight p.m. the membranes burst; but the head did not descend into the pelvis, and the pains ceased. It was therefore thought desirable to turn. The hand, however, encountered an insuperable obstacle in the promontory of the sacrum, between which and the pubes there were only two and a-half inches. At eleven p.m. the Cæsarian operation was performed. The first incision was made along the linea alba; the second incision into the uterus extended into the placenta, from which much blood flowed; but the extraction of both child

and after-birth occupied but a few seconds, after which the uterus contracted firmly and sufficiently. The child, a boy, survived. The abdominal wound in the mother was united by sutures, and a proper bandage was applied. Upon the occurrence of pain towards evening in the hypogastric region, a catheter was introduced into the bladder, and some urine drawn off; and this was often repeated, to the patient's great relief. On February 4, there was a tympanitic state of the abdomen; the tongue was dry; pulse frequent; lochial discharge normal. Ordered an enema; the application of ice. The day following there was severe pain in the abdomen; vomiting of green matter, by which three sutures gave way, and the gaping uterus was exposed at the bottom of a deep wound. Twenty leeches were applied, and the wound now re-united by plaster. A tube was introduced into the rectum, by which much gas was drawn off, and the tympanitis was diminished. A quarter of a grain of morphia was then administered, and the patient obtained some sleep. To support the abdomen, two pieces of wood, to which silk threads were attached, were rolled in long pieces of plaster. The strips of plaster were then applied from the lumbar region in such a fashion that the wooden staffs lay near to the mesial line longitudinally on either side of the wound; the silken threads were then tied, and the aperture was firmly closed. In six weeks she was well.—*Schmidt's Jahrb.* B. 83. Nov. 7, 1854.

### GENERAL CORRESPONDENCE.

#### ON THE TREATMENT OF CHOLERA AND CHOLERAIC DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Since the year 1852, when I first directed the attention of the Profession to the extraordinary efficacy of sulphuric acid in the treatment of cholera and choleraic diarrhœa, numerous communications have been addressed to me on the subject from various parts of the country. Many of these have contained recitals of cases successfully treated by the plan I recommended: some have consisted of inquiries respecting certain points of the treatment. To many of these latter I replied by a second paper published in the first October Number of your Journal for 1853; but, since the cholera has re-appeared among us, I am daily asked for more explicit directions as to the best mode of administering the remedy, and the proper cases in which to employ it. I am, therefore, induced to trouble you with the following brief statements of facts, deduced not only from my own experience at St. George's Hospital and elsewhere, but also from the concurrent testimony of numerous Practitioners in various parts of the country.

Firstly. As to the form in which the medicine should be administered. One ounce of the dilute sulphuric acid of the Pharmacopœia should be added to eleven ounces of water, and of this mixture three table-spoonsful should be given as a dose. The acid is very grateful to the palate and to the stomach; so I rarely mix it with syrup or any flavourings, which are apt to nauseate, if not to interfere with the action of the remedy. Sometimes, however, I add a drachm or half a drachm of chloric ether to every alternate dose of the medicine, and occasionally at the outset of the attack, administer two grains of opium in a pill, combined, it may be, with five grains of calomel. If the first stage of the disease is passed I never administer opium.

Secondly. In ordinary cases of choleraic diarrhœa, implying by that term cases in which there is thin watery purging, and possibly vomiting, with faintness and coldness, and clamminess of the surface, a pale moist tongue, crampy pains in the belly, and possibly also cramp in the extremities, three or four doses of the acid mixture, taken at intervals of half an-hour, will generally suffice to effect a cure. The vomiting and purging will be stayed, the cramps will subside, and heat will return to the extremities. Little or no after treatment is usually required.

Thirdly. In confirmed cases of cholera, characterised by the symptoms already enumerated, but accompanied by a feeble or imperceptible pulse, collapse and blueness, or lividity of the countenance and extremities, a dose of the acid mixture should be administered every twenty minutes, until warmth returns to the extremities, and colour to the lips. The addition of chloric ether to each dose of the mixture is extremely serviceable, if tolerated by the stomach. As the symptoms subside, the medicine should be exhibited at longer and longer intervals. In all cases, whether of confirmed cholera or of choleraic diarrhœa, a mustard poultice should be applied to the pit of the stomach,



and friction to the extremities, and a dose of the mixture should be given *immediately* after each act of vomiting.

Fourthly. In cases of collapse, it is advisable to commence the treatment by a brisk mustard emetic. Through its agency, not only is the stomach emptied, and thus put in a state to be acted on by the medicine, but the dormant energies of the system are aroused.

Fifthly. In no single instance, either in my own practice or in that of others, have I known the slightest ill effect from these full doses of the acid; while experience has proved that in very severe cases the medicine administered in smaller dose is inadequate to excite reaction and save life. Within my own experience, six doses have always proved sufficient to effect a cure, and I should not feel disposed to persevere in administering the medicine beyond the eighth dose.

Sixthly. The cases in which the acid proves most efficacious are cases of true cholera and choleraic diarrhoea, marked by the symptoms already alluded to. In the majority of such cases it acts like a charm. In ordinary bilious diarrhoea, accompanied by a foul tongue and not by coldness of the surface, the ordinary remedies for diarrhoea have appeared to me more efficient. Even in these cases, however, no harm results from the administration of the acid, and much good is often effected, so that during the continuance of the choleraic influence every person may be safely recommended to keep a bottle of the acid mixture in his house for immediate use, until the arrival of a medical man.

If the public were made aware of the fact and were to act upon it, I am satisfied that the mortality from cholera would soon be reduced within very moderate limits. This I state as the result of actual experience in above a thousand cases, many of which have occurred in my own practice. I am, &c.

HENRY WM. FULLER, M.D. Cantab., F.R.C.P.,

Assistant-Physician to St. George's Hospital.

13, Manchester-square, August 8, 1854.

#### CHOLERA IN THE BALTIC FLEET.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have for some time been halting between two opinions respecting the manner in which the cholera had been introduced into the Baltic fleet,—whether by the capture of prizes which might have had cholera on board, or by drinking the water of the Baltic containing the evacuations of the cholera patients at St. Petersburg and Cronstadt.

A paragraph in your Journal of to-day, page 152, inclines me, however, to adopt the latter opinion. The paragraph is as follows:—"The only ships which suffered from cholera are those which proceeded up to Cronstadt. The smaller vessels, especially the paddle squadron, have enjoyed a high standard of health," etc. They were the smaller steamers, I believe, that have been engaged in the capture of prizes, and not the large ships that proceeded up to Cronstadt, where the cholera was prevailing. These ships, we know, had no communication with the shore at Cronstadt, or with the enemy's shipping; and as experience is, in my opinion, entirely opposed to the view that the morbid matter of cholera passes through the atmosphere, except for a very limited distance, and that very rarely, the method I have pointed out is probably that by which the cholera was introduced. I am not able to say positively that the water of the Baltic was used on board the ships, and this is one reason of my writing, as I think it desirable that the point should be clearly ascertained. It has been publicly stated that the water in the upper part of the Baltic is quite fresh in the early part of summer, and that it was unnecessary to spend time in obtaining water from the shore. I have also been privately told that the sailors prefer the Baltic water to that which has been stored, and which tastes of the cask.

If the fleet in the Baltic had succeeded in avoiding the cholera, it is probable that London would have escaped the present epidemic of the disease, for the trade with the Baltic is suspended, and the communication between the Thames and that sea is almost confined to the fleet. Although we cannot trace the commencement of the present epidemic in London to an individual case, as the epidemic of 1848-1849 can be traced to John Harnold, of the steam-ship *Elba*, we know that the first cases occurred in persons residing, or being employed on board the shipping in the river, and among others near the river side. The cholera also appeared about the same time in an emigrant-ship and a troop-ship, soon after leaving the Thames. The following occurs in the last return of the Registrar-General:—

"In the same sub-district, (St. James, Bermondsey,) at 10, Marine-street, on 24th July, a mate-mariner, aged 34 years,

'Asiatic cholera (101 hours,) after premonitory diarrhoea (16½ hours.)' The medical attendant states:—"This patient was chief-mate to a steam-vessel taking stores to and bringing home invalids from the Baltic fleet. Three weeks ago he brought home in his cabin the soiled linen of an officer who had been ill. The linen was washed at his house and returned."

This was not one of the first cases, and therefore I do not quote it as actually introducing the cholera into London, but only to show the kind of intercourse that has been going on between the Baltic and the Thames. It is probable that a few simple regulations respecting this intercourse might have kept London free from the cholera, and inflicted no hardship on anybody; but, unfortunately, the chief advisers of Government in sanitary matters have had their minds occupied about drain-pipes and bad smells, and have neglected the specialities connected with the propagation of individual diseases.

As regards the evidence on which I conclude that the materies morbi of cholera is contained in the evacuations of the patients, and that it may retain its power of communicating the disease after being diluted with large quantities of water, I beg to refer the reader to former papers in the *Medical Times and Gazette*. (a) I will, at present, only notice an objection which has been made to the latter part of my view,—that relating to the water. It has been said, that the cholera poison would be rendered inert by the large dilution, or, if not, that every one drinking the contaminated water should have the disease. One answer meets both parts of the objection. A substance cannot be diluted beyond the ultimate particles of which it consists. The morbid matter of cholera, like the pus of small-pox and other morbid poisons, owes its properties, no doubt, to cells; and there is no more reason why diluting with water should necessarily destroy their activity, than that it should destroy the ova of fishes; and there is also no reason why every one who dips a pail into the water should draw a prize.—I am, &c.

JOHN SNOW, M.D.

Sackville-street, Aug. 5.

#### SEAT OF STRICTURE IN FEMORAL HERNIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have read with much interest Mr. Ward's excellent memoir on Strangulated Hernia, in the last numbers of your Journal; and as Mr. Ward has done me the honour to refer to the views I have laid before the Profession on the subject of Femoral Hernia, and its treatment by operation, I trust you will give me space for a few remarks on Mr. Ward's interpretation of them, as well as one or two other matters discussed in that Memoir.

Mr. Ward very justly remarks, that it is "both curious and confusing to hear and to read the various descriptions as to what is termed the seat of stricture, or what in my (Mr. Ward's) opinion would be more properly termed the impediment to reduction" in Femoral Hernia. But there is one singular circumstance, viz., that while each Surgeon maintains his own particular views on this point, and while French Anatomists even gainsay the views of their professional brethren in this country altogether, maintaining that the seat of stricture is most constantly met with in the cribriform fascia, (b) and not in those particular tissues pointed out by Gimbernat, Cooper, Hey, and Luke, no difference of any consequence has been made in the mode of operating, and the results of operations, making due allowance for skill and other accessory circumstances, will be found to be very nearly the same.

"It must, however, not be forgotten," as Mr. Ward says, in a case of femoral hernia, "the sharpest and most (least) restricting stricture would constitute the chief impediment to the return of the bowel." "Gimbernat's ligament," says Mr. Ward, "has this peculiarity, and in *post-mortem* examinations, the bowel will be found to have experienced a greater amount of injury at that part where it was in relation to Gimbernat's ligament than elsewhere." Mr. Ward continues: "In numerous cases of femoral rupture, particularly in small and recent protrusions, an incision of Gimbernat's ligament is quite sufficient to effect reduction; and, with this object mainly in view, I conclude Mr. Gay introduced his line of incision to the Profession." I cannot conceive that the greater injury to that part of the protrusion, in relation with Gimbernat's ligament, is due to the greater strain which that portion of the ring, generally supposed to be

(a) *Med. Gaz.*, 1849, Vol. XLIV., p. 730, etc.; *Med. Times*, Dec., 1851; *Med. Times and Gaz.*, 1853, Vol. VII., p. 367.

(b) See Dr. Deville's very able Memoir "Un Coup d'Œil de la Chirurgie Anglaise."



formed by that ligament, makes upon it. The strain is, doubtless, equal in every part of the ring, and must necessarily be so, if Mr. Ward's theory is correct, that "the parts surrounding the hernial protrusion can exert no active tightening effect upon it, but are rather themselves rendered tense by the pressure of the rupture and its products from within," even, I imagine, although the coverings of the hernia may be, as in some forms of inguinal, muscular in their structure;" but the construction of the ring is such, that, whereas the greater portion of the ring is rounded off, that formed by Gimbernat's ligament presents a sharp and almost cutting edge. I therefore quite concur with Mr. Ward in thinking that in cases where the stricture is tight, and there are other reasons for thinking the protrusion has suffered injury from the constriction to which it has been submitted, it is undesirable to pass the knife through the stricture behind Gimbernat's ligament; and recently I have been in the habit of avoiding this practice as much as possible in all cases. The line of external excision by which my mode of operating is carried out, was not devised for the purpose of specially commanding Gimbernat's ligament. I have endeavoured to show what I have repeatedly traced on the dead subject, that this ligament, rightly so called, does not in reality constitute the pubic margin of the femoral ring; but that this margin is formed by the falciform process of the fascia lata, which, after forming the falciform portion of the saphenus opening, "takes a curved direction obliquely inwards and backwards across the lower edge of the arch. A half spiral turn, which in this part of its course this process makes upon itself, causes that which in the thigh was its under surface, to attain the plane and level of the abdominal surface of the already described portion of Gimbernat's ligament, which structure it now completes by contributing that portion which forms its outer or semilunar margin, as it pursues its way across the femoral opening to be implanted ultimately into the ileo-pectineal ridge." (a) I have moreover shown that Hey's ligament, or that which, according to some of the best modern authorities, and among them I might number the late Mr. Key, is the principal seat of stricture in femoral rupture, is a continuation of this fibrous portion of Gimbernat's ligament; and that consequently the relaxation of the edge of this ligament is as well attained by an incision of the stricture from within forwards as in the direction of the pubis. This incision, limiting it to the mere edge of the ring in front, and thereby dividing Hey's ligament only, will not, however, relax the true ligament of Gimbernat, still regarding it as a compound ligament; but a continuation of the incision forward, (according to Mr. Key's plan,) so as to divide the posterior fibres of Poupart's ligament, would have this effect, for Poupart's ligament has precisely the same relation to the true ligament of Gimbernat, as that of Hey has to the fibres which compose the pubic margin of the ring, and which I have shown assist in forming Gimbernat's ligament. The external incision, then, which I have recommended, and which Professor Fergusson, Mr. Lloyd, Mr. Ward, Dr. Deville, and other eminent surgeons and anatomists have in many cases adopted, has no special reference to the division of Gimbernat's ligament, but permits the knife to pass successively behind the falciform process, the edge of the lower orifice of the canal, Hey's ligament, and the fibres of the inguinal ligament of Hesselback, and be thus made to command whichever may happen to be the particular seat of stricture. I am, &c.

August 1, 1854.

JOHN GAY.

#### RESULTS OF THE PERINÆAL SECTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have understood, from undoubted authorities, that a gentleman has lately died in Edinburgh, having four days previously undergone the operation of the Perinæal Section, at the hands of Mr. Syme. I have, moreover, heard that this same patient had, on a former occasion, submitted to a similar kind of operation, and that the cure had been so satisfactory as to induce the operator to relate it at a public meeting as a good instance of the success of his mode of treatment.

It is now several weeks since the result of this operation was first communicated to me, and as there is not any account of it in the weekly journals, or in the August number of the *Edinburgh Monthly*, it is possible the information received by me may have been incorrect; but as it is desirable that the unsuccessful as well as the successful cases of this operation should be published, it is to be hoped that Mr. Syme will submit to the

Profession the particulars, if any such fatal case has occurred in his own practice, and especially as it is alleged that the subject of the operation had undergone the process on two occasions.

I am, &c., HENRY SMITH.

Caroline Street, Bedford Square, Aug. 9.

### REPORTS OF SOCIETIES.

#### ROYAL SOCIETY.

JULY, 1854.

#### ON THE OXIDATION OF AMMONIA IN THE HUMAN BODY.

By H. BENICE JONES, M.D., F.R.S.,  
Physician to St. George's Hospital.

IN the last edition of Professor Lehmann's Animal Chemistry, Vol. II. p. 363, a very decided opinion is expressed against the conclusion to which I arrived in consequence of some experiments published in the Philosophical Transactions for 1851. I considered it proved that ammonia was partly at least converted into nitrous acid in its passage through the body. In opposition to this Professor Lehmann states,—

1st. That the method which I employed must of necessity give a reaction resembling that given by nitrous acid; his words are, "Es wäre nun leicht einzusehen dass schweflige Säure, durch welche bekanntlich Iodwasserstoff zersetzt wird, in die Vorlage übergeht und so jene vermeintliche salpetersaure Reaction bedingt."

2ndly. That when nitric acid was added to urine and it was distilled with phosphoric acid instead of sulphuric acid, no trace of blue colour with starch and iodide of potassium could be obtained. "Das nach Anwendung von Phosphorsäure erhaltene Destillat giebt aber auch jene vermeintliche salpetersaure Reaction nicht, ja selbst dann nicht, wenn dem Harn vorher absichtlich einige Tropfen Salpetersäure zugesetzt worden waren."

It appeared to me undesirable merely to reply to Professor Lehmann, that I had expressly stated that the indigo and protosulphate of iron tests were used, and gave as decided proof of the presence of nitrous acid in the urine as Price's test gave; and that sulphurous acid could not have produced the same effect as nitrous acid in these tests. It seemed more desirable to repeat the experiments which had been made in Professor Lehmann's laboratory on the action of sulphurous acid, and on the effect of using phosphoric instead of sulphuric acid in the distillation of the urine. I was fortunate enough to obtain the assistance of Mr. Malone to carry on the experiments continuously from day to day, and through the kindness of Dr. Hofmann this was done in the College of Chemistry.

1st. On the action of sulphurous acid on starch and iodide of potassium and very dilute hydrochloric acid. In England it is by no means well known that sulphurous acid decomposes hydriodic acid. On the contrary, theoretically it should not liberate iodine, and experimentally not only does it not liberate iodine, but it hinders the liberation of iodine, and stops the formation of the blue colour when Price's test is used and nitrous acid is present; and if sulphurous acid be added after the blue colour is formed, it makes it disappear. Pure sulphurous acid was prepared, some nitre was fused, and a dilute solution was made, and it was tested by Price's test (starch, iodide of potassium, and very dilute hydrochloric acid), then the dilute nitre solution immediately gave the deep blue iodide of starch; but when much or little sulphurous acid was added previously to the nitre solution, no blue colour at all was produced; and when, instead of the nitre solution, much or little sulphurous acid alone was added, contrary to the statement of Lehmann, no decomposition of the hydriodic acid could be obtained. If, instead of pure iodide of potassium, it was mixed with iodate of potassa, an immediate blue colour was of course observed. I can only suppose, that in this way Professor Lehmann obtained the re-action which he has attributed wrongly to the action of sulphurous acid on hydriodic acid, unless, indeed, no sulphurous acid at all was present, and the acidity of the distillate was unneutralized. Dr. Lehmann is, however, right as well as wrong, in saying that Price's test for nitric acid fails when sulphurous acid is present. The test fails, not, as he says, because sulphurous acid has the same action as nitrous acid in liberating iodine, but because it has

(a) Femoral Rupture, p. 12.



exactly the opposite property of hindering the iodide from being set free even when nitrous acid in small quantity is present. It is possible that in distilling the urine with sulphuric acid, the distillation, if carried too far, may give rise to sulphurous acid, and that thus Price's test may fail to detect nitrous acid in the urine. Moreover, portions of the distillate may be projected against the sides of the hot retort, by which the sulphuric acid acting on the organic matter may be decomposed, and minute quantities of sulphurous acid may be liberated. This sulphurous acid, instead of decomposing hydriodic acid, causes the re-formation of hydriodic acid when nitrous acid liberates iodine in Price's test.

2ndly. Lehmann states, that experiments were made by distilling urine to which a few drops of nitric acid were added with phosphoric acid, and that then the distillate gave no reaction with Price's test. The following experiments were made with every precaution. Anhydrous phosphoric acid was prepared, and it was found to be free from nitrous acid. Some healthy urine was taken and some pure nitrate of potassa, in the proportion of two grains of salt to an ounce of fluid, and distilled with phosphoric acid (ten ounces of urine, twenty grains of nitre, and one ounce of anhydrous phosphoric acid). On concentrating the neutralized distillate nitrous acid was detected by all the tests, namely, the indigo test, the protosulphate of iron, and Price's test. In a second experiment, five ounces of urine, with five grains of nitre and half an ounce of anhydrous phosphoric acid, gave nitrous acid by all the tests. The distillation was continued until the contents of the retort were viscid. In a third experiment, three ounces of urine, with a grain and a-half of nitre, were distilled with three drachms of glacial phosphoric acid; the distillate neutralized and evaporated gave no trace of nitrous acid; the same urine, with the same quantity of nitre and three drachms of sulphuric acid, when distilled, gave a distillate, which, when neutralized and evaporated, gave decided evidence of nitrous acid. In my former paper I showed, that by distilling with sulphuric acid when only one-tenth of a grain of nitre was added to each ounce of urine, nitrous acid could be detected. From these experiments, it appears that distillation with sulphuric acid is to be preferred to distillation with phosphoric acid; but, even with this last acid, when a grain of nitre is added to an ounce of urine, the nitrous acid can be detected. I then endeavoured, by using phosphoric instead of sulphuric acid in distilling urine passed after a salt of ammonia had been taken into the stomach, to detect nitrous acid in the urine. Two drachms of muriate of ammonia were taken in seven ounces of distilled water. The urine was collected for six hours afterwards. Twelve ounces of this urine were distilled with one ounce of phosphoric acid (anhydrous). The distillate, when concentrated, did not give any evidence of nitrous acid by Price's test. The same experiment was repeated with no better result. In another experiment, sulphuric acid, six drachms to twelve ounces of urine, was used instead of phosphoric acid. The distillate, as soon as it was obtained, gave the slightest precipitate with chloride of barium insoluble in nitric acid, showing that a trace of sulphuric acid was carried over into the receiver. The distillate was made alkaline with pure carbonate of soda, evaporated, and nitrous acid was immediately detected by the indigo and iron test, as well as by Price's test. A portion of the distillate left exposed to the air, on the following day had lost the power of liberating iodine. This arose from the nitrous acid passing into nitric acid. Pure nitre gives no colour with starch, iodide of potassium, and dilute hydrochloric acid, but when fused it produces the liberation of iodine immediately. If the solution of fused nitre is exposed to the air it loses this property, but regains it when the solution is evaporated to dryness and re-fused and again dissolved. In another experiment six ounces of urine passed before the muriate of ammonia was taken were distilled with half an ounce of sulphuric acid; the distillate was highly acid, and gave a slight precipitate with chloride of barium; it was made slightly alkaline, evaporated to a small residue, and then gave no evidence of nitrous acid. Then two drachms of muriate of ammonia were taken in seven ounces of distilled water; eight ounces of urine passed four hours afterwards were distilled with half an ounce of sulphuric acid. The distillate was fractional; the first portion gave no colour with starch test; it contained a minute trace of sulphurous acid. The second portion was highly acid; it was made slightly alkaline, evaporated nearly to dryness, and then gave most positive evidence of nitrous acid by Price's test, and also by decolorizing a deep solution of indigo. Thus, before the salt of ammonia was taken, no nitrous acid could be detected in the urine; while, after the ammonia, nitrous acid was proved to be present, not only by Price's test, but by the indigo test

also. In conclusion, it results from these experiments—1st. That in Price's test sulphurous acid produces exactly the opposite effect to nitrous acid, and even hinders nitrous acid from liberating iodine from hydriodic acid. 2ndly. That phosphoric acid, when mixed with urine containing nitre, and distilled very low, does liberate nitrous acid; though, when used instead of sulphuric acid, it does not enable the nitrous acid to be detected so readily as when the latter acid is employed. Hence the experiments performed in Professor Lehmann's laboratory by Herr Jaffé,<sup>(a)</sup> do not invalidate Price's test for nitrous acid in the way Professor Lehmann supposes; and by again repeating some of my former experiments, I still arrive at the conclusion that when ammonia is taken into the body nitric acid may be detected in the urine, but that the quantity which can be made to appear is so small that the most delicate method is required for its detection. This, however, is no proof that a much larger quantity may not be lost in the process for obtaining it from the urine.

## PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—THURSDAY, AUG. 3.

MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

The Report of Amendments of this Bill was received.

FRIDAY, AUG. 4.

The Medical Graduates (University of London) Bill was read a third time and passed.

MONDAY, AUG. 7.

The Royal Assent was given to the Registration of Births (Scotland) Bill.

The Public Health (No. 2) Bill was read a first time.

TUESDAY, AUG. 8.

PUBLIC HEALTH BILL.

Earl Granville moved the following Resolution with regard to this Bill—

"That as the Public Health Bill constitutes a new Board of Health, inasmuch as cholera exists in many parts of the Kingdom, and various sanitary regulations which can only be carried out effectually by the said Board imperatively are required, the circumstances which render legislation on the matter of the said Bill expedient are of such urgency as to render the immediate consideration of the said Bill necessary; and it is, therefore, reasonable that the same be allowed to be read a second time this day, if the House shall think fit so to order."

The Earl of Shaftesbury bore his testimony to the urgency of the circumstances which called for legislation on this subject. The Board of Health, as at present constituted, would expire at the end of this Session, and, as the cholera was advancing with such rapid strides, it was expedient that no time should be lost in re-constructing the department. The number of deaths from cholera and diarrhoea for the week ending August 5 was 547, being 399 from cholera, and 148 from diarrhoea; and how the disease had advanced would be seen from the fact that, while for the week ending July 15, the deaths from cholera were 5, and from diarrhoea, 46—in all 51, for the week ending July 22, the numbers were, from cholera, 26, and from diarrhoea, 58—in all, 85; and for the week ending July 29, from cholera, 133, and diarrhoea, 84—in all 217.

The Resolution was then agreed to, and the Bill went through the remaining stages, and was passed.

METROPOLITAN SEWERS BILL.

Lord Stanley of Alderley moved a similar Resolution with regard to this Bill, which was agreed to, and the Bill passed.

HOUSE OF COMMONS.—THURSDAY, AUGUST 3.

PUBLIC HEALTH (COMPENSATION TO OFFICERS) BILL.

The House went into Committee on this Bill, to provide an allowance for officers retiring from the existing Board of Health.

Mr. Hume hoped that the Government would take care to find some suitable employment for Mr. Chadwick, who, though in ill-health, had before him the prospect of many years in which he might do good service to the public.

Mr. Wilson said it was an invariable rule with the Government, in all cases where Parliament gave the discretion of granting pensions to public officers, to avail itself of any opportunity for finding active employment for such pensioners as

(a) Erdmann's Journal, Vol. LIX. p. 238, 1853.



should be capable of fulfilling it; and this rule would not be lost sight of in the case of Mr. Chadwick, confessedly a gentleman well adapted, when in health, for performing valuable public service.

MEDICAL GRADUATES (SCOTLAND AND IRELAND) BILL.

On the order of the day for the resumption of the adjourned debate on the second reading of this Bill being read,

Lord Palmerston said, he hoped the honourable and gallant gentleman who had charge of this Bill, (Colonel Dunne,) considering the late period of the Session and the nature of the measure itself, would allow it to drop. Her Majesty's Government intended to take up the general question at the commencement of the next Session, when he thought either a Commission or a Committee ought to be appointed, consisting, in either case, of gentlemen not belonging to the Medical Profession; and on the result of their inquiries some general measure might be framed, satisfactory to the wants of the Profession and the interests of the community at large. The House, therefore, would agree with him, that it would be scarcely advisable to lose time in discussing a Bill which had no chance of passing this Session.

Colonel Dunne said, he had, of course, at this period of the Session, no alternative but to comply with the request of the noble Lord. He was glad to hear that the Government meant to take up the subject; for he felt sure, that, if it were left to Medical men, it would be a long time before it was settled.

The Bill was then withdrawn.

FRIDAY, AUG. 4.

PUBLIC HEALTH BILL.

The House went into Committee on this Bill.

On the question that Clause 1 be agreed to,

Mr. Pellatt wished to know who was to be the head of the new department created by the Bill, because on that functionary would mainly depend the efficient working of the machinery of the measure. It was also desirable that the Committee should receive some explanation as to the relation in which "the President and Vice-President for the time being of the Committee of Council relating to Trade and Foreign Plantations" would stand to the new Board.

Sir W. Molesworth explained, that the President of the new Board of Health would be solely responsible for the administration of the Board. The officers connected with the Council of Trade were associated with the new Board only in order that one of them might act ministerially in the event of the President of the Board being absent from London or unable to attend to his duties from illness. It was impossible for him to tell the hon. gentleman who would be the President of the Board of Health, because he did not know himself. He hoped, however, that whoever might be appointed would secure the approbation of the hon. Member.

Mr. Evelyn expressed his regret, that no attempt had been made by the framers of this Bill to amend those provisions of the existing Public Health Act which were generally objected to. The public complained particularly of the power given to one-tenth of the inhabitants of a town to put the Bill in force in that locality; and also of the absence of all scrutiny with the view of ascertaining the genuineness of the signatures to Petitions forwarded to the Board of Health. The partial operation of the Public Health Act gave rise to much dissatisfaction. It was put in force only where the Board directed, and the consequence was, that in the place which was selected for sanitary operations property was immediately depreciated in value; for, although the locality might be one of the most healthy in the kingdom, everybody gave it credit for being afflicted with pestilence. The schemes of the old Board were of a most preposterous character, especially that for the supply of London with water, which was worthy only of the philosophers of Laputa, and he hoped the Board would act upon a different system. He also trusted that the Committee which was to be appointed next session would do something more than add to the number of our blue books, and would examine into the state of the common law upon this subject, and see whether it could not be carried into effect. (Hear, hear.)

Mr. Michell objected to the Bill, because it gave too much power to the Board in some instances, and because the Board would have no power to carry out any sort of sanitary measures in the city of London. He wished to call the attention of the noble Lord the Home Secretary to the state of the streets of London; for, in his opinion, the accumulations of filth in them during the warm weather were productive of much disease, and he thought some system of cleansing them ought to be carried out. The smell in this House from the graveyard of St. Mar-

garet's opposite was sometimes quite unbearable—(hear)—and in some of the graves there were openings which measured as much as eight inches by sixteen. This was a state of things which ought not to exist in the Metropolis when the cholera was approaching. (Hear.)

Sir G. Pechell said, it was right that the new Board should be made aware of the system which had been practised by the old Board, and of the feeling of the public with regard to its proceedings. It had been said that provisional orders, such as the old Board had issued, and which he considered inexpedient, were less expensive to the ratepayers than local Acts; but the local Acts which had been referred to in support of that proposition, such as the Brighton Act and the St. Pancras Paving Act, had nothing to do with the question. The expense of sending a man down merely to take a survey of Brighton previous to a provisional order, had been 198*l*. During the last five years, the Board had incurred very great and, as he considered, unnecessary expenses, and had only applied the Act to a comparatively small number of places. He admitted that the principle of the present Bill was received with almost universal favour, but hoped that some inquiry would take place in order to show the new Board the faults which the old one had fallen into, so that it might avoid them. No town ought to be brought under the operation of an Act so stringent as that of 1848 without ascertaining the sense of a *bond fide* majority of its inhabitants; but, if the present system of bringing it under the control of the Board on the petition of one-tenth of the number was to remain, no place would be safe. (Hear.)

Mr. Philipps believed, that a Petition signed by one-tenth of the inhabitants of a place could be got up for or against any subject, especially if the names of the persons signing the Petition were not to be verified; and, in his opinion, no town ought to be bound by such a minority.

Mr. Cobbett remarked, that all the Petitions presented to that House, complaining of the conduct of the Board of Health, asked for an inquiry into the circumstances of their being brought under its operation, alleging that it had been by deceptive means. He wished to have a complete understanding from the Right Hon. Baronet, the first Commissioner of Works, as far as could be given, that the measure, during the year it would be in force, would not be brought into operation in any particular town unless the Petition for it was genuine, and was signed by a majority of the rate-payers, and also that before any permanent measure was passed it should be referred to a Committee of Inquiry up stairs.

Sir W. Molesworth reminded the hon. gentleman that the Bill was not to amend the Public Health Act, but to constitute a new Board, and it would be extremely awkward for him to make any statement affecting the manner in which towns ought to be brought under the operation of the Public Health Act. All he could say was, that when provisional orders for such a purpose were brought into that House, it had always been his principle not to ask the House to confirm them where a decided majority of the ratepayers opposed the introduction of the Act; and he had no reason to suppose that principle would be departed from. With regard to the other question, it would be the duty of the President of the new Board to propose a Bill next Session for the amendment of the Public Health Act, which would, no doubt, be referred to a Committee, and witnesses examined on it.

Lord D. Stuart called the attention of the Right Hon. Baronet to the fact, that great complaints had been made respecting the condition of the water in the Parks, particularly of the Serpentine, from which noxious effluvia rose, injurious to health. It was supposed to be caused by the deposit of mud at the bottom of the water, there being no running stream sufficiently powerful to carry it off. He suggested that some plan should be considered with a view both to remedy this evil, and to embellish the Parks.

Sir G. Pechell admitted that the First Commissioner of Works had been opposed to provisional orders being confirmed for putting the Public Health Act into force in towns where its introduction was opposed by the inhabitants; but he complained that, after such an expression of opinion in towns, the Board of Health should have insisted in putting them in the provisional orders in question.

Clauses 1 and 2 were then agreed to.

On Clause 3, fixing the salary of the President of the new Board at 2,000*l*. a-year,

Mr. Henley objected to the amount as too large; he thought 1,500*l*. sufficient, but would not divide the Committee on the question.

Sir W. Molesworth defended the amount, on the ground that



the President only remained in office during the existence of the Ministry by whom he was appointed. (Hear.)

Sir G. Pechell pointed out that the salary of the new President greatly exceeded that of a Lord of the Admiralty, who worked exceedingly hard, being engaged morning, noon, and night. He hoped, considering the salary, that the work would be well done.

The Clause was then agreed to, as were Clauses up to 8 inclusive.

The remaining Clauses of the Bill were then agreed to, and the Bill was reported to the House, with Amendments.

SATURDAY, AUG. 5.

The Amendments to the Public Health Bill were considered, and agreed to, the Bill to be read a third time on Monday.

MONDAY, AUG. 7.

The Public Health Bill was read a third time and passed.

TUESDAY, AUG. 8.

#### MEDICAL GRADUATES BILL.

On the Motion that the Lords' Amendments to this Bill be read,

Mr. Mowbray objected to the Amendments being agreed to, on the ground of the University of Dublin being by them excluded from the operation of the Bill.

The House was proceeding to a division on the question that the Lords' Amendments be now read, but the Speaker, finding there were only eighteen Members present, declared the House adjourned at twenty-five minutes past twelve o'clock.

WEDNESDAY, AUG. 9.

The Lords' Amendments to the Medical Graduates (University of London) Bill were agreed to.

THURSDAY, AUG. 10.

The following returns were moved for :—

SMALL-POX.—On the Motion of Dr. Michell, address for return from the Small-pox Hospital, Upper Holloway, Islington, during each year respectively, from 1843 to 1853 inclusive, of the number of cases of small-pox treated in that hospital; of the number of cases of casual small-pox after vaccine inoculation; of the number of cases of casual small-pox after variolous inoculation; of the number of deaths from small-pox after vaccine inoculation; and of the number of deaths from small-pox after variolous inoculation.

THE CASE OF ALFRED RICHARDSON.—On the Motion of Lord D. Stuart, address for a copy of any report made by Mr. Bodkin, the counsel who attended the inquest on the body of Alfred Richardson, on behalf of the Home Office, and of the notes taken by him during the inquest.

## CHOLERA.

HEALTH OF THE BALTIC FLEET.—We have received a letter from the Surgeon of one of Her Majesty's ships, dated Led Sound, Aland Islands, August 1, by which we learn that the Admiral has given orders that no more cholera patients, for the present, and none but urgent cases, should be admitted into the Belleisle Hospital ship, as he is anxious to keep as many beds as possible vacant for whatever casualties may occur in the coming bombardment of Bomarsund. By leaving the Gulf of Finland, the ships have not left the cholera behind. It still continues in the St. Jean d'Acre and Ajax. The former ship had had 12 cases within the last 48 hours of July, and 6 deaths. The total number of deaths from cholera in the English fleet up to that date had been 86.

THE LORD AUCKLAND troop-ship put into Plymouth Sound on Monday at noon, with the yellow flag flying at her main. She was boarded by the Custom-house officer, and placed in quarantine, in consequence of her having the cholera on board. She had on board 190 men belonging to different regiments in the East Indies, and only left Gravesend on the 23rd inst. Sixty men had been attacked with cholera and severe diarrhoea, out of whom 8 have died. A Medical survey was held on Tuesday, by Dr. Fuller, of H.M.S. Impregnable, and Dr. Risk, H.M.S. Calcutta, when it was determined that all the sick should be put on board the Andromeda hulk, and placed under the care of Mr. Henry, Assistant-Surgeon to the Ordinary.

CHOLERA, fatal in the last three weeks of July in 5, 26, and 133 cases, destroyed in London, last week 399 lives,—viz., 145 children under 15 years of age, 213 persons between 15 and 60 years, and 41 who had reached 60 years of age and upwards. The disease had made greater progress at the same date in 1849, for in the week that ended 4th August of that year the number who died of it was 926. From diarrhoea and dysentery the deaths in the last four weeks have been 51, 63, 87, and 146. Of the 399 deaths from cholera last week, 23 occurred in the West

Districts, 12 in the North, 14 in the Central, 60 in the East, and so large a proportion as 290 on the South side of the River. 211 deaths from cholera were among males, and 188 among females, and occurred as follow :—

In the West Districts	15 males and 8 females
„ North	7 males 5 females
„ Central	9 males 5 females
„ East	42 males 18 females
„ South	138 males 152 females

The following Table shows the relative prevalence of cholera in the districts of London :—

DISTRICTS.	Popula- tion in 1851.	Deaths from Cholera, in the week ending Aug. 5.	Total Deaths from Cholera from July 22 to August 5.	Mortality from All Causes. Week ending Aug. 5.
LONDON .....	2362236	399	558	1456
1—6. WEST DISTRICTS.....	376427	23	33	156
7—11. NORTH DISTRICTS...	490396	12	22	225
12—19. CENTRAL DISTRICTS	393256	14	27	189
20—25. EAST DISTRICTS.....	485522	60	107	293
26—36. SOUTH DISTRICTS ...	616635	290	369	593
1. Kensington .....HL	120004	2	4	36
2. Chelsea..... WH	56538	4	7	37
3. St. George, Hanover-sq. H	73230	6	7	28
4. Westminster ..... HHPP	65609	8	10	38
5. St. Martin-in-the-Flds. H	24640	2	4	10
6. St. James, Westminster..	36406	1	1	7
7. Marylebone..... H	157696	6	10	57
8. Hampstead .....	11986	1	2	4
9. Pancras ..... WHH	166956	2	5	85
10. Islington..... HHPP	95329	2	2	51
11. Hackney ..... H	58429	1	3	28
12. St. Giles.....	54214	2	3	18
13. Strand (wk. in 9) ..... H	44460	2	4	27
14. Holborn.....	46571	—	1	10
15. Clerkenwell ..... PP	64778	—	1	35
16. St. Luke (wk. in 20)... L	54055	1	2	35
17. East London..... P	44406	3	4	20
18. West London.... WHPPP	28840	4	6	24
19. City of London (wk. in 25)	56932	2	6	20
20. Shoreditch ..... WL	109257	4	8	51
21. Bethnal-green..... L	90193	4	4	43
22. Whitechapel..... H	79759	5	10	48
23. St. George-in-the-East....	48376	9	14	39
24. Stepney..... H	110775	28	50	83
25. Poplar ..... WL	47162	10	21	29
26. St. Saviour..... HH	35731	24	27	46
27. St. Olave ..... HH	19375	32	37	43
28. Bermondsey ..... L	48128	56	71	71
29. St. Geo., Southwark LLP	51824	31	38	58
30. Newington..... P	64816	37	39	74
31. Lambeth ..... L	139325	33	40	99
32. Wandsworth ..... L	50764	17	21	34
33. Camberwell ..... LL	54667	25	32	52
34. Rotherhithe ..... L	17805	17	25	24
35. Greenwich ..... HHHP	99365	17*	34	79
36. Lewisham ..... W	34835	1	3	13

\* 4 of these cases were on board the Dreadnought.

NOTE.—The letters placed against names of districts denote public institutions now within their limits, namely H for hospital; L, lunatic asylum; P, prison; W indicates a workhouse not belonging to the district, though situated therein.

MILLBANK PENITENTIARY.—On Monday an inquest was taken at the Penitentiary for male prisoners, Millbank, on the body of a man, aged 23, a convict, who died of an attack of Asiatic cholera. Verdict, "Death from Asiatic cholera." Another inquest was taken respecting the death of a man, aged 38, which was also from Asiatic cholera. Inquests were also held on Wednesday respecting the deaths of three prisoners. The disease in each case appears to have progressed rapidly, in spite of the efforts of the Resident Surgeon. A verdict of "Death from Asiatic cho-



lera" was given in reference to all the deceased. Mr. Attfield stated that there were now twenty-five cases of cholera in the prison, four of which were serious.

WOOLWICH.—Twenty-eight cases of this disease have occurred on board of the Defence (convict-hulk) and Unité (convict hospital-ship), at Woolwich; and eight of these cases have proved fatal. There have also been several cases on shore having a fatal termination; but the Warrior, convict-ship, stationed opposite the dockyard, has not had a single case on board. The present appearance of the cholera at Woolwich has shown itself within a few yards of the same place where it broke out in the Justitia, convict-ship, on its former appearance; the hulk was blamed, and the convicts all removed from her, but it is now evident that it is the locality that is to blame, and no wonder, as there is a most disagreeable drain emptying its filth into the river a short distance above the place where the Defence and the Unité Hospital-ships are stationed.

SHEERNESS.—Four more colliers from London have put in here with cholera cases on board. They are all under the medical treatment of Dr. Smith.

LIVERPOOL, Aug. 9.—At a meeting of the Health Committee, yesterday, the Medical Officer reported, that there had been an increase in the number of deaths by cholera. The deaths had been 23, as compared with 9 in the previous week. They had been chiefly confined to the Irish district.

MANCHESTER.—Two deaths have occurred in Manchester. The wife of a bookkeeper in Carter Street, Chorlton-upon-Medlock, died after twenty-two hours' illness. This case was an importation from Liverpool. She had been to that town to attend the funeral of her daughter-in-law, who had died of cholera. The second case is that of a man whose death occurred after twenty-five hours' illness.

BELFAST.—The *Banner of Ulster* says,—“We have reason to expect, that the weekly returns of cholera in Belfast, to be made on Wednesday next, will present a serious increase on the returns of last week.”

NIAGARA.—BUFFALO, July 24.—The two gate-keepers at the bridge have died, and the gate is deserted, persons passing over free from toll; but nearly all who are not ill have fled. This afternoon a horrible stench was discovered proceeding from a shanty near the bridge, and it was found to be from the bodies of two men who had died there alone. The place was set fire to, and the bodies and all the contents consumed. The disease is confined to the low grounds at the suspension-bridge.

FRANCE.—At Marseilles there is rather a diminution in the number of deaths, but in other places the epidemic continues to rage, and the alarm which it creates is excessive. Burgundy, and especially the neighbourhood of Dijon, seem to have suffered most. The whole of the valley of the Saône is attacked. At Dôle several hundreds have died. The Government has sent down twenty-one Medical men to tend the sick. From several places the inhabitants have fled, and the towns are almost deserted. Many of the public functionaries have taken to flight, and the Government has consequently deprived them of their offices. It is now said that the complaint is spreading, not only to the Department of the Vosges which adjoins Burgundy, but towards Normandy.

ST. PETERSBURG.—The cholera is making great havoc.

AMERICA.—The cholera was increasing in virulence at New York.

NAPLES.—The cholera is raging in the Quartieri Porto, Pendino, Mercato, and Vicaria, which are the dirtiest districts of a town not noted for its cleanliness.

GENOA.—According to the last advices, the total number of cases of cholera there since the outbreak has been 1790; deaths, 747. The number of persons who had left Genoa on account of the cholera amounted, up to the 2nd, to 30,514. The King left Turin on the 4th for Genoa, to visit the Hospitals. The sanitary condition of Turin continues excellent; only two or three cases of cholera have occurred. In Genoa, nearly every shop is closed, and not a soul is to be seen in the streets. Popular prejudice is strongly excited, and the druggists' shops are constantly guarded by gendarmes, lest they should be laid waste as the laboratories of poison. Physicians are threatened as poisoners, while in the performance of their duties; and, the other day, one of them was so maltreated that he died of cholera produced by fear. A little east wind had in part abated the intense heat. The official return of the 3rd showed 202 cases, and 91 deaths.

GALLIPOLI.—Four French Generals have died of cholera. The Colonel of the 13th Regiment of the line (quartered at Gallipoli) is dead. The French had already lost two Generals—Ney and Carabuccia—about 25 officers, and 550 men. The 4th Regiment (English) had lost about 20. There were 80 men in

hospital; and on the 24th of July there were 6 deaths, all decided cases of cholera. The heat was intolerable, often with the thermometer at 109 in the tents, and the water was very bad indeed.

MUNICH.—Some cases of cholera have occurred.

MALTA.—There are fewer cases of cholera; though, generally speaking, they are almost all fatal.

## MEDICAL NEWS.

UNIVERSITY OF LONDON.—Matriculation.—1854.—Examination for Honours.—*Mathematics and Natural Philosophy*.—T. Harlin (Exhibition), St. Peter's College, Cambridge; F. Bullock, King's College; L. Emanuel, University College; W. West, King's College; J. F. Messenger, King's College; A. Prevost, University College; W. Rowlands, Wesleyan Col. Inst., Taunton; J. B. Taunton, University College School; and C. D. Roberts, University College.

*Chemistry*.—J. L. H. Down, London Hospital, and A. J. B. Squire, University College (equal), Prize of Books; A. Fleischmann, Stafford County Infirmary; J. A. Williams, Queen's College, Birmingham; J. Easton, King's College School; E. R. Bucknill, private tuition; G. E. Jeaffreson, private tuition; H. Gervis, West of England Dissenters' Prop. School; M. Tonge, private tuition; A. G. Kemp, Wesley College, Sheffield; A. Woodward, King's College; H. H. J. Sterling, University College; W. Hodges, Guy's Hospital; and T. J. Woodhouse, private tuition.

*Botany*.—R. R. Siccama (prize of books), King's College; T. J. Woodhouse, private tuition; E. R. Bucknill, private tuition; A. Woodward, King's College; J. H. Barr, Owen's College.

*Zoology*.—A. E. Durham (prize of books), Cheltenham Hospital; E. Charles, private tuition.

*Classics*.—E. E. Bowen, King's College, and P. Greg, private tuition (Exhibitions—equal); E. R. Horton, St. Peter's College, Prior Park; T. Watson, Glasgow University; J. Wingfield, private tuition; E. G. Herbert, Grammar School, Leatherhead; W. Rowlands, Wesleyan Col. Inst., Taunton; J. F. Messenger, King's College, and T. P. Smith, Merchant Taylors' School—equal; J. A. Flewitt, King Edward's School, Birmingham, and J. R. Gasquet, University College School—equal; B. Fitzpatrick, private tuition, and F. Garrard, King's College—equal.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.—The lowering, after examination, had the degree of M.D. conferred on them, on August 3:—

BOTHAM, JOHN C., Derbyshire.	MARR, GEORGE, Aberdeenshire.
COATES, WILLIAM, Somerset.	PROUDFOOT, T., Gloucestershire.
COLLINS, WILLIAM J., London.	PRING, JOHN, Bristol.
FRASER, JAMES, Glasgow.	SEGAR, JOHN, Lancashire.
HILL, ALFRED, Birmingham.	TATE, WILLIAM B., Ipswich.
HINCHLIFFE, M., Yorkshire.	THORNE, GEORGE L., London.
JANNAHILLS, R. D., Glasgow.	
JENKINS, GEORGE H., Wales.	

On the following day the degree of M.B. was conferred on COLLINS, A., Stonehaven. | SMITH, ROBERT, Old Aberdeen.

UNIVERSITY COLLEGE, LONDON.—The prizes and certificates of honour for the summer term of the Faculty of Medicine, and the result of the competition for the Williamson prize for chemical research in the Laboratory of Analytical Chemistry, were announced on Wednesday. The prizes were awarded as follow:—Botany: gold medal, Henry Maudsley; silver, William Pile. Pathological anatomy: gold medal, Frederick G. Clarkson; silver, John D. Scurrah. Midwifery: gold medal, A. Steadman; 1st silver, J. D. Scurrah; 2nd silver, Thomas V. Jackson. Medical jurisprudence: gold medal, J. D. Scurrah. Materia medica: gold medal, Henry Maudsley; silver (equal), Edwyn Andrew and James Gibbs Blake. Analytical chemistry: Williamson prize of 50% for chemical research, Robert Railton; honourable mention, George Kay and Henry Scrugham. Mr. D. Boswell Reid, jun., stood next to the prizemen in the classes of Pathological Anatomy and Materia Medica, and obtained a fourth certificate of honour in botany.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 3:—

FOOTMAN, JOHN, Ipswich.  
GORNALL, R. GREGORY, Newton Heath, near Manchester.  
LAMBERT, HENRY STONE, Croydon, Surrey.  
LISTER, EDWARD, Liverpool.  
MAY, EDWARD HOOPER, Tottenham.



## APPOINTMENT.

**CHARING-CROSS HOSPITAL.**—On Tuesday last, Mr. Edwin Canton, who, for many years, has filled the chair of Lecturer on Anatomy at this Hospital, was elected, without opposition, to the office of Assistant-Surgeon to the institution.

## VACANCIES.

**YORK COUNTY HOSPITAL.**—The office of Surgeon has become vacant by the death of the senior Surgeon, Henry Russell, Esq. Four candidates are in the field, namely, Messrs. Husband, Keyworth, Reed, and Prance, and a hot canvass is now in progress. The office of Physician to the same Hospital has also become vacant by the resignation of the Senior Physician, Dr. Belcombe, whom it is proposed to appoint Consulting Physician. Here there are three candidates in the field, namely, Drs. Laycock, Shann, and Swaine.

## DEATHS.

**CAREY.**—Aug. 3, at 40, Thomas-street, Limerick, aged 78 years, Joseph Knight Carey, Esq., M.D., L.R.C.S. and Lic. in Midwifery Edin. 1800; Senior Medical Governor and Prescribing Physician to the General Dispensary, Limerick; formerly Physician and Surgeon to the House of Industry and late Lunatic Asylum 16 years; also Senior Physician to the Cholera Hospitals; Extra Member of the Royal Medical and Chirurgical and Physical Societies of Edinburgh; Author of a work "On Pulmonary Disease," and a Thesis on Phthisis Pulmonalis.

**EDWARDS.**—Aug. 3, John Wakeham Edwards, Esq., Surgeon, of Hart-street, Bloomsbury-square, aged 62, deeply and sincerely regretted. In practice prior to 1815.

**GRAHAMSLAY.**—Aug. 7, at Worcester, John Robert Gramsley, Esq., M.D., the Medical Superintendent and Resident Physician of the Worcester City and County Lunatic Asylum at Powick. He was appointed to the Asylum at its completion, two or three years ago, and was greatly respected in the city of Worcester. M.D. Edin. 1848; late Senior Assistant-Physician to the Royal Edinburgh Lunatic Asylum.

**LAMB.**—July 31, at Edinburgh, John Lamb, Esq., M.D., H.E.I.C.S. (July, 1808, Civil.)

**SOWERBY.**—Lately, G. B. Sowerby, Esq., F.L.S., a well-known naturalist. Mr. Sowerby published several works on recent and fossil conchology, besides contributing papers to a Journal devoted to zoological science, of which he was one of the publishers and proprietors.

**DEATH OF M. LALLEMAND.**—As we announced last week, the Medical Profession in France has just sustained a severe loss in the person of M. Lallemand, Honorary Professor of the Faculty of Medicine of Montpellier, and Member of the Académie des Sciences. Since his admission to the latter learned body he gave up his professional chair and practice at Montpellier, to reside at Paris, in order to devote himself to his academical duties and a life of study. He was an active member of the Society of Surgery of that city, and was instrumental in bringing before the Profession M. Pravaz's experiments of injecting perchloride of iron into the blood, since applied to the treatment of aneurism, nævus, etc. His works are the "Encephalon," "Pertes Seminales," and "Maladies des Organes Genito-Urinaires," are well known in this country. He died at Marseilles, where he had repaired in hopes of recruiting his health.

**MEDICAL BENEVOLENT COLLEGE.**—On Saturday last from thirty to forty gentlemen responded to the invitation of the respected and indefatigable Treasurer, and met at Epsom. After walking round the grounds, and inspecting the building, the party assembled in the capacious dining hall, and partook of a cold dinner, the chair being ably filled by a warm and kind friend of the charity, B. Oliveira, Esq., M.P. A feeling of evident satisfaction pervaded the meeting, the kindly and benevolent objects of the Institution securing the best sympathies of all present. The esteemed founder, Mr. Propert, now begins to see the reward to his labour of love. We call upon those members of the Profession who have deferred their intentions, at once to come forward and cheer on Mr. Propert, that when they see the great objects of the building in full and beneficent operation, they may have the satisfaction of knowing that they added a brick, or contributed a timber towards its completion. Not the least interesting fact of the day, as showing the strong feeling among the General Practitioners in favour of

this College, was the announcement of a third donation of twenty guineas from Mr. Hargreave, of Tunbridge Wells.

**HEALTH OF OUR TROOPS IN THE EAST.**—By a private letter from Varna, dated 27th July, we learn that there is much sickness among the troops quartered there. Diarrhoea is general, fever prevails, and cholera has broken out with some little violence. The Hospital is quite full, the sick filling not only the wards, but the passages, and even the staircase. Eighty new cases were admitted into Hospital on the 23rd. It was expected that a considerable number of the sick would embark in a day or two. The sickly season does not ordinarily commence till September. We can add, upon the authority of official information, that the last formal return up to the 22nd of July, gave 1507 men sick in the British army at Varna and its neighbourhood, the total force being 25,600, the proportion thus being a trifle under 6 per cent. In addition 500 men, the majority of whom were convalescents, remained at Scutari. Between the 22nd and 24th there had been 49 admissions and 16 deaths from cholera in the camp at Devna. The return of admissions and deaths from cholera between the 19th and 25th inclusive, gives—English, admissions 73, deaths 23; French, admissions 139, deaths 71. It was firmly believed that the cholera had been imported by the French troops from Montpellier.

**APARTMENTS FOR SCIENTIFIC SOCIETIES.**—A Deputation from the following scientific Societies, in connexion with apartments in Burlington-house, had an interview with Sir William Molesworth, on Friday, Aug. 4, at the Office of Works and Public Buildings in Whitehall-place. The Deputation consisted of—From the Botanical Society, Mr. J. Heywood, M.P.; Mr. J. Miers, F.R.S.; Mr. J. Reynolds, Treasurer; and Mr. G. E. Dennes, Secretary. From the Statistical Society—Mr. Lumley; Dr. Grey, F.S.S.; Mr. Cheshire, and Dr. Beard. From the Pathological Society—Dr. Babington, Mr. Fergusson, F.R.S.; Dr. Quain, and Mr. Henry. From the Epidemiological Society—Dr. Babington, Dr. M'William, Mr. Tucker, Dr. Seaton, and Dr. Sibson. From the Ethnological Society—Mr. J. B. Greenhough, F.R.S.; Mr. James Bell, M.P.; Mr. Richard Cull, and Dr. Camps. From the Entomological Society—Mr. E. Newman, F.L.S.; and Mr. V. W. Douglas. From the Philological Society—Mr. F. J. Furnivall. And from the Institute of Actuaries—Mr. Hill Williams and Mr. Cheshire.

**A HANDSOME NEW INFIRMARY** has just been established in Huntingdonshire, at a cost of 9000*l*.

**THE LAWSON OBSERVATORY.**—The withdrawal of the Government grant of 2000*l*., which had been calculated upon by the Committee in Nottingham for the establishment of the above Observatory, will, it is thought, render abortive all attempts to carry out the scheme. The money already subscribed, which is considerable, will, unless the subscriptions can be increased, be returned to the subscribers.

**HONOURS TO MEDICAL MEN IN FRANCE.**—In 1853, the first number of the *Annuaire de l'Ordre Impérial de la Légion d'Honneur*, was published, and it contained 52,709 names thus distributed:—Family of the Emperor, 3; Grand Cross, 57; grand officers, 214; commanders, 997; officers, 4,633; chevaliers, 46,805. The *Gazette des Hôpitaux* has examined this record for the purpose of ascertaining in what proportion Medical men and members of the Institute figure in it. It results, that in the class of grand officers there are six members of the *Académie des Sciences*; and in that of the commanders, 12 Medical Practitioners and 7 non-Medical Academicians. In the list of officers there are 140 Medical men, 10 Pharmaciens, and 13 members of the *Académie des Sciences*. In this class is also found the name of M. Charrière, the celebrated surgical-instrument maker. In the class of chevaliers there are 1698 Medical men and 128 pharmaciens, besides 10 members of the *Académie des Sciences*, and 87 Veterinary Practitioners. Taken altogether the Medical members of the Legion amount to 1850, divided as follow:—Military, 867; marine, 233; civil practitioners, 750. The total of the pharmaciens is 138, divided into 109 military, 29 civil. Some may consider the distribution of orders as too profuse in France; but there can be as little doubt that it is too parsimonious in our own country.

**COUNTY COURT, CLERKENWELL, JULY 12.**—**GODDARD v. ROBERTS AND SON.**—This was an action for the recovery of 7*s*. 6*d*. by the Parochial Medical Officer of St. James's, Clerkenwell, for having attended in the night, by the written order of one of the defendants, the maid-servant of a neighbouring tradesman. The defence was, that the plaintiff being the Parochial Medical Officer, it was part of his duty to visit any sick person whose case might be brought within his knowledge;



besides that, the senior defendant being a Guardian of the Poor, it was competent for him, or any person representing him, to write such an order, as in this instance his son had written, and which the plaintiff was bound to obey. The plaintiff showed that his appointment is under the order of the Poor-law Board, which expressly sets forth, that he is bound to attend cases only under the written order of the Guardians, an Overseer, or some person by them authorised, and that the defendants were not so authorised. His Honour, in giving judgment, spoke of the injustice that might be inflicted were the power possessed by any person who might choose to assume or use it, of calling a Medical man, without recompense, from his home or his bed, because he was a Parochial Medical Officer, and especially where, as in the instance before him, it was shown that Medical orders, properly signed by an Overseer, were constantly left at the workhouse, and could be obtained at all hours. Verdict for the plaintiff for the amount claimed.

**DRUGGING INFANTS.**—The *Worcester Chronicle* reports an inquest recently held on the body of a child nine months old. The jury found that the deceased's death was caused by congestion of the brain, with extreme emaciation, produced by the habitual administration of Godfrey's cordial.

**QUARTERLY RETURN OF BIRTHS AND DEATHS FOR ENGLAND AND WALES.**—172,420 births were registered in the quarter ending June 30, or 13,702 births in excess of the births in the spring quarter of 1853. On an average the births were at the annual rate of 3.45 per cent. on the population in the ten spring quarters of 1844-53; in the spring quarter of 1854 the rate was 3.72 per cent. The increase is observable in every division of the country. In the same period, 102,666 men, women, and children died; therefore the registers discover a clear gain to the population of 69,754. But this result is affected by immigration and emigration. The number of emigrants who left English ports, where emigration officers are stationed, as furnished by the Commissioners, was 99,545. In the preceding three winter months the number who left did not greatly exceed a third part of the above number. In the last quarter consumers were not more fortunate as regards the price of the chief articles of food than they were in the preceding three months. The working classes have suffered from the necessity of increased expenditure, which has been aggravated in some parts by slackness of trade; but generally sufficient employment and good wages have enabled them to live in circumstances of comfort.

**MORTALITY NOTABILIA.**—In the week that ended last Saturday the total number of deaths registered in London was 1456. In the ten corresponding weeks of the years 1844-53 the average number was 1087, which, if raised in proportion to increase of population, becomes 1196. The present return, therefore, exhibits a mortality considerably in excess of the average; a result arising from cholera, which, it will be observed with regret, continues to make progress in the Metropolis. The deaths ascribed to zymotic or epidemic class of diseases, rose from 422 in the previous week, to 731 in the last.

**Births.**—The births of 776 boys and 727 girls—1503 children—were registered. Average, 1364. Births over deaths, 47.

**Meteorology.**—The mean height of the barometer in the week was 29.701 in. The mean temperature was 58.5°, which is 3.7° below the average of the same week in 38 years. The mean daily temperature was below the average of the same day on every day of the week except Sunday and Monday. It was 10.8° below it on Friday. The mean dew-point temperature was 55.1°. The highest temperature of the air was 80.5°, on Sunday, and the lowest, 48.7°, on Wednesday. Rain 2.72 in. Wind, S.W. and N.W. Horizontal movement of air, 750 miles; electricity, alternately negative and positive, with strong tension during the time rain was falling.

**MORTALITY IN PUBLIC INSTITUTIONS for the week ending August 5:—**

	Males.	Females.	Total.
Workhouses...	57	54	111
Military and Naval Asylums	5	...	5
General Hospitals	31	14	45
Hospitals for Special Diseases	3	1	4
Lying-in Hospitals	1	...	1
Lunatic Asylums	10	1	11
Military and Naval Hospitals	10	...	10
Hospitals for Foreigners, etc.	1	...	1
Prisons	3	1	4
	121	71	192

**DEATHS REGISTERED in the Metropolis for the Week ending Saturday, August 5, 1854.**

CAUSES OF DEATH.	AUG. 5.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	727	491	226	1456	10867
SPECIFIED CAUSES .. .. .	715	488	223	1426	10846
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	419	248	64	731	4015
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	4	17	20	41	393
3. Tubercular Diseases .. .. .	81	106	11	198	1867
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	56	40	28	124	1140
5. Diseases of the Heart and Blood-vessels .. .. .	..	13	11	24	319
6. Diseases of the Lungs and of the other Organs of Respiration ..	42	18	19	79	768
7. Diseases of the Stomach, Liver, and other Organs of Digestion	28	19	14	61	710
8. Diseases of the Kidneys, etc. ..	1	6	2	9	106
9. Childbirth, Diseases of the Uterus	..	2	..	2	97
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	2	4	3	9	74
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	1	1	1	3	11
12. Malformations .. .. .	2	..	..	2	30
13. Premature Birth and Debility ..	23	1	..	24	296
14. Atrophy .. .. .	39	2	8	49	295
15. Age .. .. .	..	..	35	35	390
16. Sudden .. .. .	..	2	3	5	44
17. Violence, Privation, Cold, and Intemperance .. .. .	17	9	4	30	291
CAUSES NOT SPECIFIED .. .. .	12	3	3	30	21

**NOTICE.**

August 10, 1854.

MR. CHURCHILL having removed his Publishing business to more extensive and commodious premises, the MEDICAL TIMES AND GAZETTE will from this date be published by him at No. 11, NEW BURLINGTON STREET, where it is requested that advertisements, communications, and books for review, may be directed.

**BOOKS RECEIVED.**

- Lectures on Education. Delivered at the Royal Institution of Great Britain. By James Paget, F.R.S., and W. B. Hodgson, LL.D. London: Parker. 1853. Completing the Series.
- Sketch of the Life and Character of Dr. Abercrombie. By D. MacLagan, M.D. Edinburgh: Neill. 1854.—[An excellent sketch read at the last annual festival of the Harveian Society of Edinburgh.]
- Mr. Horsley's Table of Poisons.
- Practical Observations on Conical Cornea. By J. Nottingham, M.D. London: Churchill. 1854.
- A Treatise on Diseases of the Lungs. By A. W. Clarke, M.D. London: Highley. 1854.
- Weber on Auscultation and Percussion. Translated by J. Cockle, A.M., M.D. London: Highley. 1854.
- The Connexion between Magnetic Phenomena and Epidemic Diseases. By H. Kelsall, M.D. Leicester. 1854.
- Dr. Munspratt's Chemistry. Part VIII.
- Annual Report of the Grant Medical College, Bombay. Bombay. 1854.
- Practical Observations on the Use and Abuse of Tobacco. By John Lizars. Edinburgh: Lizars. 1854.
- Clinical Report on Cases of Phrenomania. By C. Morehead, M.D. Bombay. 1854.
- Excision of the Entire Ulna. By J. M. Carnochan, M.D. New York. 1854.
- Elephantiasis Arabum of the Right Inferior Extremity Successfully Treated by Ligature of the Femoral Artery. By J. M. Carnochan, M.D. New York. 1852.
- Ventilation of Coal Mines. By F. Cooper. Southampton. 1854.
- A Letter to the President and Fellows of the Royal College of Physicians in Relation to the Evidence Cited in their Late Report on the Treatment of Epidemic Cholera. By Joseph Ayre, M.D. London: Churchill. 1854.
- Sowerby's Ferns of Great Britain. Part I. London. 1854.—[This Part contains some excellent coloured plates of ferns with description by Mr. Johnson, Lecturer on Botany at Guy's Hospital.]
- A Manual of Practical Therapeutics. By E. J. Waring, M.R.C.S. London: Smith, Elder, and Co. 1854.



## TO CORRESPONDENTS.

*An Assistant-Surgeon, R.N.*—The Medical appointments in the East India Company's service will very soon be thrown open to unlimited competition of properly-educated men between 22 and 28 years of age. The best men will be selected for the appointments, without any other recommendation than character and merit. A Board of Examiners has been formed, and though we are not at liberty to announce the names this week, we may state that it consists of gentlemen of the most undeniable qualifications for the office. It would have been difficult to select four men better, or so well, suited for the important duties that will devolve upon them.

## TREATMENT OF EPILEPSY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the year 1838 I was Surgeon to the Grantham Union for one year. A man, aged 35, Robert Gibbons, had epileptic fits during the whole of that time. But the Guardians of that Union, owing to the dearth of bread, had a machine made with which the strong-armed inmates used to grind the wheat into flour. Robert Gibbons did this four times a day, Sundays excepted, and in two months' time the muscles of his arms and chest were larger than ever they were before; because of this exercise he had got rid of his epileptic fits. This is the only case of cure that I ever saw.

I am, &c. JOHN JACKSON.  
Lindfield, Sussex, August 7, 1854.

## NEW TEST FOR SUGAR.

[To the Editor of the Medical Times and Gazette.]

SIR,—In answer to a letter in last Saturday's Journal, signed *Curiosus*, I beg to inform him, in reference to the New Test for Diabetic Sugar, that he will assuredly be right in using a nearly saturated solution of the chromate of potash diluted with an equal quantity of liquor potassæ.

Cheltenham, August, 1854. I am, &c. JOHN HORSLEY.

## REVEREND QUACKERY.

[To the Editor of the Medical Times and Gazette.]

"Another King! They grow like Hydra's heads."

SIR,—A little more than six months ago, appeared, in the *Manchester Courier*, an advertisement from the Rev. Dr. M., offering "to teach and instruct how to get well any person suffering from depression of spirits, confusion of thoughts, headache, blushing, groundless fears, or any other nervous or mental suffering, from pure benevolence, viz., without a fee,"—so says the advertisement of the rev. Doctor; and, to show that his panacea has a virtue, he introduces sundry cures out of 20,000, such as "an ex-M.P., whom 30 Physicians tried in vain for five years to cure, and for which he presented Dr. W. M. with a cheque for £250;" Miss C., who gave to the worthy man a snuff-box of Sir Walter Raleigh; others an inkstand and painting, etc. etc. Alas! for the spread of intellect, when the philanthrope, even in a reverend garb, is obliged to hold up the glittering tinsels of snuff-boxes, inkstands, and cheques, as proofs of his benevolent intentions; and far be it from us to suppose that the reverend Doctor was tempted to insert the cheques, inkstands, etc., in the hope of a continuance of the same tithe from the credulity of the great body of people troubled with "confusion of thoughts."

Envious, perhaps, of the relics of Sir Walter Raleigh, or the cheque of the ex-M.P., another clergyman has stepped into the field, and now offers, by an advertisement, part of which I enclose you, for the whole would be too prolix for your readers, to cure the same kinds of diseases as Dr. M., for the miserably small sum "of half-a-crown, or thirty postage-stamps," for which sum he will forward a box of pills, made, we presume, by a duly qualified Practitioner, for, so says the advertisement of the Rev. Edward Douglass, "from the rapid increase of his new office, in a ratio for which he was wholly unprepared, he has been compelled to secure the assistance of a Medical friend, residing at Brixton, to prepare the Pills;" consequently the representatives of Physic and Divinity are prepared "to discharge what they consider a sacred duty, and willing to incur considerable expense, in furthering their object in view"—viz., to supply anyone applying to them with a box of pills, which, in all probability, costs them less than sixpence, for half-a-crown! How considerate!

We presume it did not enter into the "confused thoughts" of the benevolent couple, that a discerning public would be naturally struck with the anomaly of a Medical man (living, at least, so the public suppose, by the legitimate means of his Practice), willing to forego his Practice for the good of the public. Yet this advertisement wishes to induce John Bull into the notion that "nothing more than a sacred duty" induces them to put forth this pious humbug.

We cannot help admiring the absurd manner in which they attempt to avoid a business air, in their pious act, by inserting a direction how to manufacture the pills—a direction that, if followed, would in all probability end in the beatifying of the unlucky individual taking them.

It does not require much penetration to see that this receipt, from its utter uselessness, is merely thrown in as a bait to catch the unwary, and to give a semblance of truth to their actions. Still, though they give to the public the receipt, the pious mind of the Divine, or the practical one of his partner, is somewhat taken aback by the fact, that a box of pills may be purchased for 1s. 6d.; therefore, they add, that "the small additional amount is added to cover the cost of advertisements, etc. etc." What the "etc. etc." are, we will leave the reader to guess. Already a sufficient number of men from the enlightened body of Divines practice Medicine, though, we must add, gratuitously; but, to find a man set apart to minister the holy comforts of religion, openly avowing that he is only acquitting himself of what "he considers a sacred duty," and withal charging half-a-crown for what costs him not one-fifth of that sum, is a disgrace to his sect.

That any Medical man should allow his name to be printed in this advertisement is, evidently, only another mode of the puff indirect; and, as we look upon all Medical men as beneath our notice who do not follow a legitimate way of getting into practice, we will leave him to console himself by contemplating the number of half-crowns to be cajoled out of the pockets of the credulous.

A COUNTRY SURGEON AND HIS ASSISTANT.

## EXTRACTS FROM THE ADVERTISEMENT.

"The extract may be prepared by pulverizing the seed or bean (*Ignatia amara*) and subjecting to the action of alcohol for ten or twelve days, and then evaporating to a proper consistence. To those who decline the trouble of preparing the extract, the Rev. E. D. will forward the same quantity, made into pills, and ready for use, on the receipt of 2s. 6d., or thirty postage-stamps; the small additional amount being added to cover the cost of advertisements, etc., etc."

"It is always a source of pleasure to the Rev. E. D. to receive communications, detailing [we presume to fill up future Advertisements] results of a beneficial character from the use of the *Ignatia*."

## CHOLERA AND PREMONITORY DIARRHŒA.

*Dr. MacLoughlin* has favoured us with a long reply to Mr. Marshall's letter, published in our last Number; but we can only publish a few extracts.

He says:—

"With reference to the first case in Mr. Marshall's letter of the 31st July, which he brings forward as a case of cholera without any premonitory diarrhœa, I beg leave to remark that he has not mentioned in what state this woman's bowels were immediately previous to her being seized, at a quarter before eight, in the street, with spasms, vomiting, purging, etc."

"The patient asserting that she was quite well up to the moment she was seized with spasms, etc., at a quarter before eight, is no proof that she had not been labouring under a diarrhœa for some days or for some weeks. If Mr. Marshall will take the trouble to refer to case 6, page 36, in the pamphlet entitled, 'Result of an Inquiry into the Invariable Existence of a Premonitory Diarrhœa,' published by Mr. Churchill, he will see the case of a man who had been reported to have died of cholera without a premonitory diarrhœa. This man had, if we are to believe his brother and sister, a diarrhœa for two months; and if we believe the landlady where he lodged, he had certainly a severe diarrhœa for twenty-four hours before being attacked with spasms, vomiting, etc., etc. Yet this man continued his laborious occupation as a nail-maker, and neither his fellow-workmen nor his friends about him were aware that anything was the matter with him till he was seized with spasms, etc., and when the Medical gentleman saw him, at the moment of being attacked with spasms, he told them that he never was better until attacked with spasms. And if Mr. Marshall will refer also to case 7 in the same pamphlet, he will see that the father of that child declared that, although she had a severe diarrhœa for three days before the attack of spasms, etc., that he would not have believed any Medical gentleman who would have told him that she was ill, previous to the spasms, etc. The child, in fact, was as gay and as lively as if nothing ailed her, and I could bring forward a hundred such cases, where the patients, having a diarrhœa on them for weeks, believe that nothing of consequence is the matter with them, because they suffer no pain."

"It is that absence of pain which throws them off their guard, and which too often throws the Medical attendant also off his guard; and makes the patient and the Medical attendant date the commencement of the disease only when pain came on, an error which has been fatal to millions."

"In the second case which he brings forward as a case of cholera without premonitory diarrhœa, he admits that his patient 'was not well' for two days previous to being seized with spasms, etc., and that she had one costive motion the day before the attack of spasms; but he does not say with what this woman was affected for the two days previous to the attack of spasms, etc., and whether she had had any medicines, and what medicines, during those two days."

"As to the last paragraph of his letter, that cases of cholera without any premonitory diarrhœa are not rare, I can only repeat what I have said in another place,—that I have now seen four severe outbreaks of the disease; that I have sought for a case of cholera without a premonitory diarrhœa, whether on the Continent or whether in this country, with all the care that I was able. I have been also assisted in this inquiry by hundreds of medical gentlemen, whether on the Continent or whether in this country, and, again and again, cases of epilepsy, apoplexy, paralysis, hysteria, obstipation, enteritis, strangulated hernia, etc., have been presented to me as cases of cholera without a premonitory diarrhœa; but I have not been able to find one single case of true cholera without a premonitory diarrhœa, either for some hours or for some days, or for some weeks, previous to the attack of spasms; and the inquiry of last year, carried out in the presence, as it was, of the whole Profession of this vast Metropolis, stands as a witness to the correctness of this statement."

*Mr. Ilett's* case of placental presentation shall appear next week.

*M. J. C.*—There can be no doubt that the conduct of the Local Board of Health was arbitrary and absurd, but it scarcely comes within the province of a Medical Journal to expose.

*Mr. Painter's* case of sanguineous tumour of the labia shall be published very soon.

*Justitia.*—We see nothing improper in the title of the book, but the manner in which it is said to be advertised is certainly one form of puffing.

*A Scottish Graduate.*—The title is purely honorary, so far as regards practice in England.

*Mr. Medcalf's* letter, and that of *Philo-Lunatic*, arrived too late for insertion this week.

*An Injured One.*—Morally, but not legally, unless the charge could be proved to be exorbitant.

*X. Y.* should write to the principal shipowners engaged in the trade, or advertise.

COMMUNICATIONS have been received from—

Mr. G. T. KEELE, H.M.S. Calcutta; Sir JAMES CLARK; Mr. OGILVIE; Dr. SCOTT; Mr. ROWDON; Dr. BEITH, H.M.S. Belleisle, Ledsund, Aaland Islands; Dr. REES, H.M.S. Britannia, Baltchik; Mr. OWEN; Dr. MACLOUGHLIN; Dr. SWAINE; Dr. MILROY; Mr. ILOTT, Bromley; Dr. SIEVEKING; Mr. G. HEWITT; Mr. R. C. HAMILTON; Mr. LIZARS, Edinburgh; Mr. BRODHURST; Dr. WILSON; Mr. WOOD; Dr. FIFE, Aberdeen; Mr. STREDWICKE; Dr. FOOTE; Mr. MARKWICK; Mr. W. H. WILLS; Dr. MACLAGAN, Edinburgh; M. J. C.; Mr. PAINTER; JUSTITIA; A SCOTTISH GRADUATE; Mr. MEDCALT; AN INJURED ONE; PHILO-LUNATIC; Dr. STOKES; Mr. MEADE; Dr. RANKING; Dr. LYONS; Mr. H. SMITH; Mr. STEELE, H.M.S. Arethusa, Athens; Dr. MCWILLIAM; Mr. HERAPATH; Mr. BAYES; Mr. GODDARD.



ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

LECTURE VIII.

LET us resume the consideration of the bronchial affections in typhus fever. You will commonly hear it said, that this or that patient in typhus has got bronchitis; and, if we were to be guided by physical signs alone, such a statement would seem to be correct. But I wish you to believe that the essence of this affection is not bronchitis, but rather a special condition of the air-passages, secondary to the typhus fever, the result either of the typhus deposit or of the vascularity with turgescence, of which I spoke in a former lecture. If bronchitis—that is to say, if inflammatory action supervenes—it must be considered either as re-active or specific. I am anxious to impress this upon you, because there are still many Practitioners who hold that the physical signs of bronchitis are sufficient to establish the existence of inflammation. Now, I do not know any characteristic difference between the physical signs which may occur in ordinary idiopathic bronchitis and those which present themselves in typhus when the air-tubes are engaged. In both you have sonorous, sibilant, mucous, and crepitating râles; and yet the two diseases are pathologically distinct. Observe, that whatever will diminish the calibre of the tubes, whether it be deposit, typhoid congestion, or true inflammation, will give râle; whatever causes secretion, whether it be true inflammation, or something the very opposite of inflammation, will give you râle. We have, as I said before, in typhus, the physical signs which are observed in true bronchitis; but beware how, in any given case of fever, you conclude from their presence that the patient has true bronchitis. In certain cases there may be re-active irritation; but never forget that the typhoid disease alone, without any inflammation whatever, is competent to produce all the signs of bronchitis. Why do I urge this so much on you? Because I wish to avail myself of every opportunity of removing from your minds the erroneous doctrines of inflammation which have been so long in vogue. We are greatly influenced by names; and though I do not suppose that there are many who would treat a case of the bronchial affection in typhus with the same reducing measures which they would employ in the idiopathic disease, yet I am sure that the idea of these signs proceeding from inflammation makes many of us who have not yet unlearned our early teachings, timid in the use of stimulants.

We find that this bronchial disease runs a course exactly analogous to that of the other secondary affections of typhus. It comes on insidiously, or, as I said before, silently; it gradually advances to its maximum, and sometimes increases to that degree that the patient dies by asphyxia. This is often the case when the disease has not been recognised at an early period. It is in almost all cases preceded by the symptoms of typhus for several days. I think in the best marked cases it first shows itself about the fourth or fifth day of the disease; but it may supervene at any period of the case. It subsides spontaneously. You will have abundant opportunities of observing the following curious circumstance in the subsidence of this disease, either when the affection runs its natural course, or when it has been necessary to treat it specially. In the true idiopathic bronchitis, when a patient is placed under treatment, we observe the disappearance of the râles to be gradual; they are less intense and less complicated day by day; and this goes on probably for a week or ten days, or it may be a fortnight, before the last shade of râle disappears. In the typhus affection, on the contrary, you will often observe that the most extensive, intense, and complicated râles disappear as if by enchantment, leaving the respiratory murmur perfectly pure. This sudden disappearance of the physical signs is only an argument among many to show their non-inflammatory origin. Nothing can be more remarkable than this; it seems analogous to the sudden disappearance of the eruption of scarlatina from the skin. You may often see this eruption lasting for three or four days, and then suddenly disappearing, leaving the skin white and pure. Consider the case of the lung in the same way, and in place of the scarlatina eruption,

take the secondary bronchial disease or eruption, if you will, and you can understand the occurrence of a similar change. Mind, I do not say this happens in all cases; and I suppose that for its occurrence it is necessary that there shall have been little, if any, re-active irritation. And, as I said before, we see it in cases not only where the disease has been little, if at all, interfered with by treatment, but in others in which we have used such remedies as dry cupping, counter-irritation, and various stimulant medicines. Here the Practitioner is often surprised at the rapid and complete success of his treatment, and may take credit to himself for bringing about a change which was to a great degree, at all events, induced by the operation of the law of periodicity.

In the next place, we find that the best treatment in such cases is the stimulant. The mere circumstance of a patient having or presenting the most intense signs of bronchitis in typhus fever does not by any means warrant us in bleeding him, in reducing him, in exhibiting tartar emetic, or in withholding wine. Nothing of the kind; the best treatment for such cases is the free use of wine, of ammonia, turpentine, bark, and such measures.

Another argument is drawn from this interesting fact, that in a large number of cases of softened heart in typhus, we find a combination with the bronchial disease, and it is quite fair to conclude, that the conditions of the lung and heart in these cases are similar. The practical conclusion, then, to be drawn is, that the physical signs of bronchitis in a case of maculated typhus fever should not make you conclude that the patient had bronchial inflammation; and therefore you should not treat the case as such.

There is a remarkable case of fever which is not at all uncommon in this country, in which we have an alternating disease, as it were, between the abdominal and the pulmonary organs in typhus fever. This is a very bad form of fever—one of the worst. We find that to-day, we shall say, the chest is greatly loaded, that you get no good respiratory murmur; there are most intense râles, and all the symptoms of extensive disease of the lung. At this time, the belly is soft; it is not tender on pressure; and there is no diarrhoea. Things go on for two or three days, when we find the belly to be swollen, tympanitic, tender on pressure; there is diarrhoea; and on applying the stethoscope to the chest we find it comparatively free, and the râles either gone or almost altogether gone.

You turn your attention to the abdomen, and, on relieving the symptoms there to a certain degree, the chest again shows the disease; and in this way the affection alternates as it were between the two great cavities, and forms a combination which is extremely difficult of management. And I think that these cases of gastro-catarrhal typhus, that is to say, of typhus with secondary disease in the two cavities, yet that disease alternately varying in its severity, are more likely to exhibit the development of tubercle after the disease has subsided, than the catarrhal typhus without abdominal complication. But, on this point, I do not wish you to believe that my mind is completely made up. My opinion is one of those that men form gradually and unknowingly, without being able to refer the sources of that opinion to any particular observation. But it does not happen in every case, that the bronchial disease of typhus either subsides in that sudden manner we have been speaking of, or advances to such a height as to destroy the patient's life. There is another case, and a very important one, and that is—where we observe an imperfect convalescence, the chest remaining very much engaged. That is to say, after all the general symptoms of fever have subsided, the petechiae gone, the typhus expression having disappeared, and the patient anxious for food, we find that the phenomena of the chest remain but little altered; that there is most extensive bronchial râle. In this case it appears to me, that what has happened is, that a re-active inflammation has occurred, and that a form of true bronchitis has been added to the typhus disease. Something very similar to this occurs in the case of disease of the intestine in typhus. This has been indicated by Dr. Cheyne as one of the cases of imperfect convalescence in fever. It would appear as if there was a secondary inflammation upon the typhoid alteration of the intestine, and this causes the convalescence to be imperfect. It is extremely probable that the same thing occurs in the lung. There is nothing more important gentlemen, in the study of diseases, than to keep analogy continually before us; and you may expect that the processes of disease observed in one cavity of the body will be repeated in the others. The case above stairs to which we gave the turpentine, and the naphtha afterwards, was a good example of this.

These cases are frequently mistaken for phthisis; and it is not to be wondered at, for the patients have very much



the aspect of phthisis,—they are emaciated by fever; they have often a species of semi-hectic upon them; they have cough; their respiration is difficult; and they have frequently very profuse expectoration. You will say, then, Is there any difference between the symptoms in these cases at this stage and the symptoms in cases of phthisis. I do not know any difference but this, that in the patients labouring under phthisis, there is often a very copious muco-puriform expectoration—a thing rarely seen during the pressure of the disease in typhus. It is very natural, then, that, under these circumstances, a Practitioner seeing a patient for the first time might come to the conclusion that he was phthisical; and it is quite proper that all Practitioners, under those circumstances, should be apprehensive of tubercle; because it is certain, that in many instances of typhus fever, a disposition to the formation of tubercle seems to have been created by the disturbance of the system in consequence of the fever.

We have three forms of tubercular disease induced in this way. The first form is what I may term acute co-existing tubercle. This is a most curious form, in which the tubercular matter is deposited, pending the early periods of the typhus fever; while the petechiæ are still on the surface, the lung becomes full of soft tubercular matter.

Let me call your attention particularly to this form of disease. We have not seen many cases of it, and but in one instance had we a *post-mortem* examination; but this was a very well-marked case. It occurred two or three years back in our wards, and was one of those cases which we do not easily forget. The patient, a man between 30 and 40 years of age, had enjoyed perfect health up to the time when he was attacked with fever; he was not subject to any form of chronic bronchitis, or pulmonary irritation of any kind; so that there is not the slightest reason to believe that any tubercular matter existed in his lungs before he was attacked with the fever. He came here at the end of the first week of his illness, with the usual symptoms of maculated typhus, and the secondary bronchial disease. So far, there was nothing unusual about the case. I observed, however, that the bronchial râles were more intense in the right than in the left lung; that there was a greater amount of large crepitus than we commonly see in the typhus disease, indicating that the minute tubes were much engorged. The chest was perfectly clear on percussion, but I took alarm at the great amount of bronchial râle which had become developed at so early a period of the case. The patient was treated by dry cupping, blistering, and the use of seneka with carbonate of ammonia; but yet we did not observe that these measures produced any sensible effect on the physical signs,—a circumstance which should have still further increased our apprehensions; but at that time we had no suspicion of what the result was to be. There was no remarkable suffering, the patient did not complain of dyspnoea, his breathing was not remarkably accelerated, and, in short, he had no symptom which would distinguish his case from ordinary typhus with severe bronchial disease. We now, however, observed, that day by day the anterior portion of the chest, especially on the right side, became more and more dull, although there was little if any change in the character of the large but crepitating râle, nor was there any indication of hepatization; the lung always continued permeable to air. The petechiæ remained remarkably stationary. About the eighth or ninth day, the patient began to sweat profusely. And this sweating appeared to occur in two paroxysms within the twenty-four hours, so that he seemed to have a combination of severe hectic and typhus fever. He died on about the twelfth or thirteenth day of his disease, the front of the right side having become very dull, but not absolutely so, and the crepitating râle remaining with singular constancy all through. On the day of his death the petechial eruption had scarcely faded.

Although we had never had any instance of the acute development of tubercle pending the typhus state, yet I ventured to make the diagnosis of the disease here, for the physical phenomena were precisely those which occur in ordinary acute inflammatory tubercularization of the lung. The right lung was found to contain a great quantity of soft, grey, tubercular matter, deposited in isolated patches, varying from the size of a pea to that of a small hazel-nut. They were not encysted; they were soft, but yet showed no appearance of suppuration. A few deposits of the same kind were found on the left side.

The great amount of this deposit is in itself sufficient to prove that it was one of the secondary affections of the typhus fever; for, although a man may live with a certain amount of chronic tubercle developed in his lung, it is quite impossible to conceive that he could have had such a quantity of soft tubercular matter, nearly filling up the whole lung, while his health

and respiratory function remained unaffected, as we have seen was the case in this man until the occurrence of the typhus fever.

I believe that this case was but the extreme case of what often occurs in typhus; and we shall just now see that there are strong grounds for holding that tubercular matter is deposited, though in smaller quantities, during the secondary bronchial disease of fever, and yet the patient recovers without having the symptoms of phthisis.

The next form we term the acute consequent tubercle, that is to say, when the patient has passed through his fever, and has had an interval of repose, everything apparently promising a perfect recovery, there is a sudden explosion of tubercular disease, with symptoms of high irritation, and with a rapid development of tubercle.

The last form, which is not by any means so frequent as the others, is the chronic consequent tubercle, in which, when a patient who has had catarrhal disease in the early periods of his fever has recovered, although with an imperfect convalescence, the disease gradually passes into the ordinary pulmonary phthisis, and is followed by the same result.

I spoke to-day in the wards of a practical question as to your diagnosis when called to a patient who has gone through typhus fever, and in which the chest is very much engaged; this is a case that you will be often called to in consultation. The patient has been under the care of another person; he has gone through severe typhus fever; he is in the 25th, or the 30th, or the 36th day of his illness, and appearances of his being consumptive occur. It is very likely that the patient may be of a consumptive family, and an alarm is excited. He has wasted in flesh; he has quick pulse; he may have had some sweats; he has cough and muco-puriform expectoration. Well, such is his position. You are called on then to say, in the common phrase, whether his lungs are affected or not. You examine his chest carefully; and, if you find the following circumstances to exist, you may in most instances be able to assure the patient's friends that, as yet, the lungs are not tubercular; if you find that the physical signs of bronchitis are universal, that in no part of the chest where you examine, you fail in discovering sonorous râles, mucous râles, muco-crepitating râles, in various degrees of combination—in other words, stethoscopic indications that every portion of the bronchial tree is affected,—if, then, with this universality and intensity of bronchial signs, you find that the patient's respiration is not much excited, that he is not complaining either of dyspnoea, or that his respiration is rapid, you may be almost certain that the patient is only labouring under the remains of the typhoid bronchial disease, and that he has not yet passed into a tubercular condition. You make the diagnosis here, gentlemen, from a source which you will find of great importance; *it is a diagnosis from the want of accordance of phenomena*. What do we find here? Universal bronchitis—universal signs of bronchitis. Now, we know, that in 99 cases out of 100, of the development of tubercle after fever, where there is universality of deposit, there is extreme suffering—there is great dyspnoea—there is extraordinary acceleration of breathing, so that in the case above specified the want of accordance between the extent of disease and the amount of suffering, leads you to a negative diagnosis, and enables you to declare, that as yet, the patient is not tubercular. If, on the other hand, this patient had, with the physical signs which I have described, any hurried breathing, difficult breathing, and the signs and symptoms of great irritation of the lung, it would be quite impossible to say that he had not consumption. In a very large number of cases you will find that this rule will apply. In cases of bronchial disease following, not only typhus fever, but a variety of other affections, you can apply this diagnosis very commonly indeed; in the remittent fever of children you can apply it; in cases of the bronchial disease which follows measles, in cases of the bronchial disease which follows scarlatina, and in a variety of other affections, the diagnosis from the want of accordance of the phenomena is applicable. It is very important, indeed, to study carefully those means of diagnosis which are available in cases where you have not an opportunity of repeated observation. In most cases of consultation, the consulting Physician only sees the patient once. If you should be able to see the patient three, five, or six times, at intervals of two or three days, you would not be under this difficulty: but by this weapon of diagnosis, if I may make use of such a phrase, you are able, even by seeing the patient but once—which is the position you will often be in—to give a satisfactory diagnosis.

I have drawn your attention to the great probability that exists, that in many cases of this typhus fever, with the secondary bronchial disease, there is developed not merely the ordinary



secondary bronchial disease, but more or less of actual tubercular matter; and yet it does not follow that the patient shall ever have the symptoms of phthisis. He may recover, and often does recover completely, with a perfectly pure respiratory murmur, without any cough, or without any symptoms whatever of disease; but after a period varying from three months to nine months, he expectorates a few calculi. There cannot be any doubt, when all the circumstances of the case are considered, that those calculi were petrifications of a certain limited number of tubercular depositions which were formed pending the fever, and which from their being isolated, from their being very small, from their never forming any consolidation about them, from their having no cavities, altogether escaped observation. The number of cases of individuals who, after having gone through this bronchial typhus, at some subsequent period are observed to expectorate small calculi, is quite sufficient to warrant this conclusion.

## ORIGINAL COMMUNICATIONS.

### ON CHRONIC AND PERIODICAL HEADACHE.

By E. H. SIEVEKING, M.D.

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[Read before the Harveian Society.]

(Continued from page 158.)

I have myself found dry-cupping a valuable aid, not only in the treatment of headaches, of which more hereafter; but it has assisted me materially in determining in doubtful cases whether headache was connected with repletion or emptiness of the intracranial vessels. When applied to the nape of the neck, it will, in the one case, afford more or less immediate relief; in the other, it will increase the pain and produce prostration and syncope. The inference from which is, that, in the former instance, the headache will be benefited by diminishing the contents of the vessels; in the latter by increasing their amount. The inconvenience of not always having a cupper at hand, as well as the fear which the patients generally entertain of anything resembling an operative proceeding, has induced me to have a set of cupping-glasses fitted with a valvular apparatus of a very simple kind, by means of which and an exhausting syringe I can rapidly produce a larger amount of rarefaction than can well be obtained by the ordinary proceeding. It has the advantages of being capable of exact regulation and of not being accompanied by a flame, while it is very portable. When I had the little apparatus constructed, (which I submit to your notice,) I was not aware of the previous existence of a similar contrivance, made very nearly upon the same principle, though, as I think, not quite so convenient. While, therefore, I willingly yield the palm of priority, I equally assert the utility of its application as a test of the *causa proxima* of cephalalgia.

In most of our nosological arrangements we observe a frequent absence of that logical sequence and relation which is attainable only in the more accurate sciences. Our acquaintance with the laws governing the healthy and morbid conditions of the human body is necessarily imperfect; hence, we are frequently compelled, for the purpose of making ourselves intelligible, and of establishing some kind of method, to class things and facts together which are not in the relation that our classification appears to place them in. Causes, symptoms, hypothetical assumptions, medicinal effects, constitutional peculiarities, and other circumstances are, even by scientific writers, often employed correlatively in determining the nosological features of a disease. I can scarcely hope to escape a similar imputation, for the subject under consideration is one that presents peculiar difficulties in this respect; and, though I shall attempt not to go beyond my warranty, I feel that anything I may say or propose, must be far from completeness either in design or execution.

The most general classification which suggests itself to my mind for the numerous varieties which cephalalgia presents, comprises three heads,—there is either too much blood, too little blood, or vitiated blood, circulating in the cranial cavity. Each of the two first elements may be combined with the third. This arrangement is based upon what our present knowledge of pathology appears to justify in regarding as the *causa proxima*; and in no way prejudices the questions connected with the predisposing and exciting causes of the malady. These can only be determined by clinical observation. They necessarily involve

one or more of the three conditions; but the same predisposing and exciting cause may produce cephalalgia in different individuals, accompanied by very different organic conditions, and therefore necessitating treatment differing in a corresponding ratio. For instance—two subjects are each of a rheumatic diathesis; in each headache is produced by over-excitement of some kind; but in the one, the *causa proxima* is a hyperæmic state of the meninges, accompanied by the presence of much lactic acid in the blood; in the other it consists in a bloodless condition of the intracranial cavity, with a tendency to serous effusion. It is manifest, that if guided by the light of one, though an important symptom only, we should err much in the treatment to be determined upon; while, by carefully regarding the various phenomena exhibited by the two patients, we should be led to adopt a very opposite method in the two instances.

The forms of headache which I propose to consider on this occasion, are those of a chronic and periodical character, which, much as they embitter life, are not in themselves destructive, and, therefore, do not become a subject for *post-mortem* investigation. It may be well briefly to advert to the ratio in which cephalalgia occurs in organic affections of the intracranial contents, determined by cadaveric inspection. We shall find that it is a symptom of less frequent occurrence than we might have anticipated, a fact which negatively demonstrates the necessity of additional care in attending to other signs indicating disturbance of the nervous centres. The analysis of authentic cases of this description also shows that there is no definite relation, except in the instance of the cerebellum, between the site of the lesion and the site of the previous pain. With a view to determining these points, I have gone through the cases recorded in Dr. Abercrombie's work on diseases of the brain, and Andral's fifth volume of that monument of talent, industry, and logical induction, the "*Clinique Médicale*." The results of the experience of the British and the French Physician are numerically wider apart than we should have expected, though they coincide in proving that undoubted cerebral mischief frequently is unassociated with cephalalgia.

We take first—by the laws of courtesy—the foreign author. He gives 108 cases in which death was manifestly due to intracranial disease, as confirmed by *post-mortem* examination; or in which, though the fatal issue was immediately due to other causes, the cadaveric section demonstrated coincident cerebral disorganisation. Of these there were:—

	With Cephalalgia.	Without Cephalalgia.	Doubtful.
Cerebral Disease .....	94.....	38.....	54..... 2
Diseases of Cerebellum 14.....	7.....	7.....	7..... 0
Total	108	45	61 2

Or if we divide the total number of cases into two great classes of apoplectic and non-apoplectic cases, taking cerebrum and cerebellum together, the numbers stand thus:—

	With Cephalalgia.	Without Cephalalgia.	Doubtful.
Apoplectic cases .....	6.....	21.....	0
Non-apoplectic cases .....	39.....	40.....	2
Total as above.....	45	61	2

According to the observations of this author, therefore, the ratio in which headache accompanies intracranial mischief is as 45 to 61, or nearly as two to three; if we subtract the apoplectic cases, in which this symptom is comparatively of less import, we obtain a ratio of 39 to 40, in other words, the frequency and absence of headache are almost equal, or, to use a sporting phrase, it is an even chance whether the intracranial disease is or is not accompanied by cephalalgia.

The analysis of Dr. Abercrombie's 139 histories of intracranial diseases yields the results exhibited in the following Table:—

	Apoplectic Cases.	Non-apoplectic Cases.	Total.
Cephalalgia positively stated.....	18	74	92
„ absent, or not mentioned .....	23	15	38
„ doubtful, (in children,) or the history imperfect .....	2	7	9
	43	96	139

Here, then, taking the various affections together, we find the ratio in which headache is a concomitant of organic disease of the brain as 92 to 38, or nearly as 3 to 1; while, by eliminating



the apoplectic cases, we obtain the still higher ratio of 74 to 15, or nearly 5 to 1.

We cannot stop to inquire into the causes that determine so great a want of accordance between the two Authors; it certainly is not due to any bias on one side or the other, because both are eminently impartial observers, and neither upholds any peculiar theory in regard to cerebral affections; nor can we suppose that the national constitution of the French and English habit of body is so different as to afford an adequate explanation of the discrepancy. Still the numbers given demonstrate that headache is an important symptom in the local affections of the cerebral system, while they also show, that its absence must not be regarded as trustworthy evidence of the immunity of the cranial contents. When we examine into the occurrence of headache in the individual varieties of cephalic disease, we see that the ratio varies considerably; it is comparatively rare, as we have already seen, in apoplectic disorders; here the cerebral tissue itself is commonly primarily involved. The cases of cerebral softening in which headache is absent also predominate largely over those in which it occurs; while the reverse is the case in meningeal disease, where the frequency of cephalalgia to its absence is, according to Andral's observations, as 4 to 3. This is in harmony with what we observe in all the organs of the body; for, it is a rule almost without exception, that disease affecting the envelopes is accompanied by pain in a severer form and more frequent ratio than when it seizes upon the actual parenchyma of the viscera. This point is also one that may be made available in estimating the probable locality affected in the chronic or periodical forms of cephalalgia. The relation of the envelopes of the brain, in a physiological point of view, to their contents, is even of more importance, if such a remark is justifiable, than in the case of most other viscera, since they serve not only for protection and for the facilitation of change of form and place, but are, at least in part, eminently the medium of nutrition. The liver, the kidneys, the spleen, the heart, the lungs, and the muscles, receive their supplies of the nutrient fluid by conduits that enter directly into their structure, by immediate vascular connexion with the nearest arterial trunk. The great bulk of the blood conveyed to the brain is, as it were, filtered through the ramifications contained in the pia mater, while it quits the organ in a less indirect course, though still in a much more circuitous manner than commonly prevails elsewhere. Both the pia mater, therefore, as the arterial membrane, and the dura mater, *sit venia verbo*, as the venous membrane, claim our attention in a point of view distinct from that presented by the epithelial, serous, or fibro-serous membranes occurring elsewhere. I am far from asserting that we are able to localise every case of headache in any one of the intra-cranial tissues; but it is the more necessary to establish all the elements which may enter into the determination of the question, as it is one upon which we are comparatively ignorant; and the whole history of medicine teaches us, that we can only arrive at positive results by minute attention to all the items constituting a complex of morbid phenomena.

Before proceeding to consider the individual varieties of cephalalgia, I may be allowed to revert to the main points to which I have drawn attention in the preceding remarks. Headache, whether accompanying acute or chronic disease, is one of a variety of symptoms indicating that the cranial contents are implicated; it is not itself the disease; the anatomical relations of the parts justify the assumption that the variation in the amount and quality of the blood contained in the cranium is an essential element in estimating the bearing of the symptom, and we may expect that the peculiar anatomical relations of the two great divisions of the vascular system will, as our knowledge of the bio-chemical changes affecting the contents of the vessels become better appreciated, largely assist in clearing up difficulties that yet obstruct our vision.

[To be continued.]

## JERSEY HOSPITAL REPORTS.

By G. M. JONES.

### STRANGULATED FEMORAL HERNIA, IN WHICH GASTROTOMY WAS PERFORMED AFTER THE ORDINARY OPERATION HAD FAILED.

DEATH ON THE TENTH DAY.—AUTOPSY.

Case 2.—Henrietta Tucker, a servant, aged 22, was admitted on Saturday, March 25, 1854, labouring under strangulated femoral hernia. The rupture was of two years' standing, and she had worn a truss eighteen months. On the preceding Tuesday she felt con-

siderable discomfort in the right groin, but was still able to follow her usual employment. On Thursday morning (after passing a very restless night) she was seized with severe pain, both in the situation of the rupture and over the whole of the abdomen and stomach, attended with frequent vomiting of bilious matter; there had been no evacuation per anum for four days previously. She was seen that evening by a Medical gentleman, who, after employing the taxis for near an hour, states, that he succeeded in reducing about two-thirds of it. The irritability of the stomach still continued, hiccough came on, and, as it was evident the incarceration continued, she was conveyed to the Hospital on the fifth day after the first symptoms of strangulation had shown themselves, and the sixth since there had been an alvine evacuation.

*Symptoms on Admission.*—There was considerable anxiety of countenance; pulse small, quick, and sharp; tongue considerably coated; tumour in groin very apparent, not attended with much tenderness when pressed on, but very much so in the epigastrium; considerable tension over abdomen; has vomited twice since her admission; ejected matter smells stercoraceous.

*Operation.*—The stricture was formed by Gimbernat's ligament; it was easily felt and reduced. A small, highly-inflamed, and greenish spot was seen on the portion of strangulated gut (ileum); its condition, however, did not warrant any fears; it was consequently returned. On the patient's recovering consciousness, tinct. opii  $\mathfrak{m}\mathfrak{x}$ l. were given in camphor julep.

10 p.m.—No evacuation; has vomited bilious matter; pulse, 116, extremely weak and small; skin warm and moist; some abdominal tenderness.

Linseed cataplasm to the abdomen, and arrow-root, with a little brandy, to be frequently taken.

March 26, 10 a.m.—Has slept at intervals during the night; no evacuation; a good deal of flatus expelled upwards; no tenderness about the wound; the same as yesterday over the stomach; much thirst; has vomited twice; pulse fuller.

Effervescing draughts, with gr. ij. acid. hydrocyanici every three hours.

10 p.m.—Has had no stool; pulse 108; skin rather dry; an enema given two hours ago returned without fecal matter.

A mild cathartic pill every four hours, until the bowels are acted on; and continue arrow-root, &c.

March 27, 10 a.m.—Has passed a restless night; symptoms the same as yesterday; has taken four pills, and has not vomited; tongue brown, and inclined to be dry; pulse 110.

Pills to be continued, and turpentine enema every three or four hours until the bowels are relieved.

Vespere, 10 o'clock.—Has vomited twice during the day; matter rejected is evidently of a fecal nature; has taken but one pill; four were discovered in the rejected matter; enemas have had no effect; there is but very slight pain about the wound; there is, however, much fullness, and almost constant pain about the region of the stomach and upper part of the bowels.

Twelve leeches to be applied to the abdomen, and a blister to the stomach, and ol. croton. gr. ij. to be given immediately in the shape of pill. Veal broth, arrow-root, &c., as usual.

28th, 10 a.m.—Has passed a tolerably good night; suffers severe pain in the abdomen, at the epigastrium occasionally; leeches bled well, and the blister has risen; tongue dry and brown; skin warm and moist; pulse 108, full and hard; has vomited but once, and then slightly; aspect calm; voice hoarse; has had several chills; wound looks healthy.

Enemas to be continued as before, and effervescing draughts. The same diet to be continued.

Vespere, 10 o'clock.—No evacuation; bad symptoms have rather increased; pulse small and rapid; has twice vomited fecal matter in large quantities; tongue very brown and dry; two quarts of warm water were injected by means of the long tube, but it returned without any scybalæ or intestinal secretions.

From  $\mathfrak{z}\mathfrak{i}\mathfrak{v}$ . to  $\mathfrak{z}\mathfrak{j}$ . of quicksilver to be taken. Fomentations, &c., to be continued.

29th, 10 a.m.—Has slept about an hour during the night; none of the symptoms better than yesterday, with this exception, that there has been no return of vomiting; no evacuation, or any appearance of the quicksilver.

$\mathfrak{R}$  Infusi rosæ  $\mathfrak{z}\mathfrak{j}$ .; mag. sulph.  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ .; acid. pruss.  $\mathfrak{m}\mathfrak{i}\mathfrak{j}$ . Ft. haust., every three hours.

Vespere, 10 o'clock.—Has vomited each time she has taken the medicine; tongue still very dry and brown; pulse small and quick; frequent hiccough. About 4 p.m., fell into a state of jactitation, followed by a tendency to collapse; hands and feet



becoming cold, skin clammy, features collected, and voice hoarse and husky; rallied soon with stimuli; there has been no stool.

5j. tinct. opii in camph. julep to be taken at once, and to be repeated in two hours if restlessness continues.

30th, 10 mane.—Night has been exceedingly restless; every bad symptom has increased in severity.

A mature consideration of all the particulars of the case leads one to suppose that there must exist some internal strangulation, or intussusception of some part of the intestinal apparatus; and a review of all that has been done leaves nothing short of the operation of gastrotomy as the only remedial measure likely to result in saving of life.

To take as little food as possible, and the temperature of the room to be raised.

*Second Operation*, 4 p.m.—An examination of the abdomen detects no very unnatural fulness in any part, slight tenderness on pressure over the right iliac region, and dulness on percussion, and also over the hypogastrium. The bladder had just been emptied.

The abdomen was opened by an incision, about five inches long, between the umbilicus and pubes, and the peritonæum, thus exposed, was pinched up by means of forceps, and opened by a bistoury, and then slit upon a director. Portions of ileum and jejunum presented themselves at the opening, the former much more congested than were the latter. The finger was directed downwards towards the previous aperture, to ascertain the freedom of the femoral canal; there existed no impediment here whatever. The whole circumference of the abdominal wound was next examined, and so were the folds of gut within reach; the colon was examined, and, as far as could be, the remainder of the tube, but no constriction could be found. On passing the finger downwards and outwards towards the crista ili, midway between it and the previous aperture made for the reduction of the hernia, it seemed that some adhesion was broken down, or a portion of already sloughing or gangrenous gut opened, for an immense quantity of liquid faecal matter gushed out both at the flank and abdominal wound; this was sponged up as quickly as possible, and, believing that this occurrence must speedily prove fatal, from the belief that much of the contents of the gut must have escaped in the abdominal cavity, the wound was hastily brought together by the uninterrupted suture, and the patient put to bed. The pulse and countenance indicated the seriousness of the case. Well-marked collapse having ensued, from which the girl was with some trouble roused, a dose of laudanum was given. Up to twelve o'clock, when she was last seen, she had been comparatively easy; tongue still brown, but not so dry; skin warm and moist; pulse 126, small and jerking; much oozing of faecal matter through the inguinal wound. The sutures had been removed at the time of the operation, and there had been but little union.

5iss. of tinct. opii to be now given, and to be repeated in four hours should she be restless or suffer much.

A glass of port wine frequently, and arrow-root with brandy.

March 31, 10 a.m.—Has slept at intervals during the night; pulse 98, fuller; tongue still brown, but moist; countenance less expressive of anxiety; suffers no pain, except when the epigastrium is pressed on; much thirst; has taken wine and arrowroot frequently; no vomiting; the flank wound discharges freely; a little oozing in the wound in the linea alba, (it was faecal matter.)

Saline draughts every three hours; fomentations to the epigastrium. A glass of port wine every three hours; arrowroot with brandy frequently, and strong beef-tea.

Vespere, 10 o'clock.—Pain on pressure removed; tension of stomach and abdomen quite gone; pulse 90; tongue less brown; no vomiting.

Continue wine, etc.

R Tinct. opii ℥xxx., morph. acet. gr. ½, aq. camph. 5j., statim sumend. et repetatur si opus sit.

April 1, 10 a.m.—Slept five hours without waking; feels more comfortable; discharge of faeculent matter very considerable; lips of the incision in the flank of a bright vermilion colour; pulse 96, soft.

Continuc.

Vespere, 10.—Much the same as in the morning; tongue much cleaner.

Continue, and repeat the anodyne draught.

2nd, 10 a.m.—Was extremely restless for about one hour during the night; with this exception, slept tolerably well; pulse 96, firm and soft; not so much thirst.

Quinine mixture 5j. every four hours.

Vespere.—Each time the quinine has been taken, there has been a great tendency to sickness; makes no complaint of ten-

derness of abdomen or stomach; no tension; tongue moist; pulse 98; faecal matter, which is still very liquid, escapes through the flank chiefly.

Omit quinine mixture, and take mist. cretæ c. 5j., tinct. opii gr. xv., every three hours.

3rd, Mane 10.—Night has been more restless than usual, not from pain, but in consequence of general uneasiness; has taken the mixture regularly, and the faecal matter assumes a firmer consistence; pulse and tongue as yesterday; no vomiting.

Continue medicine, wine, etc.

Vespere.—In every respect the same as this morning.

Anodyne draught to be taken.

4th, 10 a.m.—Has slept at intervals seven hours; looks cheerful, and does not complain of pain; pulse under 100, weak, and rather tremulous; tongue moist and clean, but still complains of thirst. The lips of the wound in the flank are now throughout of a bright vermilion colour; urine natural in quantity and colour. In consequence of a slight blush round the incision in the linea alba, the stitches were removed, and adhesive plaster applied; the lips looked unhealthy, and very little union has taken place.

To take mist. gal. 5j. every three hours. Omit chalk mixture. Wine, beef-tea, as before.

Vespere.—A little stronger than this morning; pulse the same; fecal matter (by no means watery) still comes away in large quantities; is inclined to be restless.

The usual anodyne draught to be taken, and to be repeated if required.

5th.—Has had intervals of quiet rest during the night, but has often experienced cold, clammy perspiration, attended with a considerable degree of faintness; pulse 100; tongue clean and moist; wound in the groin granulating at its upper portion; superficial sloughing of the one in linea alba; wishes to leave off the mixture, as she believes it gives her a feeling of sickness.

To take no medicine; diet as before.

Vespere.—Her condition seemed most critical, and excited much fear, severe prostrations, some more severe than others, having occurred; pulse small, thready, and 106; extremities cold; the whole body bedewed with a cold, clammy sweat; yet complains of heat, and wishes to be constantly fanned. By the aid of powerful stimuli, hot water applied, and mustard cataplasms, this state of collapse was overcome, so that by the next morning,

6th.—A decided improvement had taken place in her condition generally, so much so, that when seen she was found seated in the bed combing and brushing her hair; the whole body was of natural temperature; however, no evacuation had yet occurred per anum; the countenance neither expressed pain nor the least anxiety.

Continue diet as usual.

Vespere.—Much the same as this morning; has taken a great deal of nourishment in the shape of strong broth, jellies; and fancied chicken for dinner, which she seemed to relish. Pulse 100.

Repeat anodyne draught.

7th, Mane.—Slept from ten to half-past twelve, and then had fainting attacks, which followed each other rapidly. These subsided under the same treatment as the former ones by five o'clock. At present there appears no very material alteration in her symptoms; a good deal of sloughed fascia were removed from wound in linea alba; the one in the groin looks tolerably healthy. Continue.

Vespere, 9 o'clock.—Eat some chicken for dinner, and has taken a great deal of beef-tea during the day. She is, however, very considerably worse, scarcely any pulse, surface cold; has vomited several times, and is in a complete state of jactitation. She gradually sank, and died perfectly sensible to the last, on the following morning, at ten o'clock.

*Post-mortem Thirty-two Hours After Death.*—The body was much jaundiced, the conjunctiva deeply tinged; the omentum congested; the reflected layer of peritonæum covering the sides and walls of the abdomen; the pelvic organs all have the appearance of congestion.

The quantity of fluid subsided in the pelvis was about an ounce and a-half; it had a reddish tinge, but contained no shreds of lymph; the only part on which lymph had been effused was the portion of ileum in which the aperture existed, and by which the margins of the opening were glued to the wound in the flank. There was not the slightest appearance of extravasation of faecal matter in the abdomen. Several folds of ileum and jejunum around the opening in the linea alba had become adherent to the margins. In the circumference of this aperture, it was seen that the rectus muscle had become exposed by the sloughing of the external sheath. The lymph was carefully noticed as not



being of recent exudation; it was very red, from the number of its blood-vessels which permeated it everywhere, forming a closely-set net-work.

The aperture in the intestinal tube was found situated about two feet from where the ileum joins the cœcum; it was at the free border of the gut opposite the attachment of the mesentery, about the size of a franc piece; the margins of the opening were smooth, and covered with bright rose-coloured granulations. The gut above and below for about four inches was considerably congested. It was perceived about an inch and a-half before the opening to be sacculated with a kind of pouch, or diverticulum, containing the mercury administered during life; about an ounce of this was converted into an imperfect suboxide. It appeared very finely-divided into minute globules, each being coated with a film of suboxide. About two drachms of the mercury was found in the pelvis, but whether this escaped there during life or during the *post-mortem* examination did not appear clear. This portion of the metal was unchanged. The liver was healthy; the gall-bladder filled with healthy bile; the portal vessels and their tributaries were distended with very dark fluid blood. The spleen was also distended with blood; the stomach and duodenum healthy; and so were the lungs. The head was not examined.

The portal blood was carefully collected. The liver was squeezed, and the exuded fluid mixed with that obtained from the portal vessels.

About a quarter of the liver was cut into pieces, and boiled for three hours in distilled water strongly acidulated by hydrochloric acid, and then the liquor filtered.

The portal blood, previously acidulated by hydrochloric acid, and the liquor obtained by digesting the liver, were boiled with copper strips. These were soon coated with a dark film; they were then carefully dried and exposed in a tube to the flame of a spirit-lamp. No distinct metallic ring was formed in the tube in either case; but globules of mercury could be detected here and there with a common lens, and under the microscope they were very evident.

Several other corroborative tests were tried, but not with such satisfactory results as in the one above stated.

*Remarks.*—The daily history of this case having been given, little remains to be said in the way of remark, and though unsuccessful in its results, it cannot otherwise than prove of some practical utility, in giving rise to the question, whether, had other means been resorted to, a different result might have accrued, and life been saved; and, if so, what were these means to be? It is certain that the second operation was not even thought of till it became perfectly apparent that, if allowed to remain in her present state a very few hours would terminate the patient's sufferings. Neither external examination, careful manipulation, nor attentive consideration of the case from its commencement, appeared to throw the least light on the precise spot where the impediment existed; so that an incision through the *linea alba* appeared to offer not only less danger with regard to after symptoms than one made in any other part of the abdominal parietes, but also every facility for a more searching examination. I am indeed willing to believe, that, all the circumstances of the case considered, the operation performed was the only one affording a hope of success, and that, therefore, gastrotomy was called for, and was consequently justifiable.

That the operation succeeded in some degree is abundantly proved by the following facts. For eight days prior to its performance, the girl's sufferings had been most acute. The stomach was unable to retain food in either a solid or liquid form; there was frequent distressing hiccough, an almost constant feeling of bursting, and stercoraceous matter had been very frequently rejected. Subsequent to its performance, the stomach for nine days retained nourishment; and it was only a few hours before death that vomiting returned (at which time the ejected matter was not fecal). She no longer complained of tension, generally expressed herself as feeling comfortable, was often cheerful and collected, and never once delirious. There cannot exist a doubt that gastrotomy is an operation by much too dangerous to be resorted to except in extreme cases, and then only after mature deliberation. Still I cannot help thinking that in this instance I followed too closely the now happily exploded plan, once almost universally adopted in cases of strangulated hernia,—the allowing the most dangerous symptoms to appear before having recourse to the knife. Probably had the operation been performed on the evening of the 27th instead of being delayed till 4 p.m. on the 30th, the result might have proved more favourable. The dangerous symptoms which, during the interval almost hourly increased, naturally exhausted a frame already sadly weakened, while every bad symptom was materially aggra-

vated. The exhaustion which produced death arose, I apprehend, entirely from causes existing prior to the last operation, and not from any train of symptoms originating in it.

Could the absence of acute peritonitis and extensive lymphic exudation be ascribed to the mercurial diathesis, probably induced by the absorption of this metal in the system, the action of the animal fluids on the mercury being the medium by which this was effected?

[To be continued.]

## ON THE USE OF NITRIC ACID IN HÆMORRHOIDS.

By HENRY SMITH, F.R.C.S.,

Surgeon to the Westminster General Dispensary.

SEVERAL years have now elapsed since the attention of Surgeons was directed by Dr. Houston to the improved treatment of certain forms of piles by the application of nitric acid, and since the introduction of this plan, it has doubtless been employed by many in the Profession; but it seems to be necessary even now to direct further attention to this matter. Most of us may be acquainted with the fact of a certain improved mode of treatment, or a certain remedy having been recommended and brought into the category of surgical means and appliances; but this may be all; for many of us either have no faith in it, or are too much wedded to the use of those other methods which have been adopted by our teachers and by the previous generations of Surgeons.

These remarks may, I believe, be truly applied to the subject under present notice. The great advantages of nitric acid in the treatment of some forms of hæmorrhoidal tumours are not yet sufficiently known and acknowledged; and, having had numerous opportunities of observing them, I deem it right to give the results of some of this experience, and to make some observations thereon.

In many cases of hæmorrhoids, the distress caused by them, perhaps for years, has been such, that many patients are induced to undergo operations of considerable severity for the purpose of getting cured. Ligature of the offending part and excision have been the measures to which Surgeons have for the most part resorted.

When the hæmorrhoids are situated within the sphincter ani, excision is a dangerous remedy. It is true, that in many cases the scissors may be used without much bleeding, and a good cure will result; but every now and then such extensive hæmorrhage will follow as to place the life of the patient in jeopardy. I have myself been called to two such instances. In the one case of a young gentleman, some internal piles had been cut off by another Surgeon. Three hours after the operation, I was called to the patient, and found that he had bled enormously; in truth, his life had been seriously perilled.

In the second case, the patient was a middle-aged female, on whom I had performed a somewhat complicated operation for the relief of a prolapsed rectum, conjoined with excessively painful piles. I snipped off the most prominent part of the swelling which was protruding externally, and, after having returned the parts within the sphincter, and perceiving no bleeding, left the patient, but in about a quarter of an hour she suddenly had inclination to stool, and passed an immense quantity of blood. This occurred two or three times, and when I saw her she was in a very exhausted and restless state; but I managed to stop the bleeding, and she happily recovered. In this instance I doubtless used the scissors more freely than was proper.

It may be stated as a rule, with but few exceptions, that the scissors or knife should be limited to those excrescences, vascular or otherwise, which are situated external to the sphincter; where there is a prominent swelling, with a more or less narrow neck growing from the verge of the anus; where there is simply an enlarged and distended vein containing a coagulum of blood; and especially where, with a relaxed and hæmorrhoidal condition of the rectum, there is a redundancy of loose skin around the anus—in such latter case the propriety of using the scissors is very obvious.

Ligature of internal piles or of portions of a relaxed state of the rectum is an operation which is chiefly in favour among Surgeons, and its use is attended with most signal benefit; and, if it were invariably adopted without producing dangerous or fatal symptoms, it would not be expedient to discard the employment of such a remedy; for, in general, but one operation is required, and, if this is properly effected, the benefit will be speedy and



lasting; but the advantages of the ligature are, to a certain extent, counter-balanced by certain evil results which are likely to follow its use. In the first place, the patient must be confined to his bed or sofa for some days. Secondly, the application of the ligature is sometimes followed by most intense pain. Thirdly, symptoms of an alarming and dangerous character may be produced; and, fourthly, death itself may, and does occasionally, follow its use.

I have had no personal experience of a fatal event after the use of the ligature; but I know of one instance in the practice of a friend where death did ensue after an operation; and, during a recent discussion at the London Medical Society, Mr. Henry Lee, who has paid much attention to this subject, stated that he had examined two individuals where death had been produced by the ligature. In one instance of a gentleman—a most valuable life—who had had a ligature applied for the cure of a bad prolapsus, most alarming peritoneal symptoms came on, so that I was obliged to watch him most carefully for some time after the operation; and in others I have seen very severe pain and distress produced,—retention of urine is by no means an uncommon sequela.

Under these circumstances it is desirable to employ an agent which may effect the same good purpose without the attendant evil results; and, in many instances, this may obtain in the use of nitric acid. It would be absurd to attempt to discard the use of the ligature in all; for, where there is considerable prolapsus of the rectum, or where the hæmorrhoidal tumours are large and have extensive bases, it will be necessary to resort to the use of the ligature; but, in a great majority of instances of internal piles and of prolapsed condition of the rectum dependent upon the unhealthy and vascular state of the mucous membrane, nitric acid will be found to effect a cure; and this, too, without causing any of those painful and distressing symptoms which occasionally follow the use of the ligature. It has occurred to me to have many opportunities of employing it, and I have seen most excellent results from it. I will briefly relate a few of the most striking cases.

In May last, I was requested to see Mr. F., a gentleman who had just returned from Australia, in company with his Medical attendant, who told me that he had suffered for several years with distressing protrusion of the rectum after going to stool, and that he was most anxious to get cured, and would undergo any operation.

On examination, I discovered that there was a highly congested and relaxed state of the whole mucous membrane of the rectum, and just within the sphincter a vascular broad mass, which might or might not have been termed a pile. However, the pain after going to stool was always most excessive as the mucous membrane prolapsed. In addition, there was an external hæmorrhoidal excrescence attached to the verge of the anus. I consulted with the Surgeon in attendance, who had not even heard of the use of nitric acid before he came to England, and it was determined to apply it freely to the whole congested and relaxed portions of the rectum.

The patient was very anxious that only one operation should be done; therefore, the very strongest acid was applied with freedom, and the external pile was cut off.

It was not necessary to apply it again. Great pain was produced by the acid, lasting some time, but when his bowels were first moved after the operation, there was not any prolapsus, and in a few days he had lost all trace of a complaint which had for years embittered his life.

While this patient was under my care, Mr. T., a gentleman aged 65, consulted me about his piles. He had suffered for more than twenty years, and had consulted various Practitioners, and had used a quantity of remedies. The last person he consulted was an homœopath, who took the fees of the old gentleman with an unsparing hand, but did not even condescend to examine the rectum. He stated that his sufferings had been great for the last twenty years; that the gut came down when he went to stool, which process lasted an indefinite period of time, in consequence of his being compelled to return the protruded part, which at times he assured me had sometimes filled the hollow of his hand. In addition to this, the gut generally prolapsed when he went out for a walk, and at times the hæmorrhage had been such, that, after leaving his house for a walk, he had been compelled to return hastily to change his drawers.

On examination, I found a collection of very vascular and strawberry-coloured piles within the sphincter, and a protrusion of the mucous membrane of the rectum. Around the anus was a large quantity of relaxed and thickened integument. It was just the case which was adapted for the treatment by nitric acid,

the action of which I explained to the patient, who readily consented to its use.

On the following day, his bowels having been cleared out, and the mucous membrane being protruded as much as possible by the use of warm vapour, I applied nitric acid lightly to the largest pile. The effect of this was only to give pain for a few moments, and, after a few days, there was decided relief, when the acid was repeated to others of the tumours. The same treatment was carried on until I had applied it on five different occasions, when, with scarcely giving the patient any amount of pain, all the excrescences were nearly destroyed. The loose and redundant skin around the anus was then removed, and in a few days the patient came to me full of gratitude, stating that he had no further trouble, and that he had not been in such comfort for twenty years.

In the first of these cases the cure was more rapid and decided than I could have expected, as it was not one for which the nitric acid treatment is so well adapted, the disease consisting mainly of a highly congested state of the veins of the rectum, the hæmorrhoidal tumour itself being of a deep blue colour. It is in the instances like the second, where the tumours are defined, very vascular, and of a bright red colour resembling a strawberry, that the nitric acid is so particularly useful.

But it is in cases where there is a great deal of bleeding that it acts so well; in the second case there had been most copious hæmorrhage from time to time, but this had been checked before the patient consulted me, and therefore it would not be fair to give the acid the credit of curing this as well as other symptoms, because it did not exist at that precise period of time; but cases have occurred to me in which I have seen remarkable effects produced as regards arrest of bleeding. The last case treated by me was an instance of this. It occurred only a few weeks ago, in the person of an elderly woman, who came to me complaining of profuse bleeding from the rectum, which had been going on for several days. Her countenance betokened loss of blood. On examination, I discovered, just within the sphincter, a large vascular, bright red pile. I touched it lightly with nitric acid; this had the effect of restraining the hæmorrhage, and after three other applications she was cured.

If the remedy is thoroughly applied, and the accessory treatment properly pursued, the cure will be lasting, a striking instance of which was presented to my notice a few weeks ago, in the person of an officer in the Navy, who was under my care in 1850 for the treatment of very bad piles, from which he had suffered greatly many years, he having been employed on active service in a hot climate. Here there were several piles internally, and a large redundancy of loose skin externally. Nitric acid was applied three or four times to the former, and the loose skin was cut away; a good cure resulted. I saw this gentleman the other day on his return from active service abroad, and he tells me he is quite well.

In many instances of long standing hæmorrhoids, the external skin becomes so thickened and relaxed that there will be a necessity of snipping it all away if a perfect cure be expected. The contraction which takes place subsequently to the operation braces up the parts and prevents any further protrusion of the gut which might subsequently take place.

The acid should be quite pure, and should be applied by means of a stick of wood. The parts should be well oiled afterwards. It is very important to attend to one thing, namely, to wipe the part to which the acid is to be applied carefully with a piece of lint, in order to get rid of the mucus which covers the piles, and which will prevent the proper action of the acid.

14, Caroline-street, Bedford-square.

## CASE OF SANGUINEOUS TUMOUR OF THE LABIA.

By RICHARD BUDD PAINTER, M.D.

ABOUT a month ago, I was called at two a.m. one morning to assist my father in a dangerous case of midwifery. On reaching the patient's house, I found her on the bed in strong labour of her first child, and my father engaged in compressing a large swelling of her left labium, from a rent in which blood was flowing copiously.

The brief history was this. Labour had commenced at nine p.m., and proceeded naturally and easily until one a.m., the os uteri being then fully dilated, and the head entering the pelvis,



when a painful swelling of the left labium was first noticed. This rapidly increased in size for about an hour and a-half, when, having attained the bulk of a small-sized infant's head, it burst by a rent of about three inches in length in the long axis of the labium on its inner side. Cold and pressure were immediately applied with some benefit; but, on the least relaxation of the pressure, the hæmorrhage broke out afresh.

The case now presented a most alarming aspect. The patient was blanched and faint, the bleeding unarrested, and "the pains" lessening in strength. The child's head had been for some time pressing on the perinæum, and was evidently stopped by the tumour. Under these circumstances, we judged it best to apply the forceps (a matter of great difficulty, on account of the tumour), and deliver as quickly as possible, providing ourselves with lint to cram into the rent as soon as delivery should be accomplished; for it was evidently useless to think of tying the ruptured vessel, situated, as it must be, far from the surface; and as to plugging with lint, either plain or dipped in a styptic, before delivery, that would but have rendered it still more difficult for the head to pass, by the increase it would cause in the size of the tumour. This decision was accordingly acted on; and, as the child passed, large coagula were forced from the tumour. The child was alive and well. After delivery, the bleeding lessened so much, that the lint was not employed, and napkins dipped in cold water soon checked it, all but a little oozing. The placenta passed in ten minutes. As the patient was very faint and weak, we gave her a little brandy from time to time; and, by keeping her head low, she revived. An hour after the confinement, the hæmorrhage from the tumour was so slight, that it was considered sufficient to still trust to cold alone for its control.

On examination a few hours after delivery, the swelling was found to be of a dark blue colour, and about the size of a man's fist; it had quite ceased bleeding. Care was taken not to disturb the coagula, and means adopted to prevent the urine passing into the wound.

On the second day the patient and infant were doing well, and poultices were ordered to be applied to the tumour. The third day, the coagula in the wound were beginning to soften and decompose, so some sol. calc. chlor. was ordered to be sprinkled on the poultices, and the part to be well sponged every few hours. In about a week the coagula were all come away, and the tumour had nearly disappeared.

A careful exploration of the extent of the injury being now made, the following lesion was discovered:—Midway between the orifice of the vagina and the base of the left labium was a large fissure capable of admitting the tips of four fingers. On passing the finger in, two passages were found in connexion with this opening,—one proceeding backwards for an inch towards the perinæum, and the other allowing two fingers to be easily passed in by the side of the vagina to a depth of full three inches. In respect to treatment, the discharge from the wound being of a thin, sanious nature, the ung. elemi c. of the St. George's Hospital Pharmacopœia was employed to stimulate the parts to granulate, and this, with the administration of tonic medicine, soon caused the healing process to become active, and the patient is now well.

I will, in conclusion, say a few words as to the source whence so large a quantity of blood came, and the reason why it came at all. It has been said by writers on this accident, that it arises from the rupture of a deep-seated varicose vein, and I think this case fully bears out that suggestion, for the patient is a sufferer from vascular weakness, having a varicose condition of the left internal saphenous vein; still, it must be admitted, that, previous to her labour, she denies ever having perceived the least pain or swelling in or near the labium; but, whether this case arose from the bursting of a varicose vein or not, it is evident, from the direction of the wound, that the blood must have come from the vaginal plexus, a vein of which having become thinned from some cause or other, burst when the child's head began to distend the vagina so much as to arrest the return of the venous blood from the external parts. If ever I chance to see another case of this kind I shall certainly deliver as soon as possible, for this instance shows that, directly the venous current of blood was allowed to resume its natural course through the pelvis, by the removal of the child, the hæmorrhage ceased.

Any one who may not be acquainted with this malady will find an interesting summary of the observations of various authors upon it in Dr. F. Churchill's excellent "Manual of the Diseases of Women."

96, Warwick-street, Belgrave-road.

## CASE OF PLACENTAL PRESENTATION WITH TWINS.

By WILLIAM HOLT, Esq.

THE following successful case of twins, attended by a double placental presentation, should not, I think, pass unrecorded. The patient is about 40 years of age, and has had ten children, only three of whom have been born at the full period of gestation. She has been subject to attacks of bronchitis, and has imprudently continued to suckle her last child till he was nearly three years old. Nothing unusual occurred to her till about two months ago, when she had a severe attack of uterine hæmorrhage. On the occurrence of the second, she sent for me. She recovered at the end of two or three days, and I desired her, if she had a return of hæmorrhage, or if labour came on, to let me know as soon as possible. On receiving a very urgent message at half-past eight p.m., on the 19th ult., I went to her at once. I found that she had lost a very large quantity of blood, and was extremely faint. There had been since four p.m. slight labour-pains. I should state here, that she reckoned herself to be about eight months pregnant. On examination, the os uteri was found a good deal dilated, and easily dilatable; a small foetal head presented, but accompanied by a hand, and at the verge of the os uteri lay a portion of placenta. She was, however, at this time free from hæmorrhage; the membranes had not been ruptured. When this was done, it rather quickened uterine action, and lessened the faintness. All attempts to push back the hand and get it behind the advancing head having failed, turning became indispensable. The more the parts dilated the more did the placenta come down, and caused thus a very great impediment to the operation of turning. However, after a moderate time, the feet were laid hold of, brought down, and the whole foetus gradually delivered. It only lived a very few minutes after its separation. The placental mass now so completely closed up the os uteri, that it was clear it must be removed before there could be a chance of bringing away the second child. After the placenta was removed, the feet of the second twin were easily laid hold of, and the delivery made complete. The placenta was found, on examination, to have been wholly extracted; nothing was left behind, and it only now remained to do all I could to contribute to the patient's recovery.

I remained with her two or three hours, and left her much less exhausted than could have been expected. It does not appear necessary to detail from day to day the progress of such a case; suffice it to say, that she appears to have run more risk from the effects of re-action than prostration; but the symptoms having been met as they arose by mild, antiphlogistic treatment, she was found at the end of seven days to be doing well.

Placental presentations seldom, I believe, have been followed by recovery. The chances of failure were doubled in the above case by the highly unfavourable circumstances attending it.

Bromley, Kent.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING JULY.

THE subjoined Report includes the following Hospitals:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing Cross, St. Mary's, the Metropolitan, Free, the Marylebone, and the Hospital for Sick Children.

*Lithotomy.*—The case (*Case 2*) left under treatment by last months' Report has recovered.

Number of cases, 6; recovered, 4; undertreatment, 1; died, 1.

*Case 1.*—A man, aged 20, in good general health, under the care of Mr. Poland, in Guy's Hospital. Three calculi were removed, two small ones and one of moderate size. The lesser ones appeared to have been encysted in the prostate, and the large one was pedunculated, as if it had been attached to an encysted one. The man made a good recovery. *Case 2.*—A boy, aged 5, in good health, under the care of Mr. Shaw, in the Middlesex Hospital: recovered. *Case 3.*—A boy, in fair health, aged 4, under the care of Mr. De Morgan, in the Middlesex Hospital: recovered. *Case 4.*—A man, aged 51, in good health, under the



care of Mr. Hillman, in the Westminster Hospital. The stone proved of large size, and was so soft that it broke down in the grasp of the forceps. It was partially adherent to the bladder. The extraction was accomplished in part by the forceps, and in part by the scoop. The patient is doing well. *Case 5.*—A boy, aged 14, in poor health, under the care of Mr. Simon, in St. Thomas's Hospital. He had suffered from symptoms of calculus ever since the age of two years, and, on account of them, various forms of counter-irritants had been applied over the pubic region by the Surgeon under whose care he had previously been. The operation was performed in the usual manner, and quickly, but the boy was some time in rallying from the effects of the chloroform. The wound, for the first ten days, manifested no inclination to heal, but took on a sloughy character. Strong nitric acid was applied several times, and with good results, as the wound cleaned, and the boy improved in general condition. About three weeks after the operation a relapse took place; the boy complained of intense pain across the loins, and gradually sank. Death took place thirty-one days after the operation. The autopsy showed several abscesses in the left kidney, the calyx of which was also much dilated. The calyx of the right kidney, and the right ureter, through its whole length, were much dilated, and lined in every part by a stratum of calcareous matter. No other visceral disease was discovered. *Case 6.*—A boy, aged 22 months, in fair health, under the care of Mr. Smith, in St. Mary's Hospital. A small stone, consisting of lithic acid, was removed, and the child has recovered well.

*Lithotripsy.*—Mr. Curling's case in the London Hospital continues under care. The following has been operated on during the month. A man, aged 56, in good health, in whom the existence of several small calculi had been ascertained from previous examinations. The lithotrite was effectively used, and some of the stones crushed. During the next few days fragments passed by the urethra, and, at the end of a week, an attempt was made to repeat the operation. The Surgeon, however, found the introduction of the instrument hindered by a fragment of stone which had become impacted in the urethra, and was, consequently, obliged to desist. The man subsequently sank into the condition characteristic of pyæmia, and death took place on the tenth day. *Autopsy.*—The coats of the bladder were somewhat thickened, and there were some appearances of inflammation in its mucous membrane. In its interior were found four unbroken calculi, about the size of nuts, and also a considerable quantity of fragments. The left kidney was enlarged; its cortical part contained several abscesses, and in its pelvis a small calculus was lodged. The left lower extremity was cedematous, and on slitting up its femoral vein a large plug of adherent lymph was found. There were no appearances of any injury to the bladder having been inflicted by the instrument.

*Lithectomy in the Female.*—The cases mentioned last month have already been concluded by detailed reports (see *Medical Times and Gazette*, for July 29, Mr. Fergusson's clinical lecture and "Hospital Reports.") During the past month the following have been operated on:—*Case 1.*—A woman, aged 27, was admitted, under the care of Mr. Prescott Hewett, into St. George's Hospital, having impacted in her vagina the cork and broken neck of a glass bottle. From the account given, it had occupied its position for eleven years. The glass had cut its way through into the bladder, and was thickly coated by phosphatic deposit from the urine. Mr. Hewett extracted the foreign body, and also removed an enormous quantity of calcareous matter from the mucous lining of the bladder. The vesico-vaginal fistula remains for future treatment. *Case 2.*—A girl, aged 9, in fair health, under the care of Mr. Henry Thompson, in the Marylebone Infirmary. She had for about three months suffered from the symptoms of stone. Dilatation of the urethra by means of sponge tents was practised on two consecutive days until it would admit an ordinary-sized lithotrite; Mr. Thompson then crushed the stone. All the fragments came away within twenty-four hours, and the symptoms ceased. The patient was discharged in every respect well ten days after the operation. The calculus was composed of lithic acid and lithate of ammonia. As far as might be estimated, it had been of oval shape, and about five-eighths of an inch long. *Case 3.*—A girl, aged 5, in good health, under the care of Mr. Hillman, in the Westminster Hospital. The calculus was large, and an incision of the urethra was required for its extraction. The case remains under care.

*Herniotomy.*—In Mr. Curling's case (No. 1,) of last month's report, the artificial anus has so nearly closed, that the woman can wear a common truss without inconvenience, and may be regarded as convalescent. In cases 9 and 10, which were left under care, the patients have recovered.

Number of cases, 6; recovered, 3; died, 3.

*Case 1.*—A man, aged 72, in very feeble health; hernia oblique inguinal, strangulated 26 hours; sac not opened; death apparently from exhaustion. *Case 2.*—A woman, aged 34, under the care of Mr. Poland, in Guy's Hospital; hernia femoral; sac not opened. The case was complicated with pregnancy in the third month, and, after the operation, abortion was threatened. Some peritonitis ensued, but ultimately the woman made a good recovery. *Case 3.*—A man, aged 50, hernia inguinal; strangulated 10 hours. Reduction *en masse* had been effected by the patient himself, before admission, but the symptoms continuing, the operation was performed. Death from peritonitis followed on the third day. *Case 4.*—A man, aged 48, hernia inguinal, extremely tense; the size of a large orange; strangulation 24 hours. The scrotum was very small, neither testicle having descended much beyond the external ring, the hernial tumour lay over Poupart's ligament. The sac having been opened, a small hole (gangrenous?) was found in the gut, from which feces escaped. The stricture was freely divided by section of the internal ring, and the bowel was then left *in situ*. Symptoms of strangulation persisted afterwards, and death took place on the third day. The *Post-mortem* did not afford explanation of the cause of death, as the bowel appeared to be free from stricture in every part. *Case 5.*—A woman, aged 44, in St. Bartholomew's Hospital, under the care of Mr. Stanley. Hernia femoral; strangulated 13 hours. The sac was reached by a small incision over its neck, and the division of the parts external to it having failed to make reduction practicable, it was itself opened. Recovered. *Case 6.*—A woman, aged 45, in St. Bartholomew's Hospital, under the care of Mr. Lawrence; hernia inguinal; strangulated 60 hours; the sac was opened, and the gut was found adherent to it, as if it had been long incarcerated. No bad symptoms followed the operation, and the patient is now convalescent.

*Trephining of the Skull.*—*Case 1.* A man of middle age, admitted under Mr. Quain's care in University College Hospital, on account of a compound, comminuted fracture of the frontal bone, the result of a kick from a horse. On admission, immediately after the accident, he was partially sensible, but the symptoms rapidly became increased; a severe convulsion occurred, after which, the indications of compression of the brain were well marked. The trephine was then used, and it was found needful to remove several portions of detached bone of considerable size. The dura mater was torn, and the brain substance itself injured. The symptoms were relieved immediately by the operation, and all signs of compression ceased. The after-treatment consisted in bleeding, and the application of ice to the scalp. The man is yet under care, but is doing fairly. *Case 2.*—A man, aged 27, admitted, under the care of Mr. Erichsen, into University College Hospital, two days after the receipt of an injury to his head. He had applied soon after the accident, but being very drunk, and not appearing to ail anything material, had been sent home. From a state of drunkenness he had, after walking home, passed into one of partial insensibility, on account of which a surgeon had attended him, and employed venesection, purgatives, etc. On admission he was half-comatose, the breathing heavy, but not actually stertorous, and the pupils large, but acting a little when stimulated by light. There was no paralysis of the limbs, and the arms were frequently tossed about. Mr. Erichsen having detected a fracture and depression of the left parietal bone, made an incision over it, and applied the trephine. Between the dura mater and the bone, a clot of blood was found, and was at once removed. The dura mater itself was not torn. Within two or three hours after the operation, the symptoms were much relieved, and the man's condition has since steadily improved. The treatment has been by venesection, calomel, and cold to the scalp. The man's intellects still (three weeks after operation) appear to be weak. *Case 3.*—A young man, admitted under Mr. Erichsen's care, into University College Hospital, having received an injury to his head from a falling brick. There were no symptoms of compression present; but, as there was found to be a fracture of the right parietal bone, with depression at an acute angle, it was judged best to employ the trephine. The dura mater was not lacerated, but there was slight splintering of the inner table of the skull. The depressed portion was raised into its proper position, and the man afterwards did well. He has been discharged. *Case 4.*—A man, aged 42, admitted into St. Bartholomew's Hospital, on account of an injury to the head, which had caused exposure of bone. The sore took on sloughing, and there were developed the symptoms of compression, as if from suppuration upon the dura mater. Trephining was practised, and a small quantity of



pus evacuated, but no relief followed, and the man died shortly afterwards. *Case 5.*—A woman, aged 23, admitted into the Middlesex Hospital, under the care of Mr. De Morgan, having sustained a compound fracture of the skull. No urgent symptoms were present until the fourth day, when she became hemiplegic. Trephining was then adopted, and with some relief, but death from meningitis resulted on the seventh day.

*Ligature of Arteries.*—*Case 1.*—A man, aged 30, admitted into King's College Hospital, having wounded his ulnar artery by a fragment of glass. Mr. Edwards, the House Surgeon, immediately tied both ends of the injured vessel, and the case did well. *Case 2.*—A man of middle age, admitted into King's College Hospital after an injury to his radial artery from a piece of glass. He was much exhausted by hæmorrhage. Mr. Edwards tied both ends of the vessel. The man, shortly afterwards, took cholera in the ward, and died after a short illness. *Case 3.*—A man of middle age, admitted into the London Hospital, after a wound of the ulnar artery. Mr. Poulton, the House-Surgeon in charge of the case, put ligatures on both ends of the wounded vessel. The patient is doing well.

*Compression Treatment of Aneurism.*—Mr. Cock's case in Guy's, and Mr. De Morgan's in the Middlesex, both remain under treatment. The following case has been successfully treated by Mr. Fergusson in King's College Hospital. A woman, aged 24, admitted on account of an aneurism, situated a little above the left popliteal space, and about the size of half an orange. Compression of the femoral was practised by means of one of Dr. Carte's tourniquets, but it could not be borne unremittingly. On the twentieth day, pulsation ceased, and the tumour, much decreased in size, had become hard. The patient has since been discharged.

*Amputations.*—In Case No. 9 of last report, the patient has since died of fever, complicated with peritonitis. The other cases left under care have, with a few exceptions yet under treatment, resulted in recoveries. Number of cases, 15; recovered, 4; under treatment, 9; died, 2.

*Of the Thigh.*—*Case 1.*—A woman, aged 32, in fair health, under the care of Mr. Fergusson, in King's College Hospital, on account of old-standing disease of the knee-joint, with membranous ankylosis. Amputation through the condyles of the femur was performed, the posterior flap being chiefly made from the calf of the leg. *Case 2.*—A woman, aged 32, in good health, under the care of Mr. Hawkins, in St. George's Hospital. The operation consisted of the resection of an old stump, and was performed on account of its resisting all endeavours to induce cicatrization, a sore being still present, and constantly oozing blood. The patient remains under care. *Case 3.*—A very intemperate man, on whom secondary amputation, on account of gangrene after compound fracture, was performed. Death took place on the day following the operation. At the *post-mortem* extensive fatty degeneration of the heart, liver, and kidneys was found to exist. *Case 4.*—A woman, aged 38, under care on account of an intractable and very painful ulcer on the leg, which had exposed the bone. It had existed for two years; and although, during that period, more than once healed, yet would always break out again on walking. Amputation through the lower third of the thigh was performed, and she has since done well. *Case 5.*—A woman, aged 53, under the care of Mr. Lane, in St. Mary's Hospital, on account of chronic disease of the knee-joint, attended by a large collection of pus around it. Is doing well. *Case 6.*—A cabman, of intemperate habits, aged 54, admitted on account of a severe compound fracture of the leg. An attempt was made to save the limb; but sloughing ensued, and amputation had to be performed at the end of a fortnight. After the operation, the stump was attacked by sloughing; and, in spite of the freest exhibition of stimulants, the patient sank. *Case 7.*—A man, aged 26, under the care of Mr. South, in St. Thomas's Hospital. He had been under care for some months previously, on account of diffuse cellular inflammation of the leg following necrosis of the tibia, and involving the knee-joint. Severe hectic at length ensued, and it became necessary to amputate. After the operation he recovered very rapidly, and the stump was healed in about three weeks. *Case 8.*—A man, aged 47, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the knee-joint. He had been treated by Mr. Hilton for the same affection two years previously, and with much relief; but a relapse had subsequently occurred, and his general health had given way. After the removal the joint was examined, and found to be quite destroyed by ulceration. The patient is doing well. *Of the leg.*—*Case 9.*—A man, aged 32, admitted under the care of Mr. Solly, in St. Thomas's Hospital, on account of a compound and comminuted fracture of the tibia and fibula. Primary amputation in the upper third of the leg was performed. The man has since had traumatic delirium, but

is now progressing favourably. *Case 10.*—A man, aged 20, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of compound fracture of the fibula, extending into the ankle-joint. Six weeks after the accident he was evidently sinking under the suppuration which ensued, and amputation had to be resorted to. Recovered. *Case 11.*—A man, aged 37, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of diseased ankle-joint. This patient is the subject of phthisis in an advanced stage; but, as he appeared to be rapidly sinking under the effects of the suppuration from the diseased joint, it was judged best to amputate. Under treatment. *Of the foot.*—*Case 12.*—A man, aged 40, under the care of Mr. Cutler, in St. George's Hospital, of weak health, but with no distinct ailment. Chopart's amputation was performed, on account of caries of the tarsus and metatarsus. Under treatment. *Of the upper extremity.*—*Case 13.*—A man, of middle age, under the care of Mr. Coulson, in St. Mary's Hospital, on account of distorted forearm, from contraction of the flexor tendons. Amputation through the forearm was performed; some sloughing of the wound followed, but the stump is now healing. Charcoal poultices appeared to be of great use in the treatment of the gangrene. *Case 14.*—A man, aged 58, under the care of Mr. Henry, in the Middlesex Hospital, on account of compound fracture of the olecranon. Amputation was performed on account of the destruction of the elbow-joint which followed. The man was in an extremely exhausted condition at the time of the operation, but has made a rapid recovery. *Case 15.*—A man in good health, aged 22, under the care of Mr. Adams, in the London Hospital, on account of crushed hand. Amputation through the forearm was performed. Recovered.

*Excision of Bones and Joints.*—In case No. 2, reported last month (excision of the elbow-joint), death has resulted from pneumonia. The other cases on our list are progressing favourably.

During the month there have been performed the following:—*Case 1.*—By Mr. Fergusson, in King's College Hospital, excision of the knee-joint of a boy, aged 8 years, on account of chronic disease. The case remains under treatment, and is doing well. *Case 2.*—By Mr. Conlson, in St. Mary's Hospital, partial excision of the os calcis, in an old woman, on account of carious disease. The wound has since been affected with sloughing, but is now improving. *Case 3.*—By Mr. Ure, in St. Mary's Hospital, partial excision of the os calcis, in a young girl, on account of carious disease. Doing well. *Case 4.*—By Mr. Cutler, in St. George's Hospital, a third removal of dead bone from the os calcis of a man, aged 40, who had long been under treatment. The greater part of the bone has now been excised. The case remains under care.

*Excision of Malignant Growths.*—Most of the cases left under care by previous reports have recovered, and those remaining under treatment are doing well. During the month there have been performed—*Case 1.*—By Mr. Hawkins, in St. George's Hospital, removal of the lower lip on account of epithelial cancer; the disease had existed seven years; the patient being a man, aged 35. Recovered. *Case 2.*—By Mr. Partridge, in King's College Hospital, excision of the right testis, on account of medullary cancer. The disease had existed for a year, and was complicated by a large hydrocele. There was no perceptible enlargement of the cord, or disease of the lymphatics. Erysipelas attacked the wound, and the patient died from it on the 8th day. At the *post-mortem*, a large cancerous mass was found developed from the right lumbar glands. The patient was a man, aged 40, who had none of the usual indications of the malignant cachexia. *Case 3.*—By Mr. Stanley, in St. Bartholomew's Hospital, excision of the breast, on account of scirrhus, from a woman, aged 42; the disease had existed a year. Recovered.

*Excision of Non-Malignant Tumours.*—The cases mentioned last month have all recovered. During the month there have been performed:—*Case 1.*—By Mr. Cock, in Guy's Hospital, removal of a small congenital tumour from beneath the eyebrow of a boy aged 5 years. The tumour proved to be of the sebaceous kind, and did not contain hair. It was situated beneath the orbicularis muscle. *Case 2.*—By Mr. Cock, in Guy's Hospital, removal of a small tumour from the border of the axilla of a woman aged 41. In this case the operation was performed merely for the purpose of diagnosis. The woman was affected with an enlargement of the lower half of the scapula, about the nature of which there was some doubt. It had been gradually increasing for several months, and presented some features of malignancy. A small lump, quite separate from the original one, having formed between the skin and the scapular attachment of the teres major, it was thought well to excise and examine it before attempting any more formidable operation. This



tumour, which was carefully inspected with the microscope, did not exhibit evidences of more than simply fibrous structure, and as the larger mass did not, while the patient remained under observation, show any tendency to increase, but rather got less, it was decided to defer for the present the contemplated operation for its removal. *Case 3.*—By Mr. Simon, in St. Thomas's Hospital, excision of a fibro-cellular growth developed in the substance of the deltoid of a man aged 30. On section, the tumour showed evidences in several parts of having possessed a vascular structure. Recovered. *Case 4.*—By Mr. Simon, in St. Thomas's Hospital, removal of a tumour from the back of the neck of a woman aged 50. The growth appeared to be warty or papillary hypertrophy of the integument, but it was in parts very vascular. Recovered. *Case 5.*—By Mr. Johnson, in St. George's Hospital, excision of the breast of a woman aged 40, on account of a sero-cystic tumour. Under treatment. *Case 6.*—By Mr. Henry, in the Middlesex Hospital, excision of a neuroma from the median nerve. *Case 7.*—By Mr. Tatum, in St. George's, excision of an encysted tumour from the nape of the neck.

*Tracheotomy.*—*Case 1.*—A man, aged 32, was admitted into the London Hospital, suffering from extreme dyspnoea, the consequence of acute laryngitis. He was immediately ordered to bed, but while being carried up stairs the difficulty of breathing so much increased that suffocation appeared to be imminent. Under these circumstances, the immediate performance of tracheotomy became necessary, and was accordingly performed by Mr. Greenwood, the House-Surgeon on duty. After the opening had been made, stimulants were administered until the man was sufficiently recovered to allow of being removed to bed. He has since done well. Under treatment. *Case 2.*—A man, aged 22, a patient in King's College Hospital, suffering from dyspnoea in consequence of oedema of the glottis. During an urgent attack of suffocative dyspnoea, Mr. Edwards, the House-Surgeon, performed the operation of tracheotomy. Complete relief ensued on the procedure, and at the end of twenty-four hours the patient was sufficiently recovered to allow of the removal of the tube, and the wound has since closed. Recovered.

*Puncture of the Bladder.*—Mr. Simon's case remains under care, as a permanent fistula has been successfully established above the pubes, and as all risk connected with the operation is passed over we may omit it from our list. During the month the following have been performed:—*Case 1.*—A man, aged 40, was admitted into Guy's Hospital, under the care of Mr. Cock, on account of retention of urine. It appeared that he had repeatedly had gonorrhoea, and that for a year past he had suffered from the symptoms of an increasing stricture. No instrumental treatment had ever before been adopted. The bladder was greatly distended, and he was in a condition of much distress. After some difficulty, Mr. Cock succeeded in introducing a very small catheter, (less than No. 1,) and drew off the urine. On the day following retention had again persisted, and was relieved by the same means. On the third day, the same condition of things was still present, and Mr. Cock determined on the performance of puncture of the bladder by the rectum. The reasons which induced that determination Mr. Cock explained to be, that he feared the risks attendant on the repeated introduction of so small an instrument; that the stricture showed no tendency to yield, but, on the contrary, the difficulties of catheterism had been increased on each occasion; and, lastly, that he esteemed the danger of the operation to be very slight, while it would place the urethra under the most favourable possible circumstances for a speedy recovery of its patency. The result quite answered these expectations. The operation was performed on the 5th, and the instrument left in the bowel until the 9th, when the man accidentally allowed it to slip out. After it was removed, a flexible catheter (No. 1) was easily passed through the urethra, and, a day or two later, was exchanged for a larger one. On the 19th, the man was discharged, a flexible catheter being then readily introduced, and the proneness to retention having quite ceased. *Case 2.*—A man, aged 39, under the care of Mr. Hilton, in Guy's Hospital, on account of retention of urine. He had suffered for several days, and it was found impracticable to pass a catheter through the stricture. His condition having become urgent, and the signs of uræmia, tendency to coma, etc., beginning to show themselves, it was decided to puncture the bladder by the rectum. The instrument is still left in, but the patient is doing very well.

*Operations for Urethral Stricture.*—Mr. Solly's case, mentioned last month, remains under care, and is doing well. The following has occurred during the month:—A man, aged 45, of cachectic state, and who had for many years suffered from an impermeable stricture, entered an Hospital on account of extravasation of urine into the perinæum, etc. The operator passed

a staff through the urethra, and out at a fistula communicating with the membranous portion. The instrument was then cut down upon, the stricture divided, and an enormous abscess opened, by which latter the urethra had been dissected for a considerable length. For the first day or two the man did well, but secondary hæmorrhage occurred, and he sank, and died from exhaustion a few days afterwards. Sloughing had taken place around the wound.

*Ligature, etc., of Nævus.*—Mr. Lawrence's case of aneurism by anastomosis remains under care. During the month there have been performed: *Case 1.*—In Guy's Hospital, by Mr. Cock, the injection of a large nævus on the cheek of a child, with the perchloride of iron. The nævus had previously been treated by ligature and compression, with but partial success. Mr. Cock injected the solution in four places, and it has had the effect of inducing solidification and considerable decrease in size; but, as the vascularity is not destroyed in all parts, a repetition of the procedure will probably be requisite. *Case 2.*—In St. George's Hospital, by Mr. Cutler, a case of aneurism by anastomosis, situated on the external ear, has been treated by the application of the galvanic cautery. The case remains under care. *Case 3.*—In St. Mary's Hospital, by Mr. Lane, a large nævus, involving the lip of an infant, aged fourteen months, has been successfully treated by means of the ligature. The slough separated on the fourth day. Several other cases of nævus, not possessed of interesting peculiarities, have been successfully treated by ligature, or by the application of escharotics.

*Plastic Operations.*—Several of the cases previously mentioned remain under care. During the month the following have been performed:—*Case 1.*—By Mr. Fergusson, in King's College Hospital, the operation of cleft palate in a girl aged 19. Perfect union resulted. *Case 2.*—In St. George's Hospital, by Mr. Pollock, in the case of a girl aged 12, suffering from hare-lip and cleft palate, attended by considerable separation of the upper maxillæ and irregularity of the teeth. Mr. Pollock has operated with success on the hare-lip, and an instrument has been contrived to press the teeth into position, it being intended, at some future time, to operate on the cleft palate also.

*Operations for Ununited Fracture.*—Mr. Lawrence's case continues under care.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### NORFOLK AND NORWICH HOSPITAL.

#### REPORT ON MEDICAL CASES TREATED DURING THE YEARS 1850, '51, '52, AND '53.

By W. H. RANKING, M.D. Cantab.

[Continued from page 140.]

#### SCROFULA.

STRUMOUS diseases, it need scarcely be said, enter largely into the category of hospital cases, in this as in other similar institutions; but the majority of those which are purely medical, admitting of out-door treatment, I find only six cases, exclusive of phthisis, which have been entered on the books as in-patients. Of these four were cases of enlarged and ulcerated cervical glands,—one of hypertrophy of the alæ nasi and upper lip, the remaining one being a case of strumous ophthalmia.

In the treatment of struma, in whatever form, the point mainly insisted upon by me is the substitution of a generous meat diet with malt liquor, for the insufficient food which will generally be found to have fallen to the lot of patients prior to admission. The internal medicines resorted to are cod-liver oil, iodine, iron, and quinine.

The enlarged glands I have painted, prior to ulceration, with a strong solution of iodine (iodinii ℥i., potassii iodidi ℥i, sp. rect. ℥i.) This is applied every, or every other day, according to the degree of cutaneous excitability. If suppuration has taken place, I still continue this application for a period, as I consider that it has a tendency to limit the extent of the subsequent loss of substance, and in some instances has caused the removal of the effusion without ulceration. Should, however, an opening appear unavoidable, I cause it to be made without delay, and thus avoid the unsightly cicatrices which spontaneous evacuation of the abscess is certain to leave. Strumous ulcers are dressed with an ointment of iodide of lead on lint, (plumbi iodidi gr. x., axungiae ℥i.)



The result of this treatment in cases of enlarged glands, has in general been satisfactory. In many cases, (I am now speaking of cases both in and out of the wards,) the tubercular deposit is absorbed without suppuration, and those which form abscess, rapidly get well if the opening have not been injudiciously delayed. In one instance only was no benefit derived, and in this the tuberculation of the cervical glands proceeded with such rapidity, that the patient, a young female, died from pressure on the large vessels.

This favourable eventuation of scrofulous disease, when treated under the advantages afforded by the Hospital wards, must not, however, be expected to occur so frequently in the more numerous cases, the treatment of which is conducted in the out-patient department. It must not be disguised, that among these differently situated both as regards diet and hygiene in general, scrofulous symptoms of every kind prove far more intractable. The prevention of suppuration is, under these circumstances, frequently impossible, and the abscess, instead of being limited, is apt to burrow extensively and irregularly, forming long sinuous tracks, covered by unhealthy and livid red integument. In these cases I have occasionally succeeded beyond expectation by injecting the cavity of the abscess and the sinuses with a weak solution of iodine (tinct. iodin. c. ʒss. ad aquæ ʒij.) The cure is also in many cases much expedited by removing the undermined integument, either by the knife or by the chloride of zinc.

A word or two may likewise be said on the management of the unsightly cicatrices, which so often remain, not more a sorrow to the patient than a reflection upon the Practitioner. As I have said, these may in a great measure be prevented by an early opening of the abscess in the direction of the rugæ of the skin, never allowing the integument to become extensively undermined prior to the operation, or waiting till the suppuration "points" very decidedly, as is too often done. When, in spite of these precautions, puckered, "worm-eaten" cicatrices ensue, I prefer, if practicable, to have them excised altogether, and to bring the surrounding skin into apposition. In this way I have been able to save some patients, especially females, from the affliction of bearing on their neck the permanent impress of an unhealthy constitution.

The case of strumous hypertrophy of the lip and nose is still under treatment, but is speedily getting well. The following is a brief statement of its leading features:—

*Case 8.—Strumous Hypertrophy of the Upper Lip and Nose.—Iodine.—Rapid Improvement.*—John Skipper, aged 19, agricultural labourer, was admitted April 16, 1853. He is a well-grown lad, and of robust frame. The alæ nasi and upper lip are enormously thickened, dusky red, and covered with hard lupoid crusts. A thick sanious, but not fetid mucus issues from, and almost obstructs both nostrils. The disease has lasted a year and a-half, and the thickening of the parts has gradually attained its present unsightly dimensions. The mucous membrane of the lip is healthy.

The treatment consisted of poultices to remove the crusts, zinc, and afterwards iodine, injections into the nares, and cod-liver oil internally. Under this plan, the appearance of the part was much improved, and after a month the nose and lip were painted daily with the tinct. iodinii co. of the Pharmacopœia. This soon induced a marked diminution in the thickness of the hypertrophied tissues, and the integument has now (September 8) nearly resumed its natural appearance.

Since the above was written, the alæ nasi assumed an ulcerated condition, resembling superficial lupus. After trying various applications, a complete cicatrization was accomplished by the daily application of Burnett's solution.

#### DISEASES OF THE NERVOUS SYSTEM.

Diseases of the nervous centres have not formed a large or interesting item among my Hospital patients, the admissions being only five in number. In all these the prominent symptom, on admission, was hemiplegia.

*Imperfect Hemiplegia.—Cure.*—John Thompson, aged 59, admitted August 4, 1850. Had for several months suffered from continued pains in the head. Three months since was seized with sudden loss of power on the left side, without loss of intelligence, or interruption of speech.

His general health appears good, but he still complains of pain in the right temporal region, and there is numbness with deficient power in the left arm and leg, with costive bowels.

The treatment consisted of a blister to the nape of the neck, with ammonia, and infusion of gentian. On September 14 he was discharged cured.

*Hemiplegia.—Cure.*—Samual Sissons, aged 35, admitted December, 1850; of intemperate habits. Four months ago, com-

plained of pain in both parietal regions; most severe on the right side; the pain has occasionally left him, but seldom for longer than a few hours at a time. Three weeks since, while at breakfast, suddenly lost the use of the left arm and leg, the speech being at the same time somewhat embarrassed. After about a week's treatment he gained considerable power, but ten days ago had a second and more severe paralytic seizure. Has had much mental agitation.

On admission, he complained of headache. The special senses perfect; mouth drawn and tongue protruded to the affected side. The arm is perfectly paralysed, but the leg can be moved slightly.

Decoct. sarzæ ʒviij., liq. hyd. bichloridi ʒviij. Ft. haust. cujus sumat coch. ij. magna ter indies.

14th.—Hirud. vi. temporibus.

17th.—Emplast. lyttæ nuchæ. Pergat.

21.—Has recovered some power; is able to move the fingers.

This treatment was continued until the 30th of January, when he was discharged convalescent.

*Epilepsy*, by the rules of the Hospital, is not admissible within the wards, but is frequently observed among the out-patients. During the present year six cases of confirmed epilepsy have been at the same time under treatment, the patients being of both sexes and of various ages. Being desirous of testing the boasted virtues of the cotyledon umbilicus, the extract, as prepared by Mr. Hooper, was prescribed for all, and zealously persevered in for three months. Not the smallest benefit was observable in any one instance; in two, zinc in increasing doses was advantageously given subsequently. I allude to the fact, because the trade advertisements would lead to a conclusion the very reverse of my own experience, and that of several medical friends who have given the medicine an equally fair trial.

*Paraplegia.*—Of this form of paralysis 4 cases have been admitted, 3 males and 1 female; 2 were fatal, 1 complete recovery, 1 partial improvement. The first case is that of

Richard Plow, aged 38, admitted Nov. 9, 1851. The disease commenced twelve months previously, with pain in the dorsal and lumbar spinal regions, with gradually increasing weakness of the lower extremities. On admission, paraplegia was complete, sensation and voluntary motion being both extinct. Excito-motory movements were feeble, but distinct; the rectum and bladder likewise paralysed. The urine neutral. His prostration is extreme, and he has uncontrollable hiccough.

Various means were adopted to quiet this latter symptom, and his strength was sustained as much as was permitted by stimulants and nourishment, but he died by apnoea on the 22nd.

*Post-mortem Twenty-four Hours after Death.*—Pulpy softening of the spinal marrow in the middle dorsal and lumbar regions. The lungs were loaded with carbonaceous deposit, but were otherwise healthy. The heart was normal, as was also the liver; the kidneys were large and mottled; the pelvis contained pus. The lining membrane of the calyces, ureters, and bladder intensely congested.

The other fatal case was that of Samuel Page, aged 27, a gentleman's servant, of strumous habit, with cicatrices in the neck. After getting wet six months since he was seized with pain in the loins, soon after which he began to complain of numbness in both legs, with loss of power. This has gradually increased up to the present time.

His general health is much deteriorated; appetite deficient; he has no command over the lower extremities, bowels, or bladder. Sensation is abolished, and excito-motory movements are marked, and may be induced by tickling the soles of the feet, or arise spontaneously, when the feet come into contact. The urine is ammoniacal. On examination of the spine, an angular projection is perceptible over the last dorsal and first lumbar vertebræ.

As might be expected, no benefit was accomplished in the treatment of this case. The constant action of the bowels was controlled slightly by opium, and strychnine was given; but, eventually, bed-sores formed, and the patient died exhausted in about a month after admission. No *post-mortem* could be obtained, but the nature of the case was obviously scrofulous caries, with displacement.

The case which terminated favourably was as follows:—

Mary Ann Greenwood, aged 29. A married woman, admitted May 16, 1852. She had been confined three months since of a still-born child, after a lingering labour. She had rigors on the third day, with suppression of milk and diarrhoea, which is stated to have continued for three weeks. She subsequently recovered, but was found to be unable to move the lower extremities.

*Present State.*—She is apparently in full health, but pale and



extremely fat; appetite good; complains of globus and other hysteric symptoms. Her lower extremities are as fleshy as the rest of the body. She is unable to move them, and states that they are insensible to touch as high as the knee; there is some pain over the lower lumbar and sacral region.

Infricetur lin. olei crotonis sacro.

R Potassii iodidi ℥j.; ferri citratis ℥j.; infusi gent. c. ̄vj. Cochl. duo magna ter indies sumenda.

R Pil. hydrarg. gr. iv. secundâ quâque nocte.

Haust. sennæ co. ̄jss. mane sequente.

30.—No redness has been induced on the spot upon which the croton oil was rubbed, but the face and neck are covered with the papular eruption induced by the oil. She declares that her face has not been touched. The eruption was attended with so much febrile disturbance, as to necessitate the substitution of effervescing medicine for the tonic previously prescribed.

June 8th.—The tonic plan of treatment is again resumed, and as she complains of sacral pain, a blister was applied to the part.

12th.—Cont. mist. ferri citratis et sumat strychninæ gr.  $\frac{1}{20}$  formâ pilulæ nocte et mane.

From this time a gradual but marked improvement took place, and on the 23rd of the same month she was discharged, with the power of walking up and down the ward.

*Paralysis of the Upper Extremities.*—A single instance has fallen under my observation of paralysis of both upper extremities, associated with loss of power in the serrati magni muscles, a class of cases which has been noticed with some minuteness by M. Nélaton. The most striking phenomenon in this form of paralysis is due to this loss of power in the serrati muscles, as a consequence of which the inferior angles of the scapulae, no longer retained *in situ*, are tilted upwards by the weight of the arms, and project in a manner which cannot fail to be recognised when once seen.

*Case 9. — Paralysis of the Serrati Magni and Upper Extremities. — Partial Recovery.*—Sarah Warman, aged 31, admitted June 27, 1852, a married woman, with three children, who has had the usual hard life of a labourer's wife, but has never met with a blow on the spine, or undergone any exhausting illness; two years ago, without obvious cause, became sensible of a loss of power in the right arm, and nine months subsequently, after a confinement, began to lose power also in the left extremity.

On admission, both arms were nearly powerless in certain movements, while others could be executed only with difficulty. She could not raise either arm from the side, neither could the right forearm be flexed, though this movement was with difficulty accomplished on the opposite side. She could hold a teacup with the left hand, but not with the right. Sensation was normal.

On examining the patient, the arms were seen to hang forward, and apparently motionless, the two shoulder-joints being lower than natural, and looking from the front, more nearly approaching each other. Behind, the scapulae were tilted upwards in a most remarkable manner; so much so, that the inferior angles of the scapulae formed two widely-separated projections at the point where should have been their superior angles. The muscles of the shoulder and arm were much wasted, and the cervical spine was slightly curved to the right side, but was not tender to the touch. Her general health was materially enfeebled, and the catamenia had not appeared since her confinement.

Looking upon the case as one of progressive muscular atrophy rather than as depending upon a centric nervous lesion, the treatment was directed to re-establishing the general health, and, at the same time, invigorating the circulation of the blood in the affected muscles. She was put on full diet, and was ordered—Strychninæ gr. i., pil. ferri c. ̄ij. ft. massa in pil. xxiv. dividenda; guarum sumat i. ter indies. At the same time, the limbs were to be assiduously rubbed with horsehair-gloves, and she was encouraged to exercise them as much as possible.

July 3.—She has improved in health, but as some twitching has occurred, the dose of the strychnine was diminished, and she was ordered to commence a regular daily course of electro-galvanism.

Under this treatment a more rapid improvement soon manifested itself, and was especially observed in the diminution of the scapular displacement. When discharged she was able to flex both arms, and to raise them from the side, though not to sustain them in that position. Having passed her allotted time in the Hospital she was presented, and has not since been seen. (a)

(a) Unless under special circumstances, a medical patient seldom continues longer than two months in Hospital. At the expiration of that rate the Physician receives a reminder from the weekly Board, in the shape of the question, "Is A. B. likely to receive further benefit, etc.?"

*Paralysis e Plumbo.*—One instance only of this at one time more common disease has been admitted. It did not present any peculiar features, and was cured by the internal use of the iodide of potassium, and blistering the forearms, the raw surface being afterwards sprinkled with a powder containing strychnine. In giving the iodide of potassium, which I had long been in the habit of doing, regarding it merely as a tonic well adapted to the cachexia always present, attention may be directed to the researches of Melsens on the elimination of poisons by the iodide; which in some mineral intoxications at least afford a rational explanation of the advantages derived.

*Chorea.*—Of this disease, the admissions during the three years have been 11 in number, of which, 10 were cured, and 1 died. As is usual, the large majority (10), were females, 1 a male. The ages of the females were between 12 and 16 in 9 cases; the remaining case being a child aged 6 years; the male patient was 12 years old. I have not found the connexion between chorea and cardiac disease to be so frequent as systematic writers would lead us to anticipate. In one instance only was there distinct cardiac disease the result of rheumatism, and though in three others a soft systolic bruit existed, I have reason to believe that it was a chlorotic blood murmur, and not dependent upon valvular changes. The age of these patients (from thirteen and fifteen years,) give colour to this supposition.

As regards the treatment of chorea, I have come to the conclusion that the disease will get well under almost any system of medication which has reference to improving the general tone of the system, such as purgatives, the shower-bath, with the internal exhibition of iron, zinc, copper, or arsenic; yet the latter medicine has so decided a superiority over the others, as to render it, *par excellence*, and anti-choreic remedy. I tested this fact carefully in the cases which have been from time to time under my charge, both in Hospital and in private practice, by giving, in some, in the first instance, either zinc in increasing doses, or the ammoniuret of copper; and after noting the degree and rapidity of amendment, having recourse to arsenic; in others, commencing at once with the latter medicine, after some preliminary purgatives. The result was so conspicuous, in either case, as to be a subject of remark even to the nurses. In the former instances, the recovery was manifestly hastened; in the latter, a speedy amendment set in from the first. The preparation exhibited in all instances was the liq. potassii arsenitis in doses of from three to five minims.

The great majority of the choreic cases were of the ordinary character, presenting nothing to demand a detailed notice; in one instance, however, an unusual train of symptoms ensued, which proved fatal.

#### CHOREA.—MENINGITIS.—PERICARDITIS.—POLYPUS OF THE STOMACH.

Eliza Bennett, aged 14, admitted August 25, 1850. She is a delicate, ill-nourished girl, with the aspect of a child of ten years, and has been the subject of rheumatic fever.

The choreic movements are not severe, consisting chiefly of snatches of the arms and shoulders, with grimaces. She is a querulous child, and unmanageable at home. She complains of headache, but her intelligence is so much below par that it is difficult to obtain a connected account of her feelings. There is no respiratory embarrassment complained of; the pulse is feeble, but the heart's action is forcible, and a loud regurgitant mitral bruit is heard.

The treatment for the first few days consisted of purgatives simply, after which she commenced the sulphate of zinc in increasing doses. This being found, after a reasonable period, to have no control over the movements, the liq. arsenicalis was substituted, and manifest advantage was obvious after a few days.

Sept. 23.—She is complaining of headache; the arsenic to be suspended.

Oct. 17.—The report is, that her general condition has much improved, and the choreic movements have nearly subsided.

19th.—On making my visit, was told that the patient had vomited. She was in bed, vomiting frequently, and was in a state of partial collapse. The abdomen appeared painful on pressure, but she was unable or unwilling to afford any distinct information.

20th.—The night was passed in constant moaning and querulous complaint. The heart's action is violent, and distinct friction sound is audible. Blister to the præcordia. Calomel and opium.

22nd.—The vomiting still a prominent symptom; the ejecta for the first time noticed to be tinged with blood. The patient lies on the right side, with the knees drawn up, vomiting every



few minutes; brows knit, features pinched; heart's action less violent; but as the blister is open, auscultation could not be practised, the patient violently resisting all attempts to apply the stethoscope.

She gradually sank, and died on the evening of the 29th.

*Post-mortem Twenty-eight Hours after Death.*—The body exhibited no signs of puberty. Emaciation not greater than on admission. *Abdomen.*—The peritonæum did not manifest any traces of inflammatory exudation, but contained about a pint of limpid serum. The liver presented a good specimen of the nutmeg change; pancreas hypertrophied and indurated; stomach of the natural size, the mucous membrane injected, especially about its smaller curvature; but the most remarkable appearance was that of a polypoid growth about the size and shape of an adult female nipple, with its summit ulcerated. It had a distinct pedicle. *Thorax.*—Both lungs extensively adherent, by exudations of old date, their posterior lobes condensed, and in some portions in a state of atelectasis. In the left apex was a single cretaceous tubercle. *Heart.*—Pericardium universally adherent, by exudation of different dates. In portions it was evidently recent. The heart itself was hypertrophied and dilated, and the mitral curtains thickened. *Brain.*—The entire arachnoid was opaque, and there was slight serous effusion, but no central or peripheral softening.

This case, equally with the others which form the subject of this report, affords evidence of the value of arsenic in chorea, a marked amendment having declared itself a few days after it was commenced. The fatal termination was evidently due to a coincident inflammation of the arachnoid and pericardium, the relative importance of which it was difficult to determine, inasmuch as the patient appeared, from the time of her admission, deficient in intelligence, and did not afford us any connected account of her feelings. The vomiting, however, with the contracted brows, pointed clearly to the membranes of the brain, as presenting a lesion sufficiently formidable, had there been no concomitant cardiac affection. The polypoid excrescence on the stomach is to be considered as a pathological curiosity of rare occurrence. (*Vide* Rokitsansky.)

## NOTICE.

August 18, 1854.

MR. CHURCHILL *having removed his Publishing business to more extensive and commodious premises, the MEDICAL TIMES AND GAZETTE will from this date be published by him at No. 11, NEW BURLINGTON STREET, where it is requested that advertisements, communications, and books for review, may be directed.*

THE STUDENT'S NUMBER of the "*Medical Times and Gazette*" will be published on the 16th of SEPTEMBER. Registrars of Universities and Colleges, and Secretaries of Schools, are requested to forward Prospectuses and necessary information without delay.

# Medical Times & Gazette.

SATURDAY, AUGUST 19.

## MEDICAL APPOINTMENTS IN THE EAST INDIA COMPANY'S SERVICE.

ABOUT a year since (July 23, 1853) we referred to Sir Charles Wood's India Bill, and to the infinite service it conferred upon the cause of Medical Science by establishing the principle of public competition for the Medical appointments in the East India Company's Service. This principle has at length been carried into practice, as we announced last week; and, as may be seen by our advertising column, the new plan of the Directors is so far matured, that the first examination for candidates in the Medical department is fixed for January next.

In considering the *personnel* of the Examiners appointed by

the Directors for this responsible duty, we think that the Profession and the public have every reason to be satisfied. We have great pleasure in announcing that the new Board is composed of Dr. Parkes, Mr. Paget, Mr. Busk, and Dr. Hooker. Thus the principal departments of Medical Science will be most worthily represented; for, among the younger men of note in the Profession, it would be difficult to select two who have done more for scientific and practical Medicine and Surgery than Mr. Paget and Dr. Parkes; and the names of the two latter gentlemen will readily suggest the great importance attached by the Directors to the departments of Comparative and Histological Anatomy, and of Botany and Zoology. While a certain proficiency in these latter sciences is essential, if not indispensable, in the education of every Medical man, it is most especially so in the case of those who intend to devote their energies to the service of the East India Company, in whose territories the profuse luxuriance of animal and vegetable life affords illimitable scope for the labours of the naturalist.

We are happy, also, to find that clinical instruction is made an essential element in the training of the candidate; and that, in addition to certificates of having attended two courses of lectures of six months' each on the practice of Physic, proof must be brought of attendance on the practice and clinical instruction of the Physicians of an Hospital. Instead of attendance on *two* courses of lectures on the practice of Physic, the candidate may attend *one* course of six months on the practice of Physic, and clinical instruction for twelve months. We cannot, however, understand why Clinical Surgery is not likewise distinctly specified.

In addition to these proofs of Medical education, the candidate must bring evidence of having attended for three months the practical instruction given at one of the public asylums for the treatment of the insane. This is a most important step, and its effect will be to spread throughout our East Indian possessions just notions of the modern humane treatment of the disorders of the mind.

The mode in which it is proposed to conduct the examination offers many points for approval, and none for censure. The double test of written and oral answers will be adopted; and not only will the candidate be presented with these means for the satisfactory exhibition of his knowledge, but he will be also required to perform experiments before the Examiners, and to give practical proof of his tact in diagnosis and his skill as a Surgeon, by his answers at the bedside of the patients, and by operations performed upon the dead body. The necessity for such an ordeal we expressly urged last year.

The Directors of the East India Company are entitled to all praise for the manner in which they have carried out the provisions of Sir C. Wood's Bill; and we hope that their example will be followed by other public Bodies, and that appointments will hereafter be made the rewards of merit, and not the results of intrigue and favouritism. Our only fear is, that the change will come so suddenly upon the Medical public, that the system will hardly work well at first; but the idea of giving an income and a position in life to the humble, and perhaps friendless, aspirant to Medical honours, on the mere ground of his intellectual superiority, is one which is pregnant with future good; and we hope that the Directors will steadily persevere in the path which they have marked out.

We also trust that no prejudices of race or of caste will prevent the distribution of Medical rewards and honours to all who are worthy of them; and that now, when Schools of Medicine have been established in our East Indian possessions, their students may be admitted on equal terms with their European brethren. It is needless to assert the intellectual equality of the Hindoo with ourselves; and the extensive culti-



vation of Medicine and Surgery among that people, accompanied by the rewards due to Professional merit, will tend most materially to consolidate the union of interests of the British nation with those of the inhabitants of our Eastern Empire.

As there are many who are not aware what great advantages are now offered as the reward of merit, we may state, that the average number of Assistant-Surgeons yearly admitted into the service of the East India Company is fifty. The pay and allowances on appointment to the European or Native Infantry is 22*l.* per annum, to the foot artillery and engineers 23*l.*, and to the horse artillery or cavalry 33*l.* On promotion to the rank of Surgeon the pay in these several corps is 37*l.*, 39*l.*, and 52*l.* respectively. If any Medical Officer should be obliged to leave the service from ill health at any time before he has served three years, he secures a pension of 2*s.* 6*d.* per diem for life, and this is increased up to 6*s.* per diem in a gradual rise up to twelve years' service. After serving twenty years, a Medical Officer earns the right to retire, if he pleases, on a pension of 19*l.* per annum, and this increases as follows:—24 years' service, 250*l.*; 28 years, 300*l.*; 32 years, 365*l.*; 35 years, 500*l.*; 38 years, 700*l.* In what other department of the Profession, we would ask, can a man retire into a private life of leisure, at the age of 50, upon a certain pension of 300*l.* per annum? In what department can he commence his Professional career upon a certain income of 19*l.*? In what department, if overtaken by ill health, is he certain of the means of subsistence independent of the help of his friends? All this the hard-working, meritorious student may now obtain. The first contest will take place in January next. May we see a crowded field, a generous struggle, and we shall then all heartily join in the triumphs of merit and perseverance.

#### THE SANE LADY AND THE MADWOMAN.

BRITISH law and British justice are two very curious things. A lady, a Duchess, is proved to have been mad, very mad, and to have had disease of the brain of a serious nature, shortly before, if not on the day she makes a will. The law says the will is good. This seems very strange law to our minds; but we doubt not that it is law, good law, sound law, the law of England. Now a married woman in the lower ranks of life, is well enough to go from Esher to London by rail, to walk about London, and to pass some time in a common brothel with a paramour, to return to her home by rail, and seems in all particulars well till she is reproached with her crime by her husband. With the consciousness that her conduct is known to him from whom she most desired to conceal it, comes mental agony; she remains in bed all day; in the evening dresses herself, puts her children to bed, winds up the clock, walks about the house for some time,—then cuts the throats of her six children, and attempts to cut her own. She is examined by a Medical man, after she is committed to prison, and appears to be in all points sane, and continues so for weeks. These facts rest on the testimony of unimpeachable witnesses.

The woman is tried for the murder of her children, and is acquitted on the grounds of insanity. The Duchess of Manchester acts like an insane woman; fancies things to be which have no existence, *e. g.*, that she has recently been delivered of an infant, that Royal personages are in the room getting baby-linen from a cupboard, and yet the law finds her, so far as concerns the act of which the law is called on to take cognizance, *compos mentis*. Ann Brough conducts herself as a sane but wicked woman, up to the moment when she does a deed for which, if sane, she is amenable to the law; and after she has committed that deed is as sane as she was before it; yet a Jury decides, that, so far as concerns that deed, she was *non compos mentis*. A Judge gave the law in the Duchess of Man-

chester's case; a Jury dispensed justice in Ann Brough's case. Very strange, we repeat, are British law and British justice.

Two Medical men were examined on the side of the prisoner at the trial of Ann Brough, Dr. Izod, the ordinary Medical attendant of the woman, and Dr. Forbes Winslow.

Dr. Izod testified, that the woman had suffered an attack of hemiplegia after her confinement in 1852, from which, however, she had recovered. Dr. Forbes Winslow gave it as his opinion, that the murder was committed under the influence of a temporary fit of homicidal mania; the reasons for his opinion being, first, that the prisoner had been the subject of disease of the brain since the attack of paralysis in 1852; and, secondly, that in a confession which she made, she had spoken of a "dark cloud" covering her on the night of the murder, the idea of such a cloud being an ordinary accompaniment of paroxysms of suicidal and homicidal mania in combination.

So far as the facts testified to by these witnesses went, we are altogether unable to see that the paralysis, from which the woman suffered in 1852, had any real bearing on the case. From that paralysis she had recovered long before she committed the murder; nor was a fact adduced to prove that the lesion on which the paralysis depended had left any traces of its effects.

Unless all immorality be evidence of insanity, Ann Brough was sane when she met her companion in guilt in London, on the 9th of June; at least, we have not the slightest reason to believe the adulteress was less sane than the adulterer. Dr. Forbes Winslow's opinion, that the woman has organic disease of the brain, is without foundation, so far as we can see, but should he be able to support his opinion by evidence, we think he is bound to offer it to the Profession; especially as from evidence like that before us, the Profession of Medicine itself suffers in the eyes of the public.

As to the "black cloud," it does seem puerile in the extreme to attach any importance to that. The woman had been just deserted by her husband, for almost the only conduct base enough to warrant desertion; that bitter feeling which fills the mind of those *detected* in guilt, and which is felt only because they are detected, a feeling dignified by the name of remorse for the crime committed, must have been experienced to the uttermost by Ann Brough. Of course, to her things were not all *couleur de rose*; they must have worn a sombre hue,—everything must indeed have looked black to her. Nor do we attach any importance to her statement, that after having attempted her own life, when she came to herself, the "nasty great black cloud was gone." She was a selfish being; she thought it better to die than bear her grief; therefore she cut her own throat, but ere she had accomplished her intention, the love of life resumed its sway, or the fear of death predominated; she stayed her hand, and no doubt felt some sort of joy when returning consciousness told her she was still in this world. She had something now to hope for; therefore, the cloud was gone.

Mr. Justice Erle's charge to the Jury was most excellent. "Undoubtedly," he said, "every crime is committed under the influence of some impulse; and the object of the law is to control impulses of that description, and so prevent crime."

Who has not witnessed the power of fear, excited by a threat to restrain the supposed uncontrollable impulse of an hysterical girl? Sometimes a man's own sense of what is right is sufficient to enable him to overcome the impulse which he feels to do wrong, at others his reason requires help to resist his evil passion; to afford this assistance to the reason, is, as the Judge observed, the object of the law. The result of such trials as that of Ann Brough is to weaken the influence of the law in restraining evil-doers, because the masses believe that a verdict of acquittal on the ground of insanity is little more than a recommendation that the State provide comfortably for the



prisoner for the rest of her life. As to the punishment which will be actually inflicted on the miserable woman in question, that, in truth, is worse than death by the cord. She will be henceforward dead to the world; she will be immured in the gloomy courts of Bethlem, devoted to the reception of lunatic State prisoners; her companions will be maniacs, and beings as wicked as herself; her only place of exercise will be a dismal-looking yard, with gravel under her feet, the Heavens above, and four brick walls around. Whether eating, walking, or working, it will be in the society of chattering idiots, sullen madwomen, and raving maniacs. It will be strange if such companions and the lashings of her conscience do not, at last, bring her mind into that state in which Dr. Winslow dreams it was when she murdered her children.

In Russia there is no capital punishment. The merciful Czar only sentences to the knout, and cannot be blamed if the culprits are weak enough to die under the lash. In England we bid fair to abolish, practically, the punishment by corporal death, and to substitute for it a course of treatment by which the mind of the condemned shall be extinguished, and so to make the law appear less terrible to the evil-doer, but, in reality, more dreadful to the convicted felon,—less potent in deterring from crime, but more cruel in avenging it.

#### THE NORFOLK COUNTY LUNATIC ASYLUM.

HAVING as yet heard but one side of the question in the case of Dr. Foote and the Committee of Visitors of this Charity, we are unwilling to express any opinion upon the disputed points. But it is clear to every one that the Commissioners of Lunacy should thoroughly investigate the condition of the Asylum, and remove at least one glaring error in its management. This is the only Asylum in the kingdom in which the Medical Officer is not also the Superintendent; and, as all the evils appear to have resulted from the interference of an unqualified lay Director with the Medical Officer in the charge of his patients, this, at least, must be reformed.

### REVIEWS.

*A Letter to the President and Fellows of the Royal College of Physicians, in Relation to the Evidence, cited in their late Report, on the Treatment of Epidemic Cholera.* By JOSEPH AYRE, M.D., L.R.C.P., Many years Physician to the General Hospital, Dispensary, and Lying-In Charity of Hull. 8vo. Pp. 71. London. 1854.

WE feel that no blame can be attached to our Profession because we are still without a specific for the cure of small-pox; and we should feel none, though we were yet without a specific for the cure of cholera. But it does seem to us almost a disgrace to the Profession, that we are unable to answer by facts, unanswerable facts, those who aver that they have discovered a remedy for the most terrible disease of modern times. We do not here allude to those men who figure from day to day in the *Times* and other newspapers, as the recommenders of some little trumpery which they affirm is always successful,—men who seize every opportunity to inform the public of their titles and address,—but to those who take the most legitimate methods of bringing their facts and opinions before the Profession.

Dr. Gull was appointed by the Royal College of Physicians to prepare a Report on the value of the remedies employed in the treatment of cholera. The conclusion Dr. Gull arrived at is, that there is no remedy for the disease when the patient is in a state of collapse. Dr. Gull obtained a good deal of evidence bearing on the value of calomel as a remedy for cholera. The objects of Dr. Ayre's letter are, to prove that in very few of the cases treated by calomel, and reported to Dr. Gull, was his (Dr. Ayre's) plan of administering calomel adopted; and that if the few treated on his plan only had been considered by Dr. Gull, his conclusion would have been very different from what it is.

At the outset of his letter, Dr. Ayre writes:—

"I shall here briefly repeat, for the sake of obviating all mis-

conception on the subject, the leading particulars of what is denominated my plan of treatment, which consists, during the stage of collapse, in giving one or two grains of calomel every five or ten minutes, with one or two drops of laudanum with the first few doses of the drug, and in perseveringly continuing the same dose at the same intervals of time, until the symptoms of collapse become materially subdued." "I abstained from the use of auxiliary treatment in my early cases, that I might not compromise the conclusion at which I desired to arrive, as to the remedial power of calomel; and I have uniformly avoided them since, because I believed that calomel, in doses small and frequently repeated, was an effectual remedy. I have never given stimulants in any form, because I found them not to be necessary, and believed they would prove pernicious, when, from the long duration of the collapse, and the delay in commencing the treatment, consecutive fever might be feared; and, lastly, I fixed no other limit to the quantity of calomel which I gave than that which the duration of the collapse prescribed, having become early assured that, pending its continuance, no absorption of the calomel into the system takes place; that, while it is so given, no salivation or other inconvenience is induced by it; and that no extremity to which a patient may be reduced can justify our withholding or abandoning the use of it."—Pp. 4—6.

Having thus stated what his own plan really is, Dr. Ayre goes on to show that a very considerable number of those who informed Dr. Gull that they had "tried the plan recommended by Dr. Ayre" without success, in point of fact never tried his plan at all. He wrote to these gentlemen, and the answers he obtained show that in some cases twenty grains of calomel were given every ten minutes for an hour or two, in other cases two grains were given every half hour; sometimes stimulants, at others large doses of opium, were given, in addition to the calomel, and so on with all kinds of deviations from the letter of Dr. Ayre's plan.

Dr. Ayre very naturally objects to any cases being said to have been treated by his plan simply because calomel was given to them, and thus criticises Dr. Gull's conclusions:—

"But to show how greatly Dr. Gull is at fault in asserting that the average of recoveries under the various modes of treatment pursued is equal in amount to that which occurs under the calomel in small doses, I have only to cite the evidence of witnesses whose testimony is given in his Report, in reference to the following list of medicines, given singly, or variously combined, namely,—opium in large doses, and calomel in large doses, or in small ones at wide intervals; salines into the stomach, or injected into the veins; venesection, ammonia; chloroform both taken and inhaled; alcoholic stimulants in large quantities; emetics of various kinds; turpentine, sulphur, acetate of lead, etc., etc. From this Report I find the result of the above modes of treatment to have been most disastrous; for, out of 202 patients, many of them only in the premonitory diarrhoea, when the treatment began, there were 139 deaths, and only 63 recoveries, instead of, as the authorities presently to be cited will prove that there might have been, only 43 deaths and 160 recoveries."—P. 24.

As to the difference in the mortality when patients are treated with large or small doses of calomel, "an excellent illustration is afforded," Dr. Ayre says, "in the results of the treatment pursued with the 365 patients cited in your Report, to all of whom calomel was given, but, as it is proved, to no more than 107 of them in accordance with the plan necessary to success. Of these 107 patients, not less than 83 were recovered; while, of the remaining 258, as many as 163 fell victims to the disease. In short, by one mode of treatment the recoveries were 80 per cent.; while under the other the per-centage was only 30."—P. 25.

The concluding sixty pages of Dr. Ayre's letter are occupied by reports made to him by numerous Medical men in favour of the plan of treatment he recommends. We trust some, at least, of our readers will give the several plans of treatment so strongly advocated a fair and uncomplicated trial, and report the results they obtain.

#### MORTALITY IN PUBLIC INSTITUTIONS for the week ending

August 12:—	Males.	Females.	Total.
Workhouses...	62	93	155
Military and Naval Asylums	3	...	3
General Hospitals	43	29	72
Hospitals for Special Diseases	4	2	6
Lying-in Hospitals	...	1	1
Lunatic Asylums	2	...	2
Military and Naval Hospitals	16	...	16
Hospitals for Foreigners, etc.	...	...	...
Prisons	...	1	1



## PROGRESS OF MEDICAL SCIENCE.

## SELECTIONS FROM FOREIGN JOURNALS.

## UPON THE LOCAL APPLICATION OF CHLOROFORM.

By M. GONZALES CONDE.

THE Spanish Professor has, after the example of the originator, Mr. Hardy, tested the local power of the anæsthetic to assuage the pains of cancerous ulcers. The cases were those of ulceration of the interior of the rectum, accompanied by most severe suffering, such as ordinary sedatives were insufficient to calm. M. Conde employed a bottle containing a sufficient quantity of chloroform. Its mouth was occupied by a well-fitting cork, through a hole in which a gum elastic catheter was passed. The sound was introduced so far that its apertures were in direct contact with the ulcerated surface. Then the vaporization of the chloroform was commenced—first, by the application of the hands to the bottle which contained it; then by bringing near it a heated stove. The patient experienced a slight pricking sensation, which took the place of the cancerous pains. This sensation extended upwards towards the colon. From the rectum some gas escaped having the odour of chloroform. The sufferings were quickly appeased; but the most remarkable circumstance was, that the pulse, which, at the commencement of the experiment, was accelerated, fell first to its natural rhythm, and then sunk to sixty beats a minute. The ease, however, bestowed by the chloroform was not limited in its duration by the effect produced on the pulse. For a week the pains did not return, nor was it necessary to re-apply the anæsthetic for the whole of that period.—*El Heraldico Medico*, June, 1854. P. 165.

## THE IODO-TANNIC FLUID.

By M. DESGRANGES.

M. Desgranges has lately bestowed considerable attention upon the properties of the iodo-tannic fluid, feeling justly the great importance which belongs to such preparations as possess the power of coagulating the blood. He has examined it especially in two points of view—first, to ascertain its coagulating power as compared with the perchloride of iron; secondly, to see whether it can become absorbed.

In the first point of view, it is at once determined that the iodo-tannic fluid does not possess more than one-third of the coagulating force of the perchloride of iron. The clot which it forms is insoluble in boiling water, but soluble in a warm alkaline solution. The clot produced by the salt of iron is, on the contrary, very soluble in hot distilled water, but much less so in an alkaline solution; whence it may be inferred, that the iodo-tannic clot, acted upon by a warm alkaline fluid, such as the blood in circulation, would not resist in the same way as the clot produced by the perchloride, unless, indeed, so much of the former be used as to excite inflammation, and the coagulation of blood around the primitive clot, followed by its organization.

It is an interesting point to determine, what, in the iodo-tannic fluid, is the essential agent of coagulation? M. Desgranges poured a proper quantity of a solution of tannin into the fluid of hydrocele, and it produced, both as regards consistence and rapidity of formation, a similar clot to that formed by the iodo-tannic liquid. The coagulating property is then due to the tannin. As regards the absorption, clinical researches, both accurate and multiplied, proved that it readily took place. The absorption of the tannin, however, was less complete than that of the iodine. In this point of view there is a marked difference from the perchloride, of which the refractory properties to absorption are well understood.—*Gazette Medical de Lyon*, May 31, 1854.

## CURE OF A CASE OF PRONOUNCED HYDROPHOBIA.

By M. RUIZ.

The author gives the summary of a case reported by M. Guizan, of Mérières. A young man had been bitten in the left hand by a dog presenting all the signs of hydrophobia. The wound was cauterised on the following day, and the patient was directed to take some of the root of belladonna. Three weeks afterwards he was attacked by entero-peritonitis. One month after the day of the accident he became agitated, restless, and irascible; the voice was altered; pulse hard, irregular, and frequent. These symptoms increased, and towards evening a violent access of internal heat supervened, with constriction of the chest and neck, dyspnoea, photophobia, thirst, refusal to take drink, because every attempt augmented the constriction of the throat. The intellectual faculties were untouched. M. Guizan, (who had bled the patient during the attack of gastro-enteritis,) bled

him again, and ordered him calomel and opium. The night was passed in continual agitation. The day following there was a third bleeding, and a pill of arseniate of soda was administered every four hours. During the day there were many accessions, of which the most violent lasted four hours. At night the symptoms were more severe, and the danger to life was extreme. The third day the convulsions continued, but they were less intense and more rare. On the fourth day there was marked improvement, which soon passed into evident convalescence.—*El Siglo Medico*, May 21, 1854.

## THE PRESENCE OF SUGAR IN THE FLUID OF ASCITES FROM A PATIENT SUFFERING FROM FATTY LIVER.

By Dr. FRIERICH.

The author relates, among other facts from the Medical Clinic of Breslau, the particulars of a case of fatty liver in a girl, aged 9. The hepatic disorder was accompanied by considerable ascites, even before there was any indication of hardening of the substance of the organ. The fluid removed by a trochar in the usual manner from the peritoneal cavity was rich in sugar,—a substance heretofore found by no one in this situation. The author has often since failed to detect this substance in other similar cases, proceeding from disease both of the liver and of the heart. He considers the fact of interest, as illustrating the part which the liver takes in the development of sugar in the human body.—*Wien. Med. Wochenschr.*, 6. 1854.

## MEMBRANOUS CROUP SUCCESSFULLY TREATED BY IODIDE OF POTASSIUM.

Dr. J. D. Griscom related to the Philadelphia College of Physicians (February, 1854) the following case:—

“An intelligent boy, 2½ years old, had been somewhat hoarse for several days, when symptoms of dyspnoea supervened, and Dr. Griscom was requested to see him. He found him with a pulse somewhat quickened, an anxious expression of countenance, a suppressed, suffocative cough, and a laboured respiration—noisy, but not resonant. During twenty-four hours these symptoms all slowly but steadily augmented, and left no doubt in the mind of Dr. Griscom that the little patient was passing through the incipient stage of membranous croup. Leeches, sinapisms, warm baths, and emetics (ippecac. and alum) had failed to give more than temporary relief. In looking over the resources of our art for a means of modifying the disposition to pseudo-membranous deposit in the larynx, iodide of potassium, the use of which, although without precedent in this disease, as far as Dr. Griscom was aware, was selected, and administered in doses of two and a-half grains every three hours.

Professor Wood now saw the child in consultation, and had no hesitation in confirming the diagnosis. When the exhibition of the salt was commenced, the child's condition was truly distressing. The chest was heaving, the nostrils expanded, the skin of the face assuming a dusky hue,—the countenance bearing that imploring expression which, when once seen in this disease, is seldom forgotten. On consultation, it was, with some hesitation, agreed to rely on the iodide of potassium another twelve hours. At the end of that time, the child had vomited what strongly resembled plastic lymph, and the onward progress of the symptoms was certainly arrested. A very slow improvement took place from this time. The remedy was continued about ten days, at the end of which time the little patient was entirely convalescent.—*Summary of Trans. Coll. Phys.*, Philad., Vol. II., N.S.; No. 4.

## COLD AS AN ANÆSTHETIC AGENT.

Dr. Thomas Wood, of Cincinnati, states (*Western Lancet*, April, 1854,) that he has used cold, as recommended by Dr. Arnott, of London, for preventing pain in surgical operations in various cases. In most of these it has met his expectations, but in others it has entirely failed, or but partially prevented suffering.

His experience has led him to the following conclusions:—

“The degree of cold required to destroy the sensibility of a part is but a little above that of the freezing point of water, and it must be obvious to all that this degree of temperature cannot be with impunity extended over a large surface of the body, or made to penetrate to a depth much below the surface in any of the vital regions; hence its use is naturally restricted to the minor and more superficial operations, and can never take the place of chloroform, or some of its kindred agents, in operations involving the deep tissues of the body.

“To operations upon the surface, such as removing small warts, tumours, and nævi, or other excrescences from the skin,



it seems peculiarly adapted; and for destroying the pain in the extraction of diseased or offending nails from the fingers or toes, it is far preferable to chloroform. First, it is to be preferred for the reason that in its use there is no danger of fatal injury to the constitution, as in chloroform, for its effects are purely local and circumscribed; and, second, because the insensibility is more complete than is ordinarily obtained by chloroform, and is fully equal to the most overwhelming dose. I have repeatedly witnessed the most perfect composure of countenance in my patients, while a nail of the toe or finger was rudely torn, with a strong forceps, from its matrix, without the least exhibition of a sense of pain, or a consciousness of the progress of the operation, except from sight.

"It acts well on the skin, where a small portion is to be removed; but in plastic operations I would not use it, as the refrigeration necessary to remove the pain might so destroy the vitality of the flap, that direct union (upon which success in these operations wholly depends) would not take place.

"It has failed in my hands to be of any service in removing hæmorrhoidal tumours, although, according to some of the European Surgeons, it has answered well for them in operations on the anus.

"In one case I attempted to remove a string of venereal vegetations from around the verge of the rectum, but was unable to get the part chilled to even lessen its sensibility, and I was finally obliged to use the chloroform before the operation was completed.

"The failure was doubtless owing to the rapid supply of heat to the part from the highly vascular organs in its vicinity, and the difficulty of conducting it away rapidly enough to reduce the temperature in the tumours to near the freezing point; and this difficulty, in all probability, will ever prevent its successful use in operations on the painful tumours of the anus and rectum.

"Cold has also failed to give much relief from the pain of opening paronychia.

"While it numbs the surface of the finger, it does not lessen the sensibility toward the bottom of the wound, even when the application is made a considerable time previous to the use of the bistoury.

"To chill a part that is to be subjected to an operation, for instance, a finger or toe, it is only necessary to get some pounded ice or snow, and mix with it some common salt, and apply it, taking care not to extend it much beyond the region to be operated on. From three to four minutes will mostly suffice to remove all feeling from the attachments of a toe-nail.

"It is no matter how rapidly the temperature is reduced, but, after the operation, it is very essential that it should be raised cautiously and slowly up to the vital standard again. To effect this object safely a towel or large cloth should be saturated with cold ice-water, and allowed to remain on the part until reaction is fully established.

#### APPARATUS FOR ACCOMMODATION OF THE EYE TO DISTINCT VISION AT DIFFERENT DISTANCES.

Dr. Von Roth read to the Biological Society of New York (March 24, 1854,) the following description of this apparatus:—

"The motive apparatus of the lens really consists in two muscles, so arranged as to antagonise each other—which are constantly present in birds and the human species, and which, by their situation and attachments, are evidently intended to move the lens. They are called by Dr. Von Roth the *protrahens* and *retrahens lentis*. They are composed, in birds, of striped, and in the human species, of unstriped, muscular fibre.

"These muscles form two flattened bands, lying between the sclerotic and choroid, and extending circularly round the entire circumference of the membranes.

"The *protrahens lentis* occupies the space between the iris and the great circumference of the lens. It originates from the inner surface of the sclerotic, at its anterior edge, along the whole extent of the canal of Schlemm, and is inserted into that part of the choroid which is attached to the lens, as the 'ciliary body.' The existence and situation of this muscle has been long known; but a variety of opinions have been entertained with regard to its character and function, and it has been known accordingly under a variety of names. It is spoken of by Bock, Wilson, and others, as the 'ligamentum ciliare;' Brücke calls it the 'tensor choroidæ;' Todd and Bowman describe it as the 'ciliary muscle;' while Boeckdalek, again, calls it the 'ciliary ganglion,' and denies altogether its muscular character.

"The *retrahens lentis* originates also from the sclerotic, somewhat further back than the commencement of the ciliary folds

in the choroid, and, running forward, is inserted into the ciliary body opposite the insertion of the *protrahens*.

"These muscles may be most easily demonstrated in the following manner. The eye of any large bird is to be taken and divided by longitudinal sections, two lines or more apart, running through the whole thickness of the membranes. A section is then to be placed under water, the hyaloid membrane and retina removed, and the pigment brushed away from the choroid with a camel's hair pencil. The preparation is then to be fixed upon one of its edges, and the choroid drawn from behind forward, and made tense in this position. In this manner the *retrahens* is, with a little practice, very readily brought into view.

"In order to show the *protrahens*, the iris is to be separated from its attachment to the sclerotic, and drawn backward with the ciliary process; by which the *protrahens* muscle is stretched and well brought into view. If the choroid is now returned to its natural situation, it can be readily seen that the place where the two muscles, separated only by a narrow interval, are inserted into the ciliary body, is marked by a fine line. After the pigment has been entirely removed, this line can be seen on the inner surface of the choroid, encircling the ciliary body; and it is easy to make sure that the insertion of the muscles corresponds to the larger circumference of the lens. If the choroid is too violently stretched the muscles tear away from it, and remain usually attached to the sclerotic, as narrow bands with finely serrated free edges. These fragments, brought under the microscope, give an elegant view of striped muscular fibres, mixed with elastic tissue.

"After having satisfactorily demonstrated the existence and situation of these muscles, and particularly of the *retrahens*, in the eye of the bird, a similar preparation may be made of the human eye. The arrangement is here, however, somewhat different. In the first place, the *retrahens* cannot be so distinctly demonstrated as a continuous band completely encircling the ciliary body; but, in its place, are to be seen only bundles of fibres, of varying thickness and consistency, which are coloured with brown pigment, and are not to be distinguished, by the naked eye, from the fibres of areolar tissue which run between the choroid and sclerotic. The only difference is, that here, in the zone corresponding to the situation of the *retrahens* in birds, the bundles of fibres are thicker than elsewhere. The microscope shows these bundles to be composed of elastic tissue and unstriped muscular fibres.

"The action of these muscles may be easily understood from their situation and direction. Since they are firmly attached to the ciliary body, and this last is adherent to the capsule of the lens by the *zonula Zinnii*, it follows that the *protrahens*, in contraction must draw the lens forwards towards its point of attachment to the sclerotic, which necessarily remains immovable; while the contraction of the *retrahens* carries the lens backwards towards its own point of attachment.

"There remains one serious objection, however, which has been made to the supposition of any movement of the lens in the interior of the globe. The question is very properly asked, What becomes of the aqueous humour when the lens is advanced? and, what fills the space which has been left behind it? The aqueous humour is not compressible, and cannot escape behind the lens; for the opening which was imagined by Hueck to give passage to it, has no existence; and it appears from Senff's minute measurements (*Wagner's Handwörterbuch*, Part XVI., p. 302,) that we cannot suppose any variation in the convexity of the cornea.

"It is the belief of Dr. Von Roth that the variation in capacity of the different cavities of the globe is compensated by the action of the ciliary processes. The structure of these bodies, and the fan-shaped arrangement of the *zonula Zinnii*, which covers them, are both favourable to this supposition. As their vascular tufts project into the posterior chamber, they will be compressed by the aqueous humour when the lens advances, and deliver their blood into the vessels of the choroid behind, so that their partial emptying will give space for the aqueous humour just in proportion as this is encroached upon by the advancing lens. Neither can any vacuum be produced behind the lens, since the blood which has left the ciliary processes fills the vessels of the choroid, and exerts a lateral pressure on the vitreous humour."—*New York Medical Times*, May, 1854.

#### TWINS OF DIFFERENT COLOUR.

Dr. A. F. Attaway, of Madison County, Geo., records (*Southern Medical and Surgical Journal*, June, 1854,) the following remarkable example of this:—

Mrs. C—, a white woman, the mother of three children,



gave birth to twins on the 16th of January, an interval of an hour intervening between the births.

The first-born was very dark, and had every appearance of being of African paternity. Not being willing to suggest such a thing, I tried to explain the matter by attributing the colour to cyanosis. At the expiration of one hour, the second child was born, and had very light-coloured hair, fair skin, and blue eyes, which made the contrast very striking.

The condition of the mother and children was such, that they required Medical treatment for several weeks, during which time I marked the great difference between the children with peculiar interest.

After the recovery of the woman and her children, seeing the African characteristics more and more developed, I asked the mother to give me a correct relation of the circumstances connected with her conception, etc.

After some hesitation, she gave me the following history of her case:—She said that, five days after the cessation of her last menstruation, she had sexual intercourse with the white man, whom she considered the father of the white child. Three days thereafter, making eight days after menstruation, she cohabited with a negro man, who, she said, was the father of her other child. She assured me that this was the only coitus she had with the negro man for more than one month after she menstruated. If this be true, she conceived at that time.

The precise period of her other conception is less definite, in consequence of the fact, that she had connexion with the father of her white child at different times during the month following her last menstruation.

## GENERAL CORRESPONDENCE.

### PROFESSIONAL RESPONSIBILITY.

[To the Editor of the Medical Times and Gazette.]

SIR,—You lately offered some remarks on the relative position and duties of the Governors and Medical officers, in the immediate management of Medical charities, and also illustrated the bearing of the subject in one or two prominent instances.

Considerable interest has recently been excited in the Profession by the question of the degree of responsibility which attaches to Hospital Surgeons, for the consequences of operations in which alleged want of skill or judgment has been shown; and as several statements have recently been sent forth which dispute the propriety and right of public investigation into the consequences of unsuccessful and fatal operations at Hospitals, resulting from alleged want of experience and skill, it becomes a matter of great importance that the subject should be carefully weighed and examined by the Profession before any body of its members commit themselves to Resolutions that may probably be viewed by the public at large with suspicion and distrust.

It is almost impossible for us to form a calm and impartial judgment on these questions, by confining ourselves to a strictly professional view of them. In order to arrive at just conclusions we must endeavour to regard the question as non-professional persons are likely to do, and consider the claims and necessities of those who require and seek the benefits of our public Hospitals.

First, then, as regards the obligations of the Managing Committee of an Hospital in a case in which, after an unusually protracted and unsuccessful operation, followed by a fatal result, complaints are rumoured abroad, and statements openly made, imputing palpable want of skill on the part of the Surgeons engaged in the operation. Let me suppose a case of by no means unfrequent occurrence, such a one, for instance, as recently occurred at the Royal Free Hospital, in which a young child was the subject of a serious disease, requiring a somewhat difficult operation, and whose parents possessed no other means of obtaining proper treatment and attention than that presented by a public Hospital. It is no uncommon thing that parents, in such a case, are prevented by their daily occupations from watching the progress of their child, and even from being present at any operation that may be deemed necessary for its relief; but in committing their child to the authorities of an Hospital, they do so in the full confidence that those who have the direction and management of it will secure proper treatment at the hands of men of known experience and skill. Let me suppose in such a case that an operation is performed, which not only signally fails in its direct and avowed object, but through some intelligible, and may be pardonable, error of judgment, is so unreason-

ably protracted, as greatly to increase the hazard and danger of life, and that it is shortly followed by death. Let me further suppose that the friends of the child, subsequently become strongly impressed with the belief that it did not receive the care and skill which they were entitled to expect, and that unnecessary suffering and death followed in consequence. In such a case, there can be little doubt but that on the first expression of dissatisfaction on the part of the friends, borne out by proof that the operation had been unusually protracted, it becomes the most manifest and signal duty of the Managing Committee to act as the representatives of the Governors and public generally, and to demand a full investigation into the whole case.

By such a course, one of two results must follow: either the ground of complaint would be disproved, and the friends of the unfortunate patient would receive assurance that everything had been done that skill and humanity could dictate; or the Managing Committee would learn that men of greater experience and skill were required to maintain the character and meet the emergencies of their Institution, and it would then become their duty to take the proper steps to supply the deficiency. If this course had been pursued by the Managing Committee of the Royal Free Hospital upon a late occasion, the Profession would have been spared the scandal of seeing one or two of its own members occupied in the derogatory task of hunting up the mistakes and failures of their professional brethren.

It not unfrequently happens to those who are charged with the Medical duties of an Hospital, that their most laudable intentions are frustrated, and that their best directed efforts fall short of their object. A Surgeon of an Hospital, however much he may be animated by the purest motives in the discharge of his high office, and by the most conscientious desire to do good, may now and then, through anxiety or excessive Professional zeal, be carried beyond the bounds of his natural judgment and prudence. Many instances have been adduced of disastrous mistakes which have happened to men of the highest eminence and undoubted skill, and which would imply that few men, during a long life of public labour, calling for the daily, if not hourly exercise of the greatest Professional skill and judgment, can expect, upon all occasions, to avoid accidents and disasters. But it must be sufficiently clear to every one, that the surest way to *redeem with honour* such occasional and pardonable failures, and the most effective means by which public patients may be guarded against the recurrence of similar catastrophes is, that the operator should hold his reputation fairly amenable to such occurrences; that such failures should be openly met and acknowledged, and that the results should be made sufficiently palpable, not only to himself, but to those who have the control of the Hospital, and who have committed to his hands the discharge of such arduous duties.

Let me now compare the responsibilities of Hospital Surgeons with those which devolve upon Surgeons in private practice. In the latter it is well known, that every Surgeon is liable, not only to loss of reputation, but to damages, if malapraaxis should be proved against him in a court of law. If, in the cases of a fractured leg, he should apply splints unskillfully, or afterwards allow them to become too tight, by which the limb is sacrificed, or death ensues, he is subject to heavy damages, and perhaps to ruinous consequences. In private practice, however humble the condition of the patient may be, one or two relations or friends would certainly be present during the performance of any important operation. If the unfortunate Alfred Richardson had been a private, instead of a public patient, we may safely believe, that when the operators found that they had missed the bladder, the certainty of subsequent investigations and its ruinous consequences to themselves would have deterred them from persisting in their proceedings for nearly an hour as they permitted themselves to do at the Royal Free Hospital. We may also feel pretty well assured, that long before the lapse of an hour, the child's parents, or its most casual friends, would have given signs of impatience, and have caused the removal of the child to bed long before the risk became so fearfully aggravated. Mr. Weedon Cooke, whose conduct during the late trying investigation entitles him to all praise, and to whose character for kindness, attention, and professional attainments, the most ample testimony has been borne, has himself admitted that it was "a sad mistake, and that the operation lasted too long altogether." It is a terrible thing to reflect, that if the check which is offered in private practice to the immoderate protraction or the unskillful performance of an operation had existed in the case of Alfred Richardson,—if the probability of the public investigation, which is now, in some quarters, so strongly deprecated, had suggested itself to the operators upon that occasion, the poor child



might have been now alive, and they themselves have been spared an infinity of vexation.

It would also be fearful to speculate on the evils which might be expected to result if it were laid down as a maxim, that to a man less conscientious than Mr. Weedon Cooke might be committed the power to send for a patient from the wards of an Hospital, too young to exert a choice in the matter, and on whom he might operate without due skill and caution, in all the security of secrecy. The most terrible results might follow such a precedent, if the influence which the expectation of public investigation, in cases of imputed want of skill and care, were, as a matter of course, to be withheld.

On what principle, then, can the exemption from fair and just responsibilities be claimed on behalf of Hospital Surgeons which could not with safety to the public be accorded to them or be extended to Surgeons generally? or on what ground can it be desired that patients in a Medical Charity should be denied the benefits which result from the same inducements to the exercise of skill and caution on the part of their Medical attendants, as those which are enjoyed by the most humble of the poor when in true charity assistance is carried to them at their own dwellings? Let us not urge the plea of professional irresponsibility too far, or we shall not only lower our social position and influence, but we may incur the danger of outraging the principles of common humanity. I am, &c.

August 15, 1854.

A SURGEON.

### REVEREND QUACKERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I doubt not that many of your readers have seen an advertisement frequently repeated in the *Times* and other papers, inserted by the Rev. E. Douglass, to the effect that a retired clergyman having been cured of a nervous complaint by a particular medicine, will be happy to transmit the prescription to any person labouring under a like malady, on the receipt of a stamped envelope.

Some of my friends have spoken to me in admiration of the disinterested philanthropy of the reverend patient, which would induce him not only to put himself in the way of being pestered by a parcel of hypochondriacs, but even carry him so far as to spend his money on advertisements, for the pure satisfaction and gratification of benefiting suffering humanity. On these occasions, not dreaming of the kind of medicine he was dabbling with, I have merely shaken my head, and thrown as much of the incredulous into my aspect as I could.

The enclosed paragraph, which I cut from the *Perthshire Constitutional*, of the 9th instant, will go a good way in explaining the secret of the "Reverend" gentleman's disinterestedness and philanthropy; and I send it to you for two reasons, first, as another instance of the garb in which quackery is stalking through the land; but more especially to denounce, in the strongest terms, such a prescription as the following being hawked about the country, and left to be dispensed by persons totally unacquainted with Medicine:—

The *ignatia amara* (not *amara*, as incorrectly printed), is the *strychnos ignatia*. Only think, Sir, of thirty grains of an alcoholic extract of *nux vomica* being directed to be divided into forty pills, and nothing said about their poisonous quality, nor any instructions given as to how they were to be taken. Surely if death resulted the "Reverend" gentleman would be amenable to the criminal law for recommending the wholesale swallowing of such a poisonous drug. But it appears that Mr. Herapath, though he detected some alcoholic extract, satisfied himself it was not of *ignatia amara*. I sincerely hope he is right, and that the pills contained none of that deadly poison. Of this, indeed, I have no doubt.

The advertiser evidently calculates either on his correspondents not knowing where or how to procure the alcoholic extract of *ignatia amara*, or on their being desirous to avoid the trouble of obtaining it for themselves, since they could get the pills ready-made from the fountain head at the small charge of 2s. 6d. a box. In this case they would be supplied with a combination of chalk, starch, and some harmless alcoholic extract, and the disinterested advertiser would be half a crown richer by the exchange. Depend upon it that person has been driving a brisk trade, else he would not have courted publicity and sentimentality so often in the columns of the *Times*. But, although his own manufacture might be of a character to do neither good nor evil, what degree of reprehension does not that man deserve who would circulate such a prescription as the subjoined indiscriminately, upon the bare presumption that it will not be made

use of. The whole proceeding shows the danger likely to result from following such quackish practices, as also the recklessness which some people display, when tempted even by a small amount of money. I am, Sir, &c.,

FRANCIS H. RAMSBOTHAM, M.D.

7, Portman Square, Aug., 12, 1854.

We print the article above referred to, as it appeared in the *Perthshire Constitutional*, copied from the *Liverpool Mail*:—

"A USEFUL HINT TO THE GULLIBLE.—A clergyman writes to the *Carnarvon Herald* as follows:—'Some months ago, an advertisement of the Rev. E. Douglass, addressed to nervous sufferers, (stating that a retired clergyman, having been cured of nervous disease, would be happy to forward the prescription to any one enclosing a stamped envelope,) came under my notice. I sent to the Rev. E. Douglass for the prescription, which I received by return of post. The prescription directed how to compose 40 pills:—30 grains of alcoholic extract of *ignatia amara*, and powdered gum arabic 10 grains. The printed paper contained an offer of sending the pills ready prepared for 2s. 6d. I forwarded that amount in postage stamps, directed to the Rev. E. Douglass, 18, Holland Street, Brixton, London. By return of post, I received a box of pills; but not finding the Rev. E. Douglass, a retired clergyman, in the retired list, suspicion crossed my mind. I sent a few of the pills to the celebrated chemist, Mr. Herapath, Bristol, to be analysed. Mr. Herapath reports as follows:—'Chalk, 8 grains; starch, 20 grains; alcoholic extract, (not of *ignatia amara*,) 6 grains.' I trust that the appearance of the above in the *Carnarvon Herald* will be copied into other papers, and lead some of my clerical brethren to have the pills tested before they swallow them.' "

### THE DOCTORS OF THE STATE.

[To the Editor of the Medical Times and Gazette.]

SIR,—As the *Daily News* may not be so generally read by Medical men as it ought to be, considering the able manner in which it always advocates the interests of our Profession, I send you a letter which appeared in its columns on Tuesday. I think you should insert it, as it puts the arguments you have yourself used in a plain, common sense point of view.

As Sir Benjamin Hall is a professed believer in homœopathy and mesmerism, will Dr. Quin and Mademoiselle Julie be employed on the Board of Health? Sir Benjamin not only submitted himself to homœopathic treatment, but was guilty of the additional absurdity of consulting Mademoiselle Julie, when in a state of clairvoyance, as to what homœopathic globules he should take, and boasted of the results. This is the first British Minister of Health!! I am, &c.

A PHYSICIAN.

"Sir,—If you or I, in these days of cholera, get an attack of diarrhoea, should we go to our friend in Lincoln's-inn, Mr. Briefless, to advise us whether we should take tincture of rhubarb or chalk mixture to stop it? Or should we ask Sir Jeremiah Tufthunter, who dines at the next table in Pall-mall, whether the diarrhoea could be *choleraic*, as the phrase goes, or simple, or whether, in his opinion, it had been caused by one of our housemaids carelessly letting her duster get into a drain-pipe and choking it, or by an extra chill upon that very last glass of champagne? Should we go to the Reverend Doctor Dilettante to learn the effects of eating the meat of diseased animals? Could any of these gentlemen, any half-pay officer, any political adventurer, give us any advice upon which we could rely in a question affecting individual health? We all know they could not. Mr. Briefless would do very well if we wanted to obtain damages at any risk in some Law Court. Sir Jeremiah could help us very well in a disputed question between Lodge and Debrett; the Reverend Doctor would be an indisputable authority upon the holy war in Belgravia; but we all know they know nothing of Medicine. When ill, we leave Lincoln's-inn and St. Stephen's for Brook-street and Savile-row. Every man to his trade. This is the doctrine and practice of John Bull when his own particular portly person is interested. How is it when it is only the body politic which is in need of Medical advice? Let recent events answer.

"A perpetual series of blunders in theory and practice, quarrels and cabals innumerable, charges, not disproved, of something very like gross jobbery, the peculiar temper of one individual, the want of respect entertained for another, have very properly led to a dissolution of the Board of Health. It has sunk under well-merited disgrace? Is the lesson so learned to be lost? A new Board is to be formed. Will the Doctors of the State be our old friends Tufthunter and Red Tape? Is it



to them we are to apply for a remedy for diarrhoea? Are they to tell us how to check the spread of cholera? Are they the great coming men who are to purify the Thames? to prevent the bodies of the dead from tainting the air of the living? to free our cities from the putrid emanations from slaughtered animals? in a word, to establish an efficient system of sanitary police?

"To let jobbery creep into a Board of Health is really disgraceful to a practical nation. Why put one man's work into another man's hands? Why should not the State, in all that relates to the public health, apply to the same quarter for advice as each member of the State does in his own individual case? Are not individual and collective safety identical? Surely, they must be; and all must acknowledge that the control and direction of the sanitary measures of the kingdom should be entrusted to those only who have thoroughly studied scientific and practical medicine.

"Do, Sir, let common sense have fair play in this vital question. The pestilence is walking in darkness among us, and we thrust out of our councils the only men who are capable, from education and experience, of advising us how it is to be stayed.

"The new Board of Health will fall as certainly as the one it replaces, and bring as much disgrace upon its supporters, as much evil upon the community, unless the members are selected with regard especially to their position in the Medical Profession.—I am, Sir, your humble servant, "W."

#### PREMONITORY DIARRHOEA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Dr. M'Loughlin is certainly entitled to the thanks of the Profession for his zeal and activity in striving to show that there is always premonitory diarrhoea in cases of genuine cholera. I am sure he will be glad to receive an account of any cases tending to the settlement of this question, even if those cases do not confirm his own views. I, therefore, send you the following account of a case which recently occurred in my practice in the Romford Union House. The cholera appeared in the house on the 2nd of August, and several deaths took place on that and the following day. Three of those who died were weakminded and epileptic, and I could not ascertain with certainty whether they had had premonitory symptoms.

James Allsop, aged 33, an epileptic and idiotic man, of very dirty habits, was living in the same ward in which the above-mentioned cases arose. I thought it probable that he would be attacked, and feared he would not make himself understood if unwell. I, therefore, on the morning of the 4th, paid him a special visit, and satisfied myself that he was perfectly well. At 11 a.m. I again saw him, and charged Charles Gillingham and Edward M'Gee, two intelligent men in the same ward, to watch him, and report without delay any symptoms of illness which he might exhibit. He continued well and cheerful up to 4 p.m., when he suddenly ran to the privy; the two men followed him, and found him vomiting, and purged profusely. He remained in this condition, refusing to leave the privy, for more than half an hour, when his hands were already cold and blue, and he suffered severely from cramps. He was then taken to the Infirmary, and medicines, etc. etc. immediately administered. He never rallied, but died at 3 a.m. on the 5th, in a state of complete collapse. This, then, was a case of cholera without premonitory diarrhoea, terminating fatally in eleven hours.

I am, &c.

NORRIS F. DAVEY.

Romford, August 12, 1854.

#### SCAMMONY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I enclose a section of a root of scammony, which I succeeded in obtaining through the kindness of Mr. Hanson, of Smyrna, of the extensive Levant mercantile firm of that name. As you will observe, some of the creeping slender stems are attached to the upper part of the portion I send you. The circumference of the root from which I sawed the piece is seven inches at the thickest part; it divides into two long tapering roots about five inches from its upper extremity, from which numerous stems arise. The following is taken from a letter I received from Mr. Hanson:—"We send some scammony plants or roots; they run deep in the earth, and when the gum is taken out, it is by the plant being cut across, and little mussel or oyster shells put underneath for the gum to drop or run into, and afterwards thrown together. The operation of collecting is

tedious, and in dry summer time it is impossible to avoid dust falling in."

As I believe the specimen is extremely rare in these countries, and only obtained with some difficulty, you may perhaps think it of sufficient interest to merit notice in your widely circulated Journal.

I am, &c.

CHAS. F. MOORE, M.D.

P. and O. Steam Navigation Co.

28, Upper Merrion-street, Dublin,

August 12, 1854.

[This specimen is now in Dr. Ballard's Museum. -Ed.]

### REPORTS OF SOCIETIES.

#### EPIDEMIOLOGICAL SOCIETY.

AUGUST 7, 1853.

The President, Dr. BABINGTON, in the Chair.

Mr. Spencer Wells read a paper on

#### THE PRACTICAL RESULTS OF QUARANTINE,

in order to renew the discussion upon former papers by Dr. Milroy and Sir William Pym. He stated that he had passed thirteen years in or about the Mediterranean, had inspected almost every lazaretto upon its shores, and had had some share in effecting modifications in the quarantine laws which had been carried out since 1841. He confined his paper to the consideration of the effect of quarantine regulations upon the propagation and spread of disease, and contended that it was incontrovertibly proved that it had repeatedly prevented the importation of disease, and had checked its progress after importation. He drew especial attention to the plague in Malta in 1813, and the remarkable fact, that one small town or district of the principal city was entirely protected by segregation, and that the disease was kept within the bounds of another village after the rest of the island was free. He also alluded to cases at Constantinople, Malta, Alexandria, and other places in which plague-patients deposited in the lazaretto of those places had communicated the disease to their attendants, but that it had been kept within the walls. He contended that European Turkey, Greece, parts of Asia Minor, and the Barbary States, had been kept entirely free from plague since they had been protected by quarantine, and claimed for these regulations an enormous saving of human life, infinitely overbalancing any pecuniary loss caused by impediments to commerce, or personal inconvenience to which travellers were subjected. He contended, therefore, that imperfections and inconsistencies should lead to reform, not to abolition, of an entire system which has rendered incalculable service to humanity; and that quarantine and other sanitary measures should not be regarded as opposed systems, but should go hand in hand together. The supporters of quarantine fully recognise the importance of drainage, ventilation, and cleanliness,—the necessity for improving the dwellings of the poor, and labouring hard to raise the social condition of the whole people; but at the same time they adopt other means of preserving health when epidemic disease is threatened or prevailing. They separate the sick from the healthy and from each other in well-ventilated institutions, and thus prevent them from communicating the disease under which they labour to the rest of the community. This system, Mr. Wells contended, so far from exciting public alarm, was the surest means of allaying it; and he claimed the assistance of the Society to obtain every reform the system required, but at the same time its support of an institution which had repeatedly prevented the introduction of contagious diseases into healthy communities,—had checked their progress after introduction,—in both ways effecting an incalculable saving of human life, thereby adding another to the vast boons which Medicine has conferred upon mankind.

Dr. M'William thought the paper especially valuable, as coming from one who had spent many years of his life in the Mediterranean, that great field of quarantine establishments. With regard to the plague at Malta in 1813, whatever differences of opinion might exist, there was no doubt that the epidemic was introduced in some way from the San Nicolo; and Mr. Wells had shown that its after history afforded abundant evidence of the contagious propagation of the disease, and of the benefits to be derived from quarantine. The most remarkable circumstance he had mentioned was the escape of Isola from the contagion by means of a rigorous quarantine. With



regard to yellow fever, it would be remembered, that at a previous meeting Dr. Gavin denied the truth of a statement made by Sir William Pym to the effect that persons were not usually liable to a second attack. That question, however, was fully investigated in 1823 by an Anglo-French Commission. This Commission was composed of thirteen Physicians, comprising M. Louis, President, Dr. Chervise, M. Trousseau, and Sir David Barry, four army Medical officers, the Surgeon of the Civil Hospital, and five Spanish Physicians chosen by ballot. All the civil and Medical men then at Gibraltar were invited to communicate the results of their experience to the Commission. Thirty-three gentlemen were called upon to say, first, how many cases of yellow fever had been observed by them in the last, or in anterior epidemics in Europe and America; and, secondly, the number of patients, in the different epidemics, who had the yellow fever twice, and their symptoms. Most of the Physicians examined had seen different epidemics in Europe and America, and the number of patients seen or treated by them all amounted to about 27,000. Out of all these, thirteen cases only of presumed double attack were communicated to the Commission. M. Louis says, "The 27,000 were not all exposed to two epidemics of yellow fever; but, supposing only  $\frac{1}{2}$  or  $\frac{1}{3}$  to have been so, which is very probably below the truth, we should have among 9,000 persons once attacked by the yellow fever, and exposed to it again in a new epidemic, but one well authenticated instance of a second attack of that disease. The Commission reported in favour of the protective influence of one attack against a second; and M. Louis adds, "we must then conclude with the Commission, that a first attack of yellow fever preserves from a second, as effectually as a first attack of small-pox preserves from a second of that disease. So strongly were the people of Gibraltar convinced of the truth of this conclusion, that, in 1828, many persons, including Physicians, exposed their children to the disease, on the belief, that at that age the attack would be slight; but that it would preserve them for the future against an attack of yellow fever. Formerly the existence even of the disease in England was denied. Now, however, it was proved, that not only could the disease exist, but that it could break out after a person had landed in a supposed healthy state. He thought, therefore, that the precaution taken by Sir Wm. Pym, of having a frigate moored in the Southampton waters, for the reception of infected persons, was a wise one.

Dr. Waller Lewis stated, in answer to a question from Mr. Walshe, that there was one case of second attack of small-pox in 107.

The President said that, on returning from the East Indies in 1815, through the Red Sea, he encountered part of the army of Mehemet Ali Pasha going into Arabia. From time immemorial the plague had not been known to exist in any part of Arabia; but wherever the army went the plague appeared with it, and many of the Arabian towns were almost depopulated. It was only where the army went that the plague appeared. It did not extend a mile beyond their line of march. In the city of Jidda, the port of Mecca, out of a population of 18,000, 9,000 were destroyed by the plague. On another occasion, he (the President) was going in a vessel from Alexandria to Genoa. The vessel, however, was driven into the Archipelago, and, on arriving at Milo, they saw another ship come in, having the plague on board. She was not received, but was sent to the Island of Miteline, where her passengers were allowed to land, and the sequence, if not the consequence was, that that island was attacked with the plague, and devastated by it, Milo remaining quite free. These facts had made an impression on his mind with regard to plague which he could not get over.

Dr. Waller Lewis said, it was new to him to hear from Mr. Wells that the lazarettos were in such excellent condition. In the *Times* of that day, a description was given of the horrible condition of one of them, a condition in which disease could not but be propagated.

Mr. Bacon Phillips said, he had seen lazarettos abroad, at Lisbon and the Brazils for instance, and more dirty places could scarcely be conceived. With reference to quarantine, he had seen two instances in which he believed patients had died, who, if they had not been detained, but had been sent on shore and well nursed, would, in all probability, have recovered.

Dr. Sibson asked Mr. Phillips how he would account for the remarkable circumstance, that sometimes a vessel, after leaving a port where there was no cholera, would be attacked with that disease. Six ships had lately left Liverpool, and were attacked shortly afterwards.

Mr. Phillips said, the peculiar structure of some of the emigrant-ships, and the bad ventilation, rendered the passengers peculiarly liable to any prevailing epidemic.

Dr. Snow believed that, in the cases of the ships leaving Liverpool, some of the emigrants were Germans who had come from Hamburg, where the cholera was prevalent, and others came from Scotland, where also the cholera prevailed; and in this way he thought the *materies morbi* was introduced.

Dr. Milroy said, he thought Mr. Wells had mistaken the drift of the communication which he (Dr. Milroy) had recently laid before the Society. He did not, as Mr. Wells assumed, wish to see quarantine abolished, but reformed. Nor was he a non-contagionist. He believed that personal communication was an agent in diffusing epidemic diseases, but he was satisfied that it played a very subordinate part. Mr. Wells had limited his observations to the plague; the subject of quarantine regulations, however, embraced many other forms of disease, respecting which Mr. Wells was silent. With regard to cholera, it was now generally admitted that no quarantine could keep it out. Yet, in the case even of a cholera vessel, he would not have the patients landed at once, and allowed to go where they pleased. He would have them comfortably provided for, and placed in well-ventilated rooms, and he should then have no fear as to the result. What he objected to, was such an atrocious instance as that of the *Eclair*. Mr. Wells had included in quarantine regulations all measures of segregation upon shore. The two things were quite distinct; and the benefits arising from segregation after the landing ought not to be regarded as instances of the advantages of quarantine. The facts mentioned by Mr. Wells had not changed his (Dr. Milroy's) opinions. Great stress had been placed on the exemption of Isola. It should be remembered, however, that other cities which adopted the most stringent precautions did not escape; while some escaped which adopted no precautions at all. He hoped that Mr. Wells would publish his paper, so that all his facts and arguments might be placed before the public, to be sifted, and, if possible, answered. He hoped also that Sir William Pym would make public the paper with which he had favoured the Society.

Mr. Wells, in replying, said, that the plague had not entered into any town in Malta so rigorously shut up as Isola. He had confined his observations to plague and small-pox, as those were the only diseases of which he had had any considerable experience in their relation to quarantine. With reference to a question of Dr. Milroy's, he said, that if a ship arrived in a healthy port with cases of yellow fever, he should separate the sick persons from the healthy, and place them on board another ship, or on shore, with a sufficient guard of observation to prevent their communicating the disease to others. He certainly thought, from the general tenor of Dr. Milroy's paper (which he had attentively read), that he desired to have quarantine abolished; but he was glad to find that such was not the case.

Dr. Milroy asked what Mr. Wells would do with persons who were in good health, and with the cargo?

Mr. Wells said, he would keep healthy persons in a distinct part of the lazaretto; and as to the cargo experience had shown that if it were exposed to the air for a few days, or for a short time to a certain degree of heat, it would not spread any disease. As to the lazarettos, he did not know one which was not equal, as to situation and ventilation, to any London Hospital. That at Malta was really a model building for a sanatorium, clean, dry, spacious, and freely open to the sea. He had classed segregation on shore with quarantine regulation, because the two measures were carried out by the same officers, and formed part of the same general system. He promised to endeavour to have his paper published in the same journal which had contained Dr. Milroy's former communication.

A few words from the President on the close of the session, the Society adjourned until November.

## RETURN OF THE BIRTHS AND DEATHS IN ENGLAND AND WALES

FOR THE QUARTER ENDING JUNE, 1854.

THE spring of 1854 was a season of more health to the people of England than the spring of 1853. In the quarter to which the present returns refer, 102,666 deaths were registered; fewer by 5195 than in the same period of the previous year. In large town populations, however, the public health was by no means good during last quarter; the rate of mortality was higher than the average, for 25 died out of every thousand persons, while 24 represents the average annual proportion. In the freer country regions and small towns, the spring months were propitious, the rate of average annual mortality for the same season being 22 out of a thousand, and the actual mortality last quarter having been only 20 out of a thousand.



Population, Deaths, and Mortality per Cent. in the Spring Quarters 1844-54.

	Population Enumerated.		Deaths in 10 Spring Quarters. 1844-53.	Annual Rate of Mortality per Cent. on 10 Spring Quarters, 1844-53.	Annual Rate of Mortality per Cent. in the Spring Quarter, 1854.
	June 6-7th 1841.	March 31, 1851.			
In 117 Districts, comprising the chief towns .....	6,612,958	7,795,882	460,519	2.454	2.520
In 508 Districts, comprising chiefly small towns and country parishes.....	9,301,190	10,126,886	513,987	2.156	1.972
All England....	15,914,148	17,922,768	974,506	2.244	2.216

In the *London Division*, the deaths rose to 15,114,—a number which is in excess even of those in the unhealthy spring of 1853. The epidemic class of diseases was very fatal, having destroyed 3686 lives, the numbers in the four corresponding quarters of 1850-3 having been 2032, 2662, 2828, and 2979. Hooping-cough and scarlatina were the principal agents in producing this result.

In the *South-Eastern Division* the number of deaths was 7984—a great reduction on the unhealthy spring of 1853; but the return is not very satisfactory as compared with those of ordinary years.

The *South Midland Division* lost 6236 lives, the number of deaths in the same quarter of the previous year having been 6795. Typhus had broken out in the parishes of Westbury and Finmere, in Northampton. Small-pox and intermittent fever prevailed.

The *Eastern Division* exhibits a satisfactory result, the deaths having declined from about 6000 to 5364. Small-pox was present at Norwich and other parts of Norfolk. Malaria, which infests the district from the undrained Thames Marshes, was unusually virulent.

The spring quarter was favourable to health in the *South Western Division*, and the deaths fell from between 9000 and 10,000 to 8616. The Registrar of Ilchester (Yeovil) presents an unfavourable account of the condition of the labourers in his district,—wages low, provisions dear, and house accommodation bad; while many of the poor live on horse-beans and barley-meal of an inferior kind.

In the *West Midland Division*, a bad state of health continued to prevail, not universally, but in three of its counties. Taking the two corresponding quarters, the deaths rose from 12,681 in 1853, to 12,994 in the current year.

The deaths enumerated in the *North Midland Division* are 6899. Lincolnshire suffered an increase of mortality, which was caused by scarlatina prevailing over the county—of a very malignant character at Denton. It is reported in various parts of the three counties of Leicester, Nottingham, and Derby.

The *North-Western Division* appears to have enjoyed an average condition of health. Here 16,273 deaths were registered,—a number less by upwards of 1000 than were returned in the same quarter of last year. In Liverpool the mortality was high, owing to the extensive prevalence of measles. Cholera was present, but chiefly among Irish or other visitors. There was much typhus and diarrhoea at Wigan. Out of 236 deaths in the Regent Road sub-district of Salford, 42 were caused by measles.

The deaths in the *York Division* were 10,905. Leeds suffered severely from measles; and the total deaths in that district were 935—which is about 250 more than usual.

*Northern Division.*—The deaths were 5316—a mortality differing not much from the average rate. The town of Kendal suffered from small-pox.

The Welch population lost 6965 lives,—rather more than the usual number. Scarlatina and measles prevailed.

There are general complaints, on the part of District Registrars over all England, of the cumbersome machinery of the New Vaccination Act, and the consequent neglect of parents, added to the still prevailing prejudice against having their children vaccinated. The following is the testimony of three Registrars in Somersetshire:—

“Small-pox has been raging, but confined principally to the parish of Stogumber, although only in one case has it terminated fatally, that of a young man, who, I believe, had never been vaccinated. Parents pay very little attention to the vaccination of their children, and many refuse, notwithstanding the

Vaccination Act, and when the disease is spreading around them.”

“The Vaccination Act is not carried out in this neighbourhood. I get no certificates of successful vaccination. In my opinion the cumbrous machinery of certificates tends much to nullify the Act.”

“The compulsory Vaccination Act works in an inefficient manner. Out of 229 notifications delivered and entries made, I have received but 51 certificates of successful vaccination.”

CHOLERA.

CHOLERA, which was fatal in the last three weeks of July in 5, 26, and 133 cases, destroyed last week 644 lives. The disease had made greater progress at the same date in 1849, for in the week that ended 11th August of that year the number who died of it was 823. From diarrhoea and dysentery the deaths in the last four weeks have been 63, 87, 146, and 200.

The following Table shows the relative prevalence of cholera in the districts of London:—

DISTRICTS.	Population in 1851.	Deaths from Cholera, in the week ending Aug. 12.	Total Deaths from Cholera from July 22 to August 12.	Mortality from All Causes. Week ending Aug. 12.
LONDON .....	2362236	644	1202	1832
1—6. WEST DISTRICTS.....	376427	68	101	244
7—11. NORTH DISTRICTS...	490396	39	61	278
12—19. CENTRAL DISTRICTS	393256	31	58	206
20—25. EAST DISTRICTS.....	485522	60	167	318
26—36. SOUTH DISTRICTS ...	616635	446	815	786
1. Kensington .....HL	120004	12	16	71
2. Chelsea..... WII	56538	23	30	59
3. St. George, Hanover-sq. H	73230	16	23	55
4. Westminster..... HHPP	65609	10	20	38
5. St. Martin-in-the-Flds. H	24640	2	6	9
6. St. James, Westminster..	36406	5	6	12
7. Marylebone..... H	157696	17	27	84
8. Hampstead .....	11986	—	2	8
9. Pancras ..... WHH	166956	5	10	98
10. Islington..... HHPP	95329	10	12	60
11. Hackney ..... H	58429	7	10	28
12. St. Giles.....	54214	3	6	27
13. Strand (wkh. in 9) ..... H	44460	4	8	16
14. Holborn.....	46571	1	2	22
15. Clerkenwell ..... PP	64778	3	4	34
16. St. Luke (wkh. in 20)... L	54055	6	8	38
17. East London..... P	44406	2	6	24
18. West London... WHPPP	28840	5	11	27
19. City of London (wkh.in25)	56932	7	13	18
20. Shoreditch ..... WL	109257	3	11	47
21. Bethnal-green..... L	90193	—	4	52
22. Whitechapel ..... H	79759	7	17	39
23. St. George-in-the-East....	48376	9	23	44
24. Stepney..... H	110775	27	77	89
25. Poplar ..... WL	47162	14	35	47
26. St. Saviour..... HH	35731	44	71	61
27. St. Olave .....	19375	30	67	52
28. Bermondsey .....	48128	92	163	118
29. St. Geo., Southwark LLP	51824	42	80	74
30. Newington..... P	64816	39	78	71
31. Lambeth .....	139325	71	111	134
32. Wandsworth ..... L	50764	30	51	50
33. Camberwell ..... LL	54667	44	76	70
34. Rotherhithe .....	17805	23	48	44
35. Greenwich ..... HHHP	99365	28	62	91
36. Lewisham ..... IV	34835	3	6	21

NOTE.—The letters placed against names of districts denote public institutions now within their limits, namely H for hospital; L, lunatic asylum; P, prison; W indicates a workhouse not belonging to the district, though situated therein.



**CHOLERA IN THE LONDON HOSPITALS.**—During the past fortnight, a considerable number of cases of epidemic cholera have been treated in the London Hospitals. The fatality has been large, generally averaging more than half of the admissions. In St. George's Hospital, a nurse has died of the disease; she had not been employed among cholera patients. In the London Hospital, a night nurse (residing at her own home) has died of cholera; she had been but for a very short time engaged in the ward where the patients suffering from that disease were treated. Diarrhoea is reported at the Hospitals to be increasingly prevalent.

29 columns of Tuesday's *Gazette* are occupied by Orders in Council closing graveyards.

**MILLBANK.**—The mortality among the convicts at Millbank Prison has assumed a character so alarming, that the prison authorities, under the direction of the Home Office, have resolved to remove the prisoners to Dorchester. The first division of prisoners, who are at present in good health, to the number of 300, were, on Monday, conveyed to Dorchester Barracks, to be followed by other divisions. Each of the prisoners had a new prison dress, it being intended to destroy those that they had been wearing, in order that all infection might be avoided which might by possibility arise in the event of their clothes getting into the possession of other persons. Three more deaths occurred on Saturday, one on Monday morning, and the fifth while the jury were sitting upon the bodies of the other four. At first it was thought that the Thames water, which had hitherto been used, was the principal source of the disease, but the river supply had been abandoned, and the prison was now served with water from the artesian wells which supply the fountains at Charing-cross, and yet there was no diminution whatever of the disease. It was stated, during the inquest, that, when the wind blew from the direction of the bone-factory at Lambeth and the adjoining gas-work, the smell was intolerable, and the sickness was sure to increase throughout the whole prison. On Tuesday the death of three men were reported. It was stated in the evidence of the authorities, that there were 1122 prisoners in the gaol, of whom 129 were in the infirmary. There had been 35 cases of cholera, and at present there were 23 under treatment. Spirits were now daily served out to the prisoners. A woman died in Tothill-fields House of Correction, Westminster, of Asiatic cholera, after only a few hours' illness.

**MR. A. COOKE**, one of the principal performers at Astley's Amphitheatre, and brother of the proprietor, died of Asiatic cholera on Monday morning, having been seized with the premonitory symptoms on Sunday while in a railway-train midway between Margate and London.

**THE TOWER.**—Several fatal cases of Asiatic cholera have occurred in the Tower of London among the military.

**ST. KATHERINE'S DOCKS.**—Medicine is kept at the lodge for the use of those who may be attacked with choleraic diarrhoea. Mr. Holman, Surgeon, of the Minories, has been appointed as the Medical Officer during the visitation of the epidemic, which has proved fatal among the mariners engaged on board the vessels in the docks. A number of labourers have been employed in letting out the stagnant water from the various basins, which latterly have become very offensive. Several malignant cases of cholera had been taken to the London Hospital and the Dreadnought ship, at Deptford.

**LONDON DOCKS.**—Arrangements on an extensive scale have been made by the officials of the London Docks for the relief of the workpeople engaged in the several departments, and medicine is constantly kept for immediate use. Dr. English, of Upper East Smithfield, has the superintendence of all severe cases. On Tuesday afternoon a number of mechanics and others were busily employed in the London Docks, opening the gates at the Hermitage-bridge entrance, whereby the water was much purified, and the inhabitants relieved of a nuisance long since complained of.

**LORD JOCELYN** was seized with diarrhoea early on Friday morning; he did not pay much attention to this, as he did not feel ill in consequence. He was on his way out of town from the Tower; passing through London he felt unwell; stopped at Lord Palmerston's house; did not appear unwell when he arrived; a short time after he arrived he was seized with the worst symptoms of the disease, and died early on Saturday morning.

**ST. BOTOLPH, ALDGATE WITHOUT.**—On Tuesday an inquest was held on the body of Esther Hanson, aged 63, who died at a lodging-house in the before-mentioned thoroughfare. Verdict, "That the deceased died from excessive diarrhoea, aggravated by taking drastic pills without proper Medical advice."

**ESSEX.**—The *Essex Herald* says:—"We regret to state that this malignant scourge has visited Essex with all its untamed virulence. On Friday week it first made itself apparent in Epping union-house, and since that time no fewer than sixteen inmates have died, and five of them since Friday night. In Romford union-house, too, the disease has made its appearance, six cases having occurred there last week, and deaths have taken place at Dagenham and Ilford."

**PLYMOUTH.**—Since the death of the private of the 60th Regiment, on board the *Andromeda*, on the 8th, two deaths have occurred from cholera. On Friday evening week only six cases remained under treatment, many having returned to the receiving-ship *Endymion*, and no fresh cases have appeared for the last few days. Of the six remaining cases, two are considered hopeless. The troops on board the *Endymion* are in good health.

**GLASGOW.**—The Glasgow returns of cholera cases are rather irregular, but it would appear that, during the first three days of the week there were at least 101 cases and 36 deaths.

**HAMILTON.**—Some strongly marked and rapidly fatal cases of cholera have, within the last eight days, appeared here. The victims have, in every case, neglected the premonitory symptoms, and Medical aid was only called in when collapse had begun.—*North British Daily Mail*.

**BELFAST.**—The last weekly return presents a considerable increase in the number of cholera patients. There were in the dispensary districts for the week ending Tuesday last:—New cases, 53; died, 12; discharged cured, 18; sent to hospital, 21; remaining under treatment, 9. There have been since the first appearance of the disease:—Total number of cases, 310; died, 89; cured, 92; sent to hospital, 129. Since Wednesday last, when 53 cases were reported, 47 new cases have taken place. The type of the disease is very aggravated, death supervening in the proportion of 60 per cent. of those attacked, after periods varying from six hours to three days. The dispensary is open night and day, and Medical officers and an apothecary are in constant attendance, with cars for the conveyance of those attacked. There are three house-to-house visitors.

As yet the Irish Metropolis is wholly free from the disease.

**WEST INDIES.**—By the last mail we have our customary advices from Jamaica. The *Plata* left Kingston on the morning of the 27th of July. The intelligence is by no means important. The cholera still lingered in many parts of the island, and had in too many cases proved fatal. Dr. Chamberlain, of Jamaica, has been carried off by the disease. In the parish of St. Anne the mortality had been very great indeed, and the pimento crops would be materially injured, owing to the great paucity of labour. The cholera in Barbadoes has swept off 16,817 persons. It had nearly disappeared from Bridgetown, but still prevailed in the interior of the island. Cholera has broken out and prevailed to an alarming extent in Grenada. The deaths were estimated at about 1,500. In some parts of the island the bodies of the dead had to be consumed by fire. On some estates the ravages were frightful. Cholera has also made its appearance in St. Lucia, and upwards of 100 deaths had occurred at one place. British Guiana was healthy, and sanitary arrangements were being proceeded with to guard against an attack of cholera. At Trinidad premonitory symptoms of cholera were prevalent, and it was much feared the island would be visited.

The accounts (Aug. 9) from Genoa continue favourable. The worst appears to be past, and both cases and deaths are fast diminishing. On August 8, there were 133 cases and 75 deaths in the town of Genoa, and 81 cases and 43 deaths in the province.

The Lisbon Board of Health has declared Ayamonte, and all the left of the Guadiana, to be infected with cholera.

**ALBANY**, July 27.—A telegraphic despatch from Quebec announces the death there on Monday, by cholera, of Colonel Hogarth, commanding the 26th Regiment of British Infantry.

**GREECE.**—The 97th Regiment has lost between 80 and 90 men in one week by cholera in the Piræus.

**TURKEY.**—The *Vienna Presse* states, on the 31st. ult., cholera disappeared both at Gallipoli and Constantinople.



## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 10 :—

BOND, CHARLES, Lutterworth.  
CUFF, MICHAEL HENRY PAUL, Bath.  
DYKES, GEORGE SAMUEL, Wakefield.  
GLOVER, JAMES GREY, South Shields.  
HARRIES, CHARLES ALEXANDER, Bath.  
HOPWOOD, EDWIN JAMES.  
JEFFS, THOMAS BUSBY, Oxfordshire.  
POWELL, JOSIAH TAYLOR.  
SPARKE, GEORGE WHITFIELD.  
WATTS, GEORGE HENRY, Thatcham, Newbury.  
WICKHAM, CHARLES THOMAS, Winchester.  
WOODWARD, THOMAS HEWLETT, Port Natal.

## APPOINTMENTS.

**LINCOLN COUNTY HOSPITAL.**—Mr. Simpson has been unanimously elected one of the Surgeons to this Institution.  
**NORFOLK AND NORWICH HOSPITAL.**—Dr. John Wycliffe Goodwin has been unanimously elected Physician to the above Hospital.

## VACANCIES.

**BIRMINGHAM AND MIDLAND COUNTIES LYING-IN HOSPITAL AND DISPENSARY.**—A Resident House-Surgeon is required.  
**COUNTY AND CITY OF WORCESTER PAUPER LUNATIC ASYLUM.**—There is a vacancy for a Medical Superintendent of this Institution. Election, Sept. 4.  
**WEST HERTS INFIRMARY.**—The office of House-Surgeon is vacant. Election, Aug. 26.

## DEATHS.

**CURRIE.**—Aug. 8, at 3, Westbourne terrace, Claud Currie, Esq., late Physician-General, Madras, in his 65th year.  
**RAY.**—Aug. 13, at Milton, near Sittingbourne, Kent, George Ray, Esq., Surgeon, after a few days' illness, M.R.C.S.E. 1816, Medical Officer to the Milton Union and Union House.  
**ROBERTSON.**—April 17, suddenly, while on his way from the Grange to the town of Portland, (Colony of Victoria, Australia,) Patrick Gerard Robertson, Esq., M.D.

**MEDICAL SOCIETY OF LONDON.**—A Deputation of this Society, consisting of Mr. Headland (President), Dr. Tyler Smith, and Mr. I. B. Brown (Vice Presidents), Mr. Hancock (Treasurer), Dr. Smiles (Chairman of Council), Mr. Stedman, Mr. A. Harrison (librarian), and Dr. E. Smith and Mr. C. H. R. Harrison (Honorary Secretaries), had an interview with Sir William Molesworth, on Saturday, at the office of Works and Public Buildings, in Whitehall-place.

**THE NEW BOARD OF HEALTH.**—The new Public Health Bill has passed both Houses of the Legislature. Sir Benjamin Hall, M.P. for Marylebone, is to be the President of the new Board. The new department is to be placed upon a totally changed footing from heretofore. Instead of three Commissioners, two of them paid, and one unpaid, with a nominal head in the Chief Commissioner of Public Works, it is to consist of a President, four official members, and two Secretaries; thus assimilating it to, and placing it in the same rank of office as the Board of Trade, the Poor-law Board, the Board of Control, the Board of Works, and the Duchy of Lancaster; and it will rank in that class of offices which is second in importance only to the Secretaries of State and the Chancellor of the Exchequer. The President of the Board of Health will probably be a Privy Councillor, and, consequently, eligible for a seat in the Cabinet. Whoever may be appointed will have a most onerous task to undertake, and upon him alone will rest all the responsibility of the working of the Act. The President's tenure will, like that of the other chief officers of departments, terminate with the Government making the appointment. His salary is fixed by the Bill at 2000*l.* a-year.

**THE NEW MINISTER OF HEALTH.**—Sir Benjamin Hall transacted business for the first time on Friday at the General Board of Health, Whitehall. The Hon. Baronet has appointed Mr. Arthur Berrington to act as his private Secretary, and has continued Mr. Taylor as Secretary to the Board. The staff of the office is completed, with the exception of the inspectors. Dr

Sutherland and Dr. Granger will be immediately employed, as Medical inspectors, to act for the Metropolis, and to confer with the various local authorities in all measures for arresting the spread of the disease. The Postmaster-General has appointed Dr. Gavin to be Medical Superintendent of the General Post-office during the prevalence of the cholera. The health of the officers of the department is closely watched, and, a supply of medicines being kept at the chief office in St. Martin's-le-Grand, and at the principal branch offices, immediate relief can be given in cases of illness.—*Observer.* It is not true, as stated by a Correspondent, that the *clairvoyante*, Mademoiselle Julie, has been appointed to an office in the new Board of Health. The President boasts of her powers in his own case, but he will hardly venture to trust them in his public capacity, whatever may be his private opinions of the inferiority of Medical science to homœopathy and mesmerism.

**THE GARIOCH MEDICAL ASSOCIATION.**—Several Medical gentlemen in this district of Aberdeenshire having long felt how desirable it would be could they meet more frequently, and keep up each other's acquaintance and friendship, have lately entered into an Association for that purpose. Isolated as all country Practitioners are, in a great measure, from the Medical world, and seldom even seeing one another in some of our northern districts, they have no other society than that of country gentlemen and farmers, good enough of its kind certainly, but having nothing in common with the Medical man as such, he is very apt to become moulded to the fashion of his associates, and get more enthusiastic about shelties and shorthorns than about Medical research, or even Medical reform. It is to be hoped, however, that this Association will help to keep alive their Professional ardour, by affording opportunities for the discussion of Professional subjects. Membership is not confined to the Garioch district alone, as the name of the Institution might imply; it has members from the University and Royal Infirmary of Aberdeen, and the wide districts of Mar, Formartine, and Strathbogie; showing that, whatever may hold good in other localities, there is no improper rivalry between town and country in this case. The Association held its first Annual General Meeting and Dinner at Inverury, on Friday, August 4, when a large party spent a very happy evening under the chairmanship of Thomas Thomson, Esq., President of the Association, and Father of the Profession in the county.

**THE BIRMINGHAM GAOL CRUELITIES.**—We understand that Messrs. J. W. and G. Whateley, of Birmingham, have received instructions from the Government to take the necessary legal proceedings against Lieutenant Austin and Mr. Blount, late Governor and Surgeon of the Borough Gaol.

**CLUTTERBUCK v. BURNETT.**—At the Guildford Assizes, Aug. 14, this action was tried to recover damages for an assault. The plaintiff was a Medical man, and the assault complained of was alleged to have been committed at sea, on board a vessel on a voyage home from Australia. The defendant pleaded a justification, on the ground that the plaintiff had made use of insulting language. Counsel stated, that the defendant now consented to retract that plea, and, by consent, a verdict was entered for the plaintiff.—Damages, 150*l.*

**MANSLAUGHTER BY A LEEDS QUACK DOCTOR.**—An inquest was held lately at Bradford, before Mr. Ingram, the Deputy Coroner, and a respectable Jury, on the body of Mary Lambert, wife of Thomas Lambert, who was alleged to have died from the effects of a long and continued course of cruel treatment practised upon her by a person named James Lawrence Ward, of Wellington Street, Leeds, under pretence of relieving her of a cancer from the breast. From the evidence it appeared that the deceased consulted Mr. W. Field, Surgeon, of Dudley-hill, in December last, with reference to a slight pain which she felt in the right breast. He immediately discovered that the deceased had got a slight tumour, and he proposed its removal by excision, considering at that time that the operation would not only be safe, but comparatively simple. The deceased was, however, alarmed at what seemed a summary mode of removing the tumour, and declined to undergo this operation. The deceased subsequently ascertained that Mr. Ward professed to cure cancers without cutting or the use of the knife, and application was immediately made to him. In the second week after Christmas last, the deceased and her husband proceeded to Leeds. They learned from the sign-plate on Mr. Ward's door, that he was a "curer of cancer without cutting," and the deceased proceeded to place herself under his care. On examining the case, Mr. Ward informed the deceased that she was suffering from cancer, and that he would cure it without the use of the knife. It was arranged forthwith, that the deceased should



visit Mr. Ward every Tuesday, and that 5s. should be paid to him at every dressing. The deceased underwent the first operation at this visit. The doctor mixed a peculiar unguent, which he spread with a feather around the nipple of the deceased's breast, and over this he sprinkled, from a small bottle, some white powder, which he called "keening," an ingredient "which soon turned the flesh quite black, and burned it up as if it had been an old stocking." Certain cloths were laid upon the breast, and the deceased left Leeds with the full belief that the cancer would soon be eaten out. She bore the intense pain of the caustic application with some patience for a few hours, but, as it grew more violent as the "keening" sank deeper into the integument, the poor woman became "melancholy," sometimes "crying out like a child, and at others "moaning and weeping in despair." For three days and nights she remained in the utmost agony, and the pain began gradually to subside. The deceased underwent the same operation again and again, suffering the same agony each time. After the sixth application of the "keening" the dead slough, comprising the nipple, a piece of the integument, and a part of the gland, were thrown partially off; but, as five or six strings remained undivided, the doctor severed them with a pair of scissors, and the putrid mass fell out. Still there were other cancers to be removed, and the same course of treatment was continued. The deceased was unable at length, however, to go to Leeds, and the husband went over to Leeds to see if he could procure from Mr. Ward any means of relief for the intense pain which she suffered in her side. He told the husband that he would send her something which would relieve her of the pain, and he would himself visit her the next day. He sent her some herbs, but he never visited her himself. Six weeks have elapsed since then. About a month ago, Mr. Field was called in, but it was too late. She was fast sinking from the effects of her treatment. According to the testimony of Mr. Field and Mr. Beach, who made a *post-mortem* examination, the deceased presented no internal signs of disease. No vital part had been injured by the cancer; and they were of opinion that the deceased had sunk from repeated and long-continued constitutional disturbance. The Coroner briefly addressed the Jury, and left them to consider their verdict. The Jury, after careful deliberation, returned a verdict of "Manslaughter against James Lawrence Ward." The Coroner issued his warrant for the apprehension and commitment of the prisoner to York.

**THE POTATO BLIGHT, IRELAND.**—So far as the Metropolitan county and the districts immediately adjacent are in question, a great portion of the late potato crop may be considered as lost. Like all previous visitations of the disease, the change from apparent soundness to palpable decay came on quite suddenly, and fields that but a few days since looked verdant and healthy, have all at once assumed the worst symptoms of the fatal blight of 1846. The accounts from the provinces, although conflicting, are not, upon the whole, calculated to increase the alarm which has been created by the failure of the crop in Dublin county. From Sligo, Longford, and other quarters, the accounts are rather favourable than otherwise. It is not pretended that the crop has wholly escaped the blight, but it is believed that, up to the present time, the stalks only have been attacked, and that the roots remain perfectly sound. Meanwhile, the weather continues cheerless.

**MORTALITY NOTABILIA.**—Last week the total number of deaths registered in London was 1832, while the births numbered 1662, the Return exhibiting the unusual result of an excess in the former over the latter. In the ten corresponding weeks of the years 1844-53 the average number of deaths was 1110, which, if raised in proportion to increase of population, becomes 1221. Hence it appears that the actual number of deaths in last week exceeds the estimated amount by 611. This excess corresponds nearly with the number of fatal cases of cholera recorded—644. Deaths over births, 170.

**Births.**—The births of 820 boys and 842 girls—1662 children—were registered. Average, 1356.

**Meteorology.**—The mean height of the barometer in the week was 29.846 in. The mean temperature of the week was 60.1°, which is 1.7° below the average of the same week in 38 years. The mean dew-point temperature was 54.0°; and the difference between this and the mean temperature of the air was 6.1°. The highest temperature of the air occurred on Friday, and was 76.5°; the lowest on Tuesday, when it was 49.7°. The temperature of the water of the Thames rose to 65° on the last two days. Rain 0.01 in. Horizontal movement of air, 494 miles; electrical apparatus under repair. Wind generally calm, and S.W.

DEATHS REGISTERED in the Metropolis for the Week ending  
Saturday, August 12, 1854.

CAUSES OF DEATH.	AUG. 12.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	883	661	286	1832	11103
SPECIFIED CAUSES .. .. .	881	655	283	1821	11052
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	542	496	121	1069	4070
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	7	24	19	50	423
3. Tubercular Diseases .. .. .	93	104	8	205	1876
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	53	20	30	103	1163
5. Diseases of the Heart and Blood-vessels .. .. .	3	20	9	32	300
6. Diseases of the Lungs and of the other Organs of Respiration ..	47	22	27	96	768
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	20	20	12	62	736
8. Diseases of the Kidneys, etc. ..	1	4	4	9	106
9. Childbirth, Diseases of the Uterus ..	1	6	3	10	74
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	5	5	1	11	76
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	1	..	..	1	20
12. Malformations .. .. .	4	..	..	4	30
13. Premature Birth and Debility ..	35	1	..	36	283
14. Atrophy .. .. .	37	..	10	47	339
15. Age .. .. .	..	..	36	36	386
16. Sudden .. .. .	6	7	..	13	61
17. Violence, Privation, Cold, and Intemperance .. .. .	16	16	3	35	336
CAUSES NOT SPECIFIED .. .. .	2	6	3	11	51

TO CORRESPONDENTS.

B. H.—The following is Mr. Herapath's analysis of the Austrian Remedy for Cholera:—

	Grains.
Sulphuric acid (density 1.845) .. .. .	19.
Nitric acid (density 1.500) .. .. .	12.
Sugar .. .. .	24.
Water .. .. .	406.5

Mr. Hamilton.—The case shall be fully commented on.

A Physician should give his name for publication when criticising the work of a qualified Practitioner.

Mr. B., Little Hereford.—The description should be more minute to be useful in a Medical Journal.

S. A. A.—Messrs. Drew, Bush-lane, Cannon-street.

D. S.—It is believed in the Mauritius that the cholera was imported by an emigrant ship on the 15th of May. It is also believed to have been imported at New Brunswick.

G. H. K.—Very true.

Dr. Monkton's letter shall appear.

Mr. Thomson's paper shall appear.

Dr. Leared's paper was received too late for insertion this week.

Alpha.—The degree could confer no right to practise in England.

A Subscriber.—The project has not been abandoned, but the arrangements are not yet completed.

A Student.—The next preliminary examination in Classics and Mathematics will be held on the third Tuesday in November. The examination is, at present, voluntary.

Dr. W.—In the Weekly Return of the Registrar-General, the particulars of all the cases of Cholera that occur are not given, as they were in 1849. This is to be regretted, as it is now impossible to collect information from the reports as to the age and sex of the persons attacked, or the duration of the symptoms.

COMMUNICATIONS have been received from—

Mr. J. C. MELVILL; Mr. T. R. CLARKE; Mr. HAMILTON, Daley, Ayrshire; Mr. LUDLOW; Mr. BURCH; Mr. METCALFE; Mr. GALLWEY; Mr. SYMPSON; Mr. SKEY; Dr. MACKIE; Mr. H. C. ROSE; Dr. LEARED; Mr. CLAPHAM; Mr. THOMSON; Mr. WOOD; Mr. WALLACE; Mr. PRESCOTT HEWETT; Mr. JOHNSON, Birmingham; Mr. ORMEROD, St. Mary's; Mr. G. W. CALLENDER, St. Bartholomew's; Mr. HUMPHRIES, St. Bartholomew's; Mr. ROLLASON, The Westminster Hospital; Mr. HOLMES, St. George's; Mr. EDWARDS; B. H.; A PHYSICIAN; Mr. B.; S. A. A.; D. S.; G. H. K.; Dr. MONKTON; ALPHA; A SUBSCRIBER; A STUDENT; Dr. W.



ORIGINAL LECTURES.

LECTURES

ON

MATERIA MEDICA,

GIVEN AT

The Royal College of Physicians,

IN MARCH, 1854.

By H. BENCE JONES, M.D., A.M., F.R.S.

Physician to St. George's Hospital.

LECTURE I.

MR. PRESIDENT,—It is my intention in this course of lectures to accept that liberty which you have granted me on a former occasion, of dwelling not only on drugs and their actions, but on those agencies which, though not strictly included in the title of my subject, yet are more constantly acting in disease, and which, when then they can be employed as remedies, act more directly, and more powerfully, than almost any medicines.

In my former course, I dwelt on the action of air, water, acids, and alkalies.

I had intended now to take as my subject the remedial action of heat, light, and electricity, but some progress which I think has been made in our knowledge of the actions of some medicines, appears to me at the present time to be more worthy of your notice. Thus the composition, properties, and action, of some fermented liquids; the action of vegetable acids; the action of digitalis, and of bark, will form the subjects of some of my lectures, and in this course I shall only commence my observations on the action of electricity as a remedial agent.

To-day I shall bring before you some observations on the dietetic, medicinal, and poisonous action of some fermented liquids.

The Medical Profession, in common with the public, has long considered fermented liquids as synonymous with stimulants; that is, from their most evident action, the quantity of alcohol has been chiefly regarded in our consideration of fermented liquids; in fact we possess very little accurate knowledge, except of the quantity of alcohol and water which these fluids contain. It is very evident, that if alcohol was the only active ingredient in these liquids, then, by Mr. Brand's experiments, or from the numbers given in the third column of the tables which you see around you (the result of my own experiments), a table of equivalent strengths of different fluids might be formed. The different fermented liquids which I examined might, in regard to their strength, be arranged thus:—

The average stimulating power of Cider being called 100	or	1
" " Porter	would be 109	about 1
" " Stout	" 133	" 1 1/3
" " Ale	" 141	" 1 1/2
" " Moselle	" 158	" 1 1/2
" " Claret	" 166	" 1 1/2
" " Burgundy	" 191	" 2
" " Hock	" 191	" 2
" " Champagne	" 241	" 2 1/2
" " Mansanilla	" 250	" 2 1/2
" " Madeira	" 325	" 3 1/4
" " Marsala	" 341	" 3 1/2
" " Port	" 358	" 3 1/2
" " Sherry	" 358	" 3 1/2
" " Geneva	" 816	" 8
" " Brandy	" 983	" 10
" " Rum	" 1241	" 12 1/2

Thus, ten glasses of cider or porter, seven glasses of claret, five glasses of Burgundy, four glasses of champagne, three glasses of port, sherry, or Marsala, are equivalent to one glass of brandy, or three-quarters of a glass of rum. Hence, looking to the stimulating property alone of these different fluids, it it would be easy to determine, for medicinal or dietetic purposes, how much of each fluid would be required to produce the same effect in any case, the quantity of water taken at the same time, that is, the degree of dilution of the spirit, being always supposed to be constant; for daily experience shows, that an ounce of absolute alcohol, and the same quantity in a pint of water will have in degree very different stimulating actions. From the Tables, it appears that a pint of porter of sixteen ounces is nearly equivalent to an ounce of brandy in fifteen ounces of water, or to three ounces of port or sherry in thirteen

ounces of water, or to about half an ounce of absolute alcohol in fifteen and a-half ounces of water. In this point of view, it is clear that, if the simple stimulating action is the only action which these fluids possess, the only point for our consideration will be the more or less concentrated state of the stimulant. This knowledge is not sufficient to guide us in the administration of fermented fluids. One glance at the subjoined Tables will show you that, in addition to alcohol, a greater or less amount of acid and sugar is always present; and the knowledge of the quantity of acid and sugar present in any fermented fluid must give considerable assistance in determining the questions which you will be daily required to answer.

Before entering on the properties of the alcohol, sugar, acid, volatile oils, and ethers which exist in fermented liquids, I will direct your attention to the great variations which the different fluids in these Tables exhibit, and to the order in which they may be arranged according to the degree of acidity or sweetness which they possess. Thus, beginning with the least acid fluids, we have Geneva whiskey, rum, brandy, ale, stout, porter, sherry, port, champagne, claret, Madeira, Burgundy, Rhine wine, Moselle wine. And if we look to the sweetness, beginning with that fluid which contains least sugar, we have Geneva, rum, whiskey, some brandy, claret, Burgundy, Rhine, Moselle,—these have no sugar; then some brandy, sherry, Madeira, champagne, port, cider, porter, stout, malmsey, ale, Tokay, Samos, Paxarete, Cyprus. If we suppose that the sugar is in the stomach converted into acid, and that the potential acidity of any of these fluids must be measured by the addition of the sweetness to the actual acidity, then the following order is obtained, which coincides remarkably with the practical conclusions of Medical men.

Proceeding from the fluid producing least to that producing most acid, we have Geneva, whiskey, rum, brandy, claret, Burgundy, Rhine, Moselle, sherry, Madeira, champagne, cider, port, porter, stout, ale, malmsey, Tokay, Cyprus.

The particulars of the kinds of wine, and beer, and spirits, examined as to acidity, sweetness, and strength, are recorded in the following Tables:—

The acidity of the different fluids is by calculation given in the equivalent of tartaric acid.

Table I.

PORT.	Tartaric Acid per Oz.	Sugar per Oz.	Alcohol per Cent.	Specific Gravity.
	Grs.	Grs.		
A. quality from importer...	4.0	22	21.1—21.0	993.2
A. quality ... ..	4.2	18	21.3—21.3	990.2
General ... ..	4.0	20	21.0—21.0	991.8
Low ... ..	4.3	16	21.7—21.8	992.6
Very fine ... ..	3.6	34	23.2—23.2	996.2
Low ... ..	4.0	24	22.6—22.5	1003.4
G. B. Port ... ..	3.6	28	20.8—20.7	996.6
Roussillon ... ..	5.0	30	20.7—20.7	996.6

Table II.

SHERRY.	Tartaric Acid per Oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
J. C. ... ..	3.6	6	18.5—18.5	990.5
Low light ... ..	3.8	6	21.1—20.9	988.8
Golden low ... ..	4.2	12	23.2—23.2	991.1
Golden better ... ..	4.3	10	21.4—21.4	992.9
General light ... ..	3.7	4	21.1—21.0	988.2
Best ... ..	3.6	6	21.2—21.1	990.0
Low brown ... ..	4.5	18	23.0—23.3	997.1
Very low light ... ..	3.4	10	21.8—22.1	987.9
Very low dark ... ..	4.2	12	24.6—24.7	991.2
C. Golden ... ..	3.6	4	17.4—17.3	988.7
B. Good ... ..	4.8	16	20.2—20.2	997.0
Light A. quality Amontillada ... ..	3.7	4	20.7—20.6	985.3
B. Amontillada ... ..	3.5	10	17.0—17.0	992.4
F. Amontillada, very good	3.3	0	21.0—21.0	984.0
B. Mansanilla ... ..	4.3	2	15.7—15.6	987.8
C. Mansanilla ... ..	4.5	6	16.6—16.6	992.2
T. Mansanilla ... ..	4.5	6	16.8—16.8	990.0
G. Mansanilla ... ..	4.3	4	19.3—19.0	988.0
	3.5	0	15.4—15.4	989.2



Table III.

MARSALA MADEIRA.	Tartaric Acid per Oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
Paxarete imported direct, 12 years old ...	3.6	94	18.8—18.9	1039.9
B. Marsala, 1847 ...	4.3	10	21.0—21.1	990.5
I. Marsala ...	4.3	10	20.0—19.9	990.9
Lisbon ...	4.8	6	19.0—19.1	989.0
Teneriffe ...	5.0	8	20.6—20.7	990.0
Madeira 17 years in bottle in Ceylon ...	5.0	6	19.7—19.7	991.2
Madeira 3 times in E. Indies	4.5	16	19.2—19.0	996.3
Madeira direct ...	4.8	20	19.1—19.0	994.8
Madeira Agoa de Mellos ...	12.0	66	19.8—19.8	{ 1012.0 1011.9
Malmsey Madeira ...	10.0	56	18.8—18.7	1046.4
Tokay ...	9.0	74	16.0—16.0	1016.8
Samos ...	10.8	88	15.1—15.0	1050.1
Cyprus ...	10.8	102	15.4—15.5	1041.4
Shiraz ...	5.0	16	18.3—18.4	996.8

Table IV.

CLARET AND BURGUNDY.	Tartaric Acid per Oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
T. Medoc ...	5.0	0	9.4—9.1	995.4
L. and S. Medoc, 24s. ...	5.8	0	9.7—9.6	995.1
Medoc, 36s. ...	5.3	0	10.0—9.9	995.3
Talbot St. Julien, 48s. ...	5.3	0	9.1—9.1	995.3
Haut Brion ...	4.3	0	11.1—11.1	994.3
Claret, 60s. ...	4.8	0	10.5—10.5	994.4
Chambertin, 84s. ...	4.3	0	13.2—13.0	993.0
Macon (red), 40s. ...	5.5	0	10.5—10.4	994.4
Grave (white), 42s. ...	6.8	0	10.1—10.1	997.4
Sauterne, 72s. ...	5.5	5	13.6—13.5	996.7
B. Sauterne ...	6.8	0	14.5—14.3	998.1

Table V.

HOCK, MOSELLE, CHAMPAGNE.	Tartaric Acid per Oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
Rudesheimer, 1834 ...	5.3	0	11.7—11.7	994.3
Marcobrunner Cabinet, 1818	6.0	0	9.7—9.5	996.5
Steinberger, 1846 ...	5.3	0	12.9—13.0	992.5
Geisenhemer, 1842 ...	5.8	0	10.6—10.6	994.9
MOSELLE.				
Brauneberger, 1842 ...	7.6	0	9.4—9.4	995.3
Scharzhofberger, 1843 ...	4.8	0	8.7—8.7	995.3
CHAMPAGNE.				
Sillery Mousseux Première qualité ...	4.9	{ 24 } { 24 }	14.8—14.7	1011.8
Sparkling, 48s. ...	4.6	{ 28 } { 28 }	14.3—14.1	1021.7
Moët's first quality, 1846, 80s. ...	5.2	{ 24 } { 24 }	14.5—14.4	1014.2
Moët's Still dry Sillery, 1842, 110s. ...	4.0	6	14.5—14.5	989.2

Table VI.

SPIRITS, LIQUEURS.	Tartaric Acid per Oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
Best Brandy ...	1.1	4.4	53.6—53.8	930.1
Cheap Brandy ...	0.27	0	52.0—52.0	933.3
Calais Brandy ...	1.1	0	50.6—50.4	932.6
Cognac ...	1.1	0	52.6—52.4	928.9
Thomson Brandy ...	1.1	0	51.2—51.0	930.8

Table VI.—(Continued.)

SPIRITS, LIQUEURS.	Tartaric Acid per oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
Best Rum ...	0.56	0	72.2—72.0	885.4
Cheap Rum ...	0.56	0	77.1—77.1	874.6
Geneva ...	0.18	0	49.4—49.4	932.8
Whiskey, Highland ...	0.18	0	59.4—59.2	915.5
Noyeau ...	0	150	29.4—29.4	1159.4
Curacao ...	0	?	46.0—46.0	1101.8
Maraschino ...	0	120	36.8—37.0	1113.1

Table VII.

CIDER From Stockland, near Honiton.	Tartaric Acid per Oz.	Sugar per oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
A. medium quality Hard best ...	6.0	0	7.5—7.4	998.1
B. Hard ...	6.5	0	6.8—6.8	1001.3
C. Hard ...	5.8	0	6.0—6.0	998.5
D. Hard ...	5.0	0	7.1—7.1	999.0
L. Sweet ...	6.2	18	6.8—6.7	1005.2
W. Sweet ...	4.7	20	5.4—5.4	1006.7
S. Sweet ...	5.5	44	6.5—6.5	1013.8
N. Sweet ...	5.9	36	6.6—6.6	1012.6

Table VIII.

PORTER, STOUT.	Tartaric Acid per Oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
Y. Mild Porter ...	3.4	34	6.6—6.6	1011.0
Bottled Porter ...	3.4	23	6.5—6.5	1009.4
Stout ...	3.7	49	9.8—9.8	1017.9
Mild Stout... ..	3.2	64	8.0—8.0	1027.1
N. Porter, 18 months	3.2	37	6.7—6.6	1011.0
Porter, 3 months ...	3.0	40	7.0—6.8	1015.0
Stout, 18 months...	3.7	45	7.8—7.9	1014.0
Stout, 3 months ...	3.7	60	6.9—6.9	1023.7

Table IX.

BITTER ALE.	Tartaric Acid per Oz.	Sugar per Oz.	Spirit per Cent.	Specific Gravity.
	Grs.	Grs.		
T. Pale Ale, Nov., 1852 ...	2.0	12	8.1—7.9	1003.8
Family Ale, Dec., 1852 ...	1.8	14	6.6—6.6	1002.9
Strong Ale, Oct., 1852 ...	2.7	45	10.5—10.5	1016.7
Stout, Dec., 1852... ..	2.2	42	8.8—8.8	1017.2
S. Pale Ale, March, 1853...	1.5	45	6.8—6.7	1011.8
Pale Ale, Dec., 1851 ...	2.5	35	7.2—7.1	1008.6
Pale Ale, strong, Jan., 1853	1.7	103	11.0—10.9	1034.6
P. Pale Ale, 5 months ...	1.5	40	7.7—7.5	1011.4
Pale Ale, 18 months ...	1.8	30	7.1—7.2	1007.8
Arctic Ale, very strong	2.7	83	12.4—12.3	1023.4
Home Ale ...	1.5	40	7.0—7.1	1010.6
Export Ale ...	1.5	43	7.0—6.9	1011.7
Strong Ale... ..	2.2	100	10.8—10.7	1029.2

(To be continued.)

## MORTALITY IN PUBLIC INSTITUTIONS for the week ending August 19:—

	Males.	Females.	Total.
Workhouses...	76	90	166
Military and Naval Asylums	4	...	4
General Hospitals ...	57	44	101
Hospitals for Special Diseases	2	3	5
Lying-in Hospitals ...	1	...	1
Lunatic Asylums ...	9	5	14
Military and Naval Hospitals	11	...	11
Hospitals for Foreigners, etc.	1	...	1
Prisons ...	...	...	...



## ORIGINAL COMMUNICATIONS.

## MENORRHAGIA.

By EDWARD RIGBY, M.D., etc.

Senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London.

AMONG the many causes of menorrhagia, I may mention one, which, although it in all probability only acts indirectly by causing loss of tone and general strength, is nevertheless worthy of attention, being apt to render passive menorrhagia very obstinate where its presence and its effects have not been sufficiently watched; I mean the malaria arising from damp or marshy ground. If we observe the pale, sallow complexions and unhealthy looks of the inhabitants, we shall not have much difficulty in explaining why passive hæmorrhages from other parts, as well as the uterus, should occur so frequently in these districts. It is not, however, the adult inhabitants who are the greatest sufferers from the effect of the marsh-air; for being usually in the open air all day, and exposed to the sun and every change of weather, they acquire an amount of rude health, which enables them to resist the influence of malaria. It is, I think, chiefly among children and those adults who have not long resided in these districts, and whose station or occupation does not necessitate the same hardy life as above-mentioned, that we see the health suffer most.

Mrs. S., aged 26, married four years; never pregnant.

August 29, 1851.—Catamenia irregular, coming at short intervals, and more profusely than usual; the discharge at first is pale, sometimes brown, but with coagula or exudations; latterly she has been disposed to diarrhoea; the tongue is pale but dry; pulse feeble; urine thick; has frequent cold, damp perspirations; cannot walk without much fatigue, which brings on either diarrhoea or a return of the catamenia.

R. Liq. taraxaci, liq. sarzæ co., aa. cochl. min j., bis die ex liquore calcis.

Let her keep the abdomen warm.

Sept. 22.—Looking much better; diarrhoea has ceased; tongue much improved. The catamenia appeared last week four days too soon; the discharge came suddenly and profusely; lasted two days and a-half, then stopped for two days, and returned slightly since; urine much clearer.

R. Acid. hydrochlor. dil., acid. nitrici dil., aa. ʒj., liq. taraxaci ʒj., infusi aurantii comp. ad ʒviii. Ft. mistura cujus sumat cochl. magn. ij. bis die. Let her use friction with a salt towel every morning after washing.

October 23.—Looking and feeling much better. Catamenia appeared only two days too soon; the discharge came much in the same way as it did before, but with less pain. Bowels rather confined, (she has been staying with some relatives in another part of the country, where she always remarks this change.) Tongue and pulse good. Urine thick.

R. Potassæ bicarb. Div., potassæ nitratis Div., sp. ætheris nitrosi ʒss., aquæ menthæ pip. ʒviijss. M. ft. mist. sumat cochl. magna ij. bis die post cibum. Omit. alia.

May 7, 1852.—Her original disposition to menorrhagia has returned. The complexion is sallow, pulse weak, urine thick; she suffers from constant lassitude, bilious headache, and a copious leucorrhœa.

R. Pil. hydrarg., extr. hyosc., aa. gr. v., alt. noct. per quatuor vices.

R. Acidi hydrochlor. dil., acidi nitrici dil., aa. ʒi., liq. taraxaci ʒi., infusi cinchonæ cordifoliæ ʒvii. M. ft. mistura cujus sumat cochl. magn. ij. ter die ante cibum.

May 27.—The period came five days before the time, viz., three days ago; it was gradual at first, but is now more profuse. She looks pale, and says she has grown thinner; has been lying a good deal on the sofa since last report; the bark mixture agrees well, and seems to refresh her.

Rep. mistura, and as soon as the catamenial period is quite over let her begin an injection of decoct. quercus c. alumine.

The malarial character of the place at which she resided, her previous good health before coming there, and the improvement which invariably took place when she left it, convinced me that the chief, if not all her symptoms, were referable to this cause. I therefore strongly urged her to give up her present residence and choose a more salubrious locality. This was done with complete success; her health and strength improved rapidly, and the symptoms for which she had consulted me disappeared altogether.

Another very important form of menorrhagia is that which is

connected with the disposition to, or early commencement of, malignant uterine disease. It is, of course, extremely difficult, probably impossible, to draw the line in these cases between the mere disposition to and the actual existence of malignant disease; nor is it practically of much importance, as the treatment will be essentially the same. In saying this, of course I am not alluding to cases of well-established disease, still less to where it has already reached an advanced stage, because in these a variety of symptoms is produced, depending either upon malignant growth or destructive ulceration, and requiring special treatment, which is necessarily for the most part of a palliative character; but it is to the early stage, before our means of diagnosis can prove that uterine disease has positively commenced, that I now refer; and when I believe that treatment is still capable of doing much good, and affording great relief.

The state of health which commonly precedes the commencement of malignant uterine disease, is usually characterised by general torpor or imperfect action of those excretory organs whose function is to depurate the blood from the excrementitious matter thrown off in the process of assimilation, and fit it for performing those various processes which depend so essentially upon its healthy condition. The liver is torpid, the bowels sluggish and unhealthy, the urine is scanty and loaded, and the almost invariable co-existence of more or less hæmorrhoidal congestion betokens the gorged and sluggish condition of the abdominal circulation. The general circulation participates, the extremities are cold, the muscles soft and flabby, the skin either dry and rough without perspiration, or cold, damp, and clammy; the face, at first pale, becomes gradually of a sallow, and then chlorotic hue, and the patient exhibits that legion of symptoms depending on gastro-enteric derangement, and impure and imperfect circulation, which I need scarcely enumerate. But I would particularly call attention to the injurious effects which this unhealthy condition must have upon the uterine system. Situated at the lower part of the abdominal cavity, and depending mainly for its position on the contractile tone of the vagina, on the amount of its own weight, and on its not being overloaded by the superincumbent intestines: largely supplied with blood-vessels, which are peculiarly capable of dilatation, it will easily be seen how prone the uterus must be, under such a state of the system, to passive engorgement, a condition which soon begets morbid action of a more or less chronic or subacute inflammatory character, and sooner or later passes into disease.

It is in this precursory stage to actual mischief where we can chiefly hope to do real good; and there are few circumstances which more strikingly illustrate the value of the proverb, that "prevention is better than the cure," than in cases of this character.

From the above observations, it will be easily understood why menorrhagia should be an affection of frequent occurrence in this condition of the system; it appears to be a local effort to relieve the congested state of the uterine circulation, and for a while to prevent those alterations of structure which constitute the first advances of disease.

Our treatment in such cases, therefore, must be to relieve the abdominal circulation, and especially the portal system, by rousing the activity of the liver and intestines, to restore tone to the digestive organs, and vigour to the system generally, and, where necessary, to relieve local congestion by leeches, etc.

Mrs. B., aged 50, brunette; hair quite grey; mother of nine children, has had five miscarriages.

Feb. 5.—Pale, greatly exhausted; pulse almost imperceptible; profuse menorrhagia; beyond the prostration she does not otherwise feel ill; bowels offensive; has piles.

The catamenia made their first appearance at twelve years old; they have always been profuse. Eleven years ago they stopped for five months, and yet no miscarriage followed. They first became hæmorrhagic a year ago. The attacks now usually last eight or ten days, with intervals of five or six hours; for the first two or three days the discharge is profuse, coming in gushes.

R. Ferri sulph. gr. xvi., magnesiæ sulph. ʒi., acidi sulph. dil. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒviiss. M. ft. mistura; sumat cochl. magn. ij. primo mane, et repet. si opus sit.

R. Plumbi diacet. gr. ij., extr. lupuli gr. viii. M. ft. pil. ij. tertiis horis sumend.

Feb. 6.—The bowels have been largely moved, the discharge has ceased, and she feels better.

R. Pil. hydr. gr. v. h. s.

R. Acidi gallici, extr. lupuli, aa. gr. v. M. ft. pil. ij. ter die sumendæ.

7th.—Bowels copiously moved, the discharge has returned but moderately, pulse stronger, feels better. Rep. med.



12th.—The discharge having ceased, I made an examination per vaginam; uterus large and hard, feels solid, os uteri open and hard, the sound would not pass beyond the os uteri internum. No pain or bleeding was produced by the examination. Rep. med.

March 7th.—Has passed another catamenial period better, although the discharge was very profuse for a day or two. Having been suffering from prickings about her joints, pain of limbs, flushings, high-coloured urine, etc., I gave her *R. Pulv. guaiaci, magnesiæ, aa. gr. x. o. m.*, instead of her former laxative, since which I have discontinued her other medicines, and ordered *R. Tinct. colchici ʒii., potassæ bicarb. ʒiv., potassæ nitratis ʒii., syrupi aurantii ʒss., aquæ destill. ad ʒviii. M. ft. mistura, cujus sumat cochl. magn. ij. bis die post cibum.*

Since taking the colchicum the bowels have acted well; there has been a copious secretion of bright yellow bile, which has given great relief.

*Examination per Vaginam.*—Uterus much as before, large and solid to the feel; it is now moveable. The os uteri is round, open, and hard; uterine sound passes three-and-a-half inches, it produces no pain. Rep. med.

23d.—Health strikingly improved; the copious secretion of bright yellow bile continues; she has lost the sallow hue. Catamenia came on last night (at the expected time) freely, but not profusely. Has taken four doses of plumbi diacetatis gr. ij. cum extr. matico alcohol. gr. iij.

*R. Acidi hydrochlor. dil., acidi nitrici dil., aa. ʒj., liq. taraxaci ʒj., infusi cinchonæ ad ʒviij. M. ft. mistura cujus sumat cochl. magn. ij. ter die.*

April 9.—Has a sense of fulness and weight about the uterus when she stands. Appl. hirud. iv. ano. Rep. mist. cinchonæ.

20th.—Leeches bled well, but did not weaken her. She has now passed four days over the catamenial period without inconvenience. Rep. mist.

30th.—Catamenia have not appeared; feels well, but in considerable anxiety on account of her husband's serious illness. Omit. mist. cinchonæ. Rep. tinct. colchici ex mist. potass. bicarb. et nit.

June 3.—Catamenia appeared at last, and profusely, but she was not much weakened, and seemed to control the discharge by the pills of lead and matico; since then she has continued the mist. cinchonæ, occasionally taking the other mixture of colchicum and potass, which always acts powerfully upon her liver. She then went to the sea-side, and writes that she is greatly improved.

The hæmorrhage had been so profuse when I was first called to her, that not only had it soaked through the sofa on which she lay, but had formed a pool on the floor beneath; and there was no doubt that, although not so profuse as this last attack, the previous periods for several months had been also very severe.

The offensive state of the bowels, and her disposition to piles, were a sufficient indication of treatment until the cessation of the flooding should permit me to make an examination. The bowels were copiously relieved, and, as the discharge had stopped, I substituted the gallic acid for the lead pills, and assisted the action of the laxative by some blue pill. The large bulk and solid feel of the uterus,—the hard, open os uteri, yet through which the uterine sound would not pass beyond the os internum,—and the apparently fixed condition of the uterus itself,—made me greatly fear that serious organic disease had already commenced; still, however, she was free from local pain. I could feel nothing of a fungoid growth, nor did any bleeding follow the examination.

In cases of this sort, where the os uteri internum is open and hard, and the uterus itself enlarged and solid to the feel, and, moreover, the patient is past the usual period at which the catamenia ought to have ceased, the inability to pass the uterine sound is a suspicious sign, and tended to increase the fears which I had about the nature of my patient's complaint. In fibrous tumour it is very rare that the sound is unable to pass, even although the solid enlargement of the uterus is so considerable; but, in malignant disease, where the os uteri is almost invariably wide, open, and hard, it not unfrequently occurs, and is owing to the engorgement and thickening of the canal in the early stage, and to the growth of morbid structure at a later stage. As the result of the treatment proved, it was evidently due to the state of severe congestion in which I found it at my first examination. The bowels were well cleared; the liver was roused to healthier action, and afterwards kept in a state of considerable activity by the rather unusual effects of the colchicum; the engorgement of the uterus diminished; the organ became more moveable, and the sound was able to pass.

The first return of the catamenia was at the right time, and

though the discharge was brisk, it was not profuse. At about the half-way time before the next period, she began to suffer a good deal from symptoms of uterine fulness, which I relieved by applying four leeches to the anus. She went nearly six weeks before the next period returned, and then, although profuse, it was not excessive; her health and strength gradually improved, and I occasionally hear of her as being well and active, and that she has had no return of the complaint.

## ON CHRONIC AND PERIODICAL HEADACHE.

By E. H. SIEVEKING, M.D.

Fellow of the Royal College of Physicians, Assistant-Physician to St. Mary's Hospital.

[Read before the Harveian Society.]

(Continued from page 182.)

THE form of headache that probably occurs most frequently to every Practitioner is that which affects the female in connexion with some disturbance of the uterine and ovarian functions. It is so common, and the prevailing tendency to set down the complaints of the softer sex under the list of hysterical affections, is so general, that I would at once warn against a too hasty assumption of the sexual origin of the pain; for an error in diagnosis entails a serious error in treatment; and even in the event of the sexual influence being established, a very different proceeding may be advisable in different cases.

Although I am not prepared with a classification of the various forms of cephalalgia that shall embrace every feature and complication that present itself to us in practice, I think, that by keeping in view the *causa proxima* of the increased, diminished, or altered blood, and ingrafting thereon whatever our inquiries may establish regarding the exciting causes, we may arrive at a tolerably correct view of the nature of the malady in the individual instance. As I have before observed, several conditions may be complicated with one another, and thus obscure our view at first; but, by care, we may always succeed in laying hold of a leading feature, round which the minor traits are grouped, and having done so, the principle both of diagnosis and of treatment is established. Accordingly it appears convenient to divide the exciting causes of cephalalgia into three classes,—those directly affecting the head, those proceeding from the chylopoietic viscera, or the organs of nutrition, and those taking their origin in the sexual apparatus. Among the causes of cephalalgia residing as it were in the cranial contents, or affecting them without the intervention of other organs, the foremost are mental and intellectual excitement, carried beyond the normal limits of healthy stimulation; it may act by a shock, as in a child that is frightened or suddenly carried into a brilliant light, or made the gazing-stock of pseudo-admiring friends at an hour when it ought to be in the land of dreams; it may act by the continued strain upon the reproductive energies of the earnest student diving into the secrets of Nature that are revealed to none but such as are prepared to sacrifice themselves on her altars; it may, after days and nights of unrelenting toil, prostrate the poor milliner, who, with a weary heart and aching eyes, uses her very life-strings to earn bread for the invalid parents. A direct physical stimulus is anything that, through the organs of smell, of hearing, or of sight, gains admission to the perceptive faculties. The excitement may produce but a temporary result, commensurate with the powers of the individual; or it may find a favourable nidus, and the deranged action once set up may be propagated until broken by some greater countervailing power. Many forms of epilepsy are nothing but the spasmodic expression of this derangement; and for private use I constantly employ the term cephalalgia epileptica, as indicative at once of what I regard as a cause and a tendency, occurring possibly in a subject in whom the epileptic paroxysm has been manifested merely by slight vertiginous attacks, by a single attack in former times, or by some spasmodic action that alone would not be regarded as of an epileptiform character. The pain in this form of headache may affect any part of the head, but it is frequently limited to a spot at the vertex; and, where that is the case, I have found marked benefit arise from making the attack directly upon the apparent seat of injury. Thus, in the case of a needlewoman in whom intense chronic cephalalgia and partial blindness has been produced by over-work, nothing has afforded so much relief as the application of powerful counter-irritation to the vertex, where the pain is limited to a space the size of half-a-crown, and the hair has fallen out. Her constitution is otherwise good, and no medicine avails



beyond the occasional exhibition of a warm purgative. The constant action of the cause prevents even the chance of a cure in her instance. In many cases the avoidance of the cause is sufficient to remove the pain. In some speedy assistance is demanded, and we commonly fly to counter-irritation and purging. But these remedies are not always indicated. The condition of the brain may be solely a state of hyperæsthesia, or, in other words, a state of extreme nervous sensitiveness, unaccompanied, as we should suppose it to be, in cases indicating a derivative procedure, by vascular repletion. Thus, in the case of a young authoress, who, for a year and a-half, had been subject to frequent paroxysmal headache, with pains spreading along the distribution of the fifth pair, unaccompanied by any visceral or uterine disorder. What certainly looked like a permanent cure was effected by a brief exhibition of the citrate of iron and quina. But where the nature of the case is not clearly apparent, we cannot be too careful to solve the problem to the best of our ability, before adopting a definite line of treatment. The presence or absence of vertigo in younger people, and the state of the heart and circulating organs, the previous occurrence of epileptiform seizures in the young and middle-aged, the previous occurrence of apoplectic symptoms in those advanced in life, must be attended to, and their bearing well marked. Our conclusion may determine the life and death of the individual.

Among the causes that act by direct irritation of the brain, to omit external lesions as not immediately bearing upon our subject, we find congestive states produced by previous disease of the lungs, as hooping-cough, or emphysema. Catarrhs, which are frequently accompanied by severe throbbing frontal headache, with a stillitidism oculorum et nasi, act partly by the implication of the frontal and sphenoidal sinuses, partly by the general febrile state of the blood acting as a special irritant to the meninges, the value of the mustard-plaister, or in severer cases, the blister, applied to the nape of the neck, and accompanied by such other treatment as the special case may demand, sufficiently show that here the pain is not merely of an hyperæsthetic character.

Of the alterative or discrasic diseases, giving rise to headaches, by inducing direct irritation through the vascular current, or by exciting a local morbid action, which in its turn proves a source of irritation, the most marked are rheumatism and syphilis. Rheumatism affecting the head is frequently regarded solely as a source of pericranial pain, characterised by external tenderness and puffiness of the scalp. Romberg(a) describes this form of headache as presenting an hemicranial and paroxysmal character, marked by a peculiar sensibility of single parts, especially of the forehead and vertex, the pain radiating from these in various directions. I do not find that authors allude to the possibility of an intracranial rheumatic affection; but I have repeatedly met with cases of cephalalgia, in which no such external indications presented themselves, and in which the concomitant symptoms, though but feebly marked, the history of the case and the anti-rheumatic treatment adopted, appeared to justify the conclusion that the dura mater, the fibrous envelope of the brain, was the seat of the disease.

To determine the question, the whole complex of symptoms must be taken into consideration. It is always unsatisfactory to establish our diagnosis by the result of our treatment; still, until we have very definite data for the former, we must be allowed occasionally to argue from the *post hoc*. Nor is it quite unreasonable to conclude, from what we know of the action of certain medicines, that their successful application is, *à tanto*, evidence of a definite derangement of the blood. Thus if, as in a case of a man, aged 34, who for six weeks had suffered from violent pain, affecting the entire of the head, attributed to sleeping in a damp bed and aggravated by the warmth of the bed, and who had been previously treated without benefit, we find guaiacum and iodide of potassium give speedy and permanent relief, few practitioners would question the reasonableness of the inference that his cephalalgia had been due to the rheumatic poison. Less difficulty is presented in determining the nature of syphilitic headache, though these cases are occasionally obscure, and do not always present such unequivocal signs as to enable us at first sight to determine their character. This is more particularly the case when there is an apparent history of previous rheumatism. When we see the syphilitic taint on the surface, the diagnosis is easily established; but this is not necessarily visible, and without some palpable indication of lues, the admission of infection is not readily obtained. The following abridged case illustrates these remarks:—M. A. W., aged 29, the wife of a plasterer, stated she

had had rheumatism six or seven years previously, and had for several years been subject to severe headache, the pain being mostly at the vertex, and accompanied by a sense of something falling in the head from back to front, or of bursting. From the absence of other cause, and the previous history, I set it down to rheumatism, and treated it with iod. pot. This gave partial relief, and I continued the treatment, on the assumption of its being rheumatic disease for about six weeks. I then, however, clearly established the existence of syphilitic secondary symptoms, and after a course of mercurial inunction, followed by iod. potass and tonics, the cephalalgia entirely disappeared, with the syphilitic ulceration. I forbear multiplying cases, as an extensive range of subjects bearing upon the main question is yet before me; too large in fact to allow of more than a cursory notice.

I proceed to consider the varieties of headache in which the condition of the chylopoietic viscera, and the organs of nutrition is more particularly at fault. The terms cephalalgia, biliosa, crapulosa, saburralis, gastrica, and others, are used to designate this form of cephalalgia; while the vernacular, bilious, or sick headache, is commonly, though often erroneously applied to headache taking its origin in the abdominal organs destined for the support of the individual. The antecedent excesses, the derangement of the appetite, the furred tongue, and altered alvine and urinary secretions, generally suffice to determine cases of recent dyspeptic headaches in the child and the adult; and an emetic or a purge commonly at once rectifies the abnormal condition. Such cases may be regarded as partaking of the congestive type, both from the throbbing character of the pain, the flushing, and the immediate physical influence exerted by the overloaded and distended gastro-intestinal to act upon the circulating organs. Headaches, connected with derangements of the chylopoietic viscera of longer standing, and involving deeper-seated lesions of the organic power, are not so easily combated, and require some discrimination.

There is a form which is more particularly connected with the state of the portal circulation, occurring in subjects leading a sedentary life, though not necessarily given to any excesses in diet, or in persons not intemperate, but habituated to the ordinary luxurious living of the higher classes, and especially to the unphysiological custom of heavy, late dinners; or, again, in females after the grand climacteric, where a species of vicarious action is often set up between the hæmorrhoidal and menstrual discharge, and the portal system becomes surcharged by these new duties. This form of headache may not inaptly be designated cephalalgia hæmorrhoidalis, not that I wish to add to the complexity of the subject by multiplying names, but that in my mind the term is associated with a definite lesion, implying a distinct procedure. The subjects are ordinarily persons of middle age or advanced life, with a sallow, dry complexion, more or less subject to hæmorrhagic discharges per anum, and occasional severe attacks of inflammatory hæmorrhoidal swellings. A peculiar irritability of temper is often characteristic of such individuals. The headache is sudden, violent, and vertiginous; they see muscæ volitantes, or strange figures; a black veil is occasionally drawn over their eyes, and the threatened loss of sight excites the greatest alarm. There is no vascular excitement; the tongue may exhibit some gastric derangement, but is often perfectly clean; there is a general sense of lassitude and disinclination to mental or bodily labour, with an indescribable sensation of restlessness and discomfort. Such cases are not benefited by active treatment, in the shape of powerful counter-irritation or purging. Gentle warm laxatives, followed by the employment of quinine and accompanied by a suitable diet and regimen, ordinarily suffice to restore the balance of the circulation and to relieve the head. Mild mercurials may be indicated where the liver is manifestly deranged, but they should not be given without a satisfactory evidence to that effect, as they too often increase the prostration, and thus render a protracted course of tonics necessary. Where an habitual hæmorrhoidal discharge has been arrested, I have obtained marked benefit from the application of from two to four leeches to the verge of the anus, while I am inclined to regard a combination of flores sulphuris and magnesia, with the occasional addition of a portion of rhubarb and some aromatic, as almost a specific in this species of portal derangement. The flowers of sulphur operate mildly on the bowels, and they relieve instead of increasing the tenesmus, which in hæmorrhoidal subjects is a source of much suffering. The following is a formula, such as I frequently employ:—

R Flor. sulphuris, magn. carbon., aa. ʒiiss., pulv. rhei. ʒj., ol. cinnam. ℥. viii.

Misce, s. cochleare minimum horâ somni ex lacte sumendum.

(a) Klinische Ergebnisse, Vol. II. p. 102.



Taraxacum is likewise a valuable cholagogue applicable to these cases, but in almost all the cure will be promoted and rendered more or less permanent by the exhibition of bitters, and especially of small doses of quina.

Both sexes are liable to the hæmorrhoidal form of headache, but the female sex are necessarily alone liable to that form which arises from the excessive tax laid upon the organs of nutrition in undue lactation. This is accompanied by vascular and nervous symptoms of great prostration, manifested by palpitation, dyspnoea, fornication, a sense of treading upon nuts, and such like evidences of hyperæsthesia. Moderation in nursing, especially separation of the mother from the infant at night, tonic diet and regimen, change of air, and the exhibition of steel, gentian, or bark, may enable the mother to continue lactation, if circumstances, and particularly the age of the child, may render this desirable; but in many instances no advantages are to be obtained by any procedure short of weaning. There are other cases in which the whole system of nutrition is so utterly deranged, by previous severe illness or excessive medication, that without any apparent local disorder in the chylopoietic viscera, and without any symptoms indicating organic mischief in the brain, we are utterly baffled in our attempts to relieve the sufferer from the constant and harassing headache complained of. A young woman, aged 19, has long been, and still continues under my care, who, up to the age of seven years was, according to the statement of the mother, a robust, hearty child. At that time she had typhus fever, during which she was salivated. She has now recovered from the effects of this treatment, and she has now long been subject to pain at the vertex, manifestly of the most distressing character, and for which, I regret to say, I have entirely failed in discovering the remedy.

Lead poisoning, which produces so marked derangements in the nervous system, does not appear often to induce cephalic pains; the neuralgic affections resulting from this cause present a more superficial character. There are other poisons which give rise to cephalalgia, among which I would more particularly advert to the poison of urea circulating in the blood from degeneration of the kidneys. I dare not, however, important and interesting as the subject is, do more than allude to it, if it be not to urge the necessity, in obscure cases, as they sometimes occur, to pay especial attention to the state of urinary organs. Not long since, the *post-mortem* of a man was held in St. Mary's Hospital, who had been an out-patient under my care and that of Dr. Markham, for epilepsy and intense cephalalgia, which I regarded, from the antecedents, as a rheumatic affection of the dura mater. He was, as my friend and colleague can testify, much relieved by counter-irritation, calomel, and purging. Dr. Markham, under whose care he subsequently came, found that there was so intimate a relation between the cessation of the mercurial action and the disease, that, on a relapse taking place, he resumed the previous plan of treatment. He then became an in-patient, on account of the appearance of an enormous carbuncle, to which his death was attributed. The only lesions discovered adequate to account for the symptoms, though not for the apparent success of treatment, were, some congestion of the superficial meningeal vessels, a marked development of the pacchionian bodies, which had actually perforated the dura mater; and extreme atrophy of the kidneys, rendering them totally unfit to perform their functions.

There are forms of headache which, while manifestly originating in the gastro-intestinal tract, seem to be rather the result of reflex irritation than of any influence upon the vascular current. Such are cases in which the only palpable lesion is discoverable the presence of worms. *Ascarides* may act in this way; and *tania* also gives rise to cephalalgia; the indication here naturally is to remove the parasites; when the reflex irritation of the brain, will, if owing to that cause, necessarily at once disappear.

The third class of headaches, that mainly connected with derangement of the sexual apparatus, now claims our attention.

The patients whose cases belong to this category are mainly, if not exclusively females. We find epileptiform seizures occurring in youths at the period of puberty, and apparently connected with an irregular development, or an abuse of the sexual organs; but, though that fact may justify the assumption, that cephalalgia may in them, at times, originate in the same cause, experience does not frequently bring instances to our notice. My memory does not recall one of the kind. The controlling influence which the sexual apparatus exerts upon the mind and the body of the female is so universal, that we are more prone to exaggerate than to underrate its power; and though an undoubted connexion is traceable in a majority of cases between derangement in the ovarian and uterine functions

and the occurrence of headache, we must be cautious to avoid the error of overlooking many other conditions which affect the two sexes almost equally. The danger of overestimating this one item in the causation of morbid conditions in the female re-acts injuriously upon the Medical man, as well as upon his patient; in the former it may induce a disregard to a more enlarged view of pathological relations, and it will cause him to concentrate his therapeutic proceedings upon one part of the system alone; in the latter, the very tendency to regard all her maladies, as springing from one source alone, may induce a pseudo-morbid or morbid condition, which otherwise might not have occurred.

The subdivisions of the *causa proxima* of headache, to which I have more than once alluded, apply in the present instance with as much force as in other species of cephalalgia. It may present a congestive or an anæmic type, or the blood may materially deviate from its normal constitution. It will not therefore suffice, when we have to deal with a case of cephalalgia to determine, for instance, that it is concomitant with amenorrhœa; but to render the diagnosis complete, and the consequent treatment satisfactory, the cause and character of the menstrual arrest must be ascertained. Moreover, there are cases in which the two disturbances appear to co-exist without a definite relation of cause and effect; and where the empirical adoption of remedies requisite to restore the healthy functions of the reproductive system may be imperatively counter-indicated by the deeper-seated and more dangerous malady that has fastened on the brain.

Some data by which to estimate the relation existing between disorder of the sexual system and the occurrence of cephalalgia are contained in the following numbers:—I have examined the records of 172 cases of disease occurring in females, chiefly in the prime of life, who have been under my care during the years 1850—1853, at the Female Invalid Asylum, at Stoke Newington, the patients being mainly servants, or persons in easy circumstances. In 46 I find that there was either disordered menstruation or some other manifest lesion of the sexual organs, or cephalalgia. They may be arranged as follows:—

There was evidence of uterine or ovarian disturbance in 39; in 7 there was no such evidence. The number of cases in which cephalalgia is spoken of as a prominent symptom is 26; while in 20 no mention is made of this symptom. Among the 39 cases of disordered function, 16 were cases of amenorrhœa of greater or less duration. Of these 16, 9 were accompanied by headache; in 7 no mention is made of headache. I am quite aware that the numbers are not sufficient to establish a law, but they serve in a definite manner to corroborate my general impressions as to the relation between the sexual system and the painful symptom to which I have ventured thus cursorily to solicit your attention. Much yet remains to be said, both in regard to diagnosis and to treatment, not only of the third class but of the previous ones also. The more we direct our attention to a subject, the more we become conscious of the difficulties that surround it, and of numerous points of view under which it may be regarded. I feel that I have already trespassed too far on your kind forbearance; and while I should be happy to receive your encouragement at some future meeting again to treat of individual parts of this and allied subjects, I entreat that you will not criticise my present performance as one claiming the merit of completeness; or in fact any merit but the one which I should indeed be sorry not to be conscious of possessing in common with all members of this Society, earnestness of purpose and candour.

## PRACTICAL ESSAYS ON PLASTIC SURGERY.

By T. SPENCER WELLS, F.R.C.S.

Surgeon to the Samaritan Hospital.

(Continued from page 110.)

PLASTIC operations are performed according to a variety of methods:—

I. By simply removing skin or mucous membrane to form two raw surfaces, and retaining these two surfaces in apposition.

II. In addition to this proceeding, by making incisions at some distance from the opposed surfaces to prevent traction, or to permit gliding of a superficial upon a subjacent structure.

III. By replacing some defective part, after denudation of its borders, by a flap or flaps, which retain their connexion with the part from which they have been partially separated. These flaps may be formed—

1. By loosening skin or mucous membrane from the parts



surrounding any defect, by division of the sub-cutaneous or sub-mucous cellular tissue.

2. By making incisions which permit a flap to be displaced from a neighbouring part, and fixed in its new situation without twisting.

3. By so cutting a flap, that it can only be made use of by twisting that portion of it through which its vascular and nervous connexions are kept up.

4. By incisions in one part of the body to form a flap, which is made to restore a defect in another part by approximating the two distant parts.

IV. By using some part of the body of another person, or some distant part of the body of the same person, which has been entirely separated, and retains no connexion with the person or part from which it has been removed.

I. The first method is that followed in the cure of hare-lip, a ruptured perinaeum, a simple fissure of the soft palate, or after excision of a small cicatrix.

II. The second is also followed in cases of ruptured perinaeum and palatine fissure, traction being also obviated by the division of particular muscles, and in cases of urethral fistula in the male, and various kinds of vaginal fistulae in the female. This includes the method described by Jobert as the *méthode autoplastique par glissement du lambeau*, so especially useful in cases of vesico-vaginal fistula, an incision being made at a distance, so that the mucous membrane of the vagina may be slid onwards over the subjacent bladder; and in restoring defects in the male urethra.

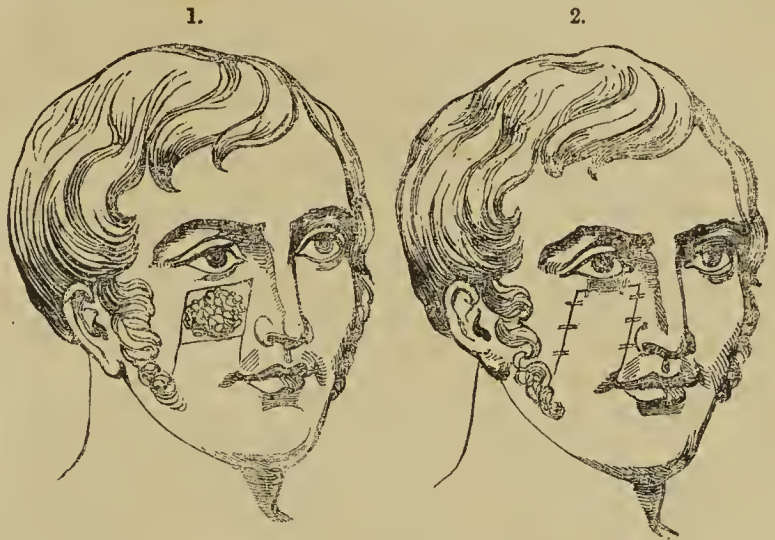
III. The first division of the third method is applicable to a variety of cases. In vesico-vaginal fistula, for example, instead of making incisions at a distance, as in the method just described, after the edges have been pared, the mucous membrane of the vagina may be freely separated from the bladder all round the fistulous opening, and by being thus loosened, may be brought easily into apposition. So in fissures of the hard palate, the tissues forming the involucre may be completely separated from the bone quite round to the alveoli, and the pared edges of the fissure then fall together. Again, we may cover any spot which has been destroyed by ulceration, any exposed surface left after the removal of a cicatrix, provided they be not too large. In the same way, Langenbeck has applied this method to the cure of spina bifida and extro-verted bladder.

In spina bifida, after puncture and emptying the sac, the skin on both sides of the back may be loosened and made to cover the defect. Direct punctures of the sac lead to inflammation of the punctured wound and opening of the sac, and that a trocar should be carried through the sound skin and perforate the sac subcutaneously. After it has contracted it is surrounded by elliptical incisions. The loosened skin of the back is then carried over it, and united by the twisted suture. If the epidermis have been removed from the sac some days before by the use of tincture of cantharides sound union of all the opposed surfaces takes place. In a case of that distressing condition known as congenital extroversion of the bladder,—a fissure of the anterior abdominal wall, with prolapsus of the posterior surface of the bladder,—Langenbeck loosened the nearest surrounding part of the posterior wall of the bladder to an extent of an inch and a-half from the abdominal wall, carried it as a flap over the exposed bladder, and then covered this restored anterior vesical wall with the skin of the abdomen. After union by the twisted suture, the external form of the abdomen appeared completely normal, and the bladder was kept back. The first operation did not succeed, but on a repetition the bladder was protected from the direct contact of atmospheric air and the irritation of clothing, and the urine came away through a fissure in the penis, which occupied the place of the urethra.

The second division of this method is known as the *French method*,—the *autoplastie par déplacement*,—although the Germans claim the credit of its introduction into practice for Dieffenbach. It appears to have been known to Celsus ("Medicina," Lib. VII., cap. 9), though the passage in which he describes it is rather obscure. It is quite certain, however, that when he treats of cheiloplastic operations, he says that when long vertical incisions are made near the ears, it is much more easy to draw the skin of the face towards the median line. The credit of its revival may probably be given to Chopart and Larry, its popularisation divided between Dieffenbach and Serre. The late Mr. Morgan, of Guy's Hospital, was one of the first Surgeons to adopt it in this country. The great advantage of this method is, that it does not add a defect or open wound to one already existing, nor is the circulation in the flap impeded by any twisting. It is simple, may be performed rapidly, leaves no new

wound to close, and does not expose the flap to the danger of gangrene by twisting.

A small loss of substance may be repaired by a flap from one side; a larger one by two flaps, one on each side, cut rather larger than the surface they are destined to cover. The flap or flaps are formed by incisions from two or four angles of the defect. They are then dissected up, and slipped along the raw surface. This is very clearly shown in the annexed cuts, of the first patient upon whom I performed this operation, after the manner of Serre. He was a man, aged 35; he had suffered for twelve years with an obstinate ulceration of the face. After the application of arsenic and cinnabar, it healed, but left a flat tumour, having many of the characters of cheloid, but soft, and apt to bleed on slight injury. It was very disfiguring. I surrounded it by four incisions, as shown in the first cut, carrying the two



side cuts obliquely downward, to a distance somewhat greater than the breadth of the defect to be covered after the removal of the tumour. They are scarcely brought low enough in the drawing. I then carefully removed every part of the tumour, and dissected the flap from its connexions, taking care not to detach the adipose tissue. Some small vessels required torsion. Iced water was used to suppress oozing of blood. The flap was then drawn upwards, and fixed by sutures, as seen in the second cut. Water dressing was then applied. Every part of the flap



united by the first intention, except a small portion at the upper and inner angle, but that healed by granulation, and the cicatrix was scarcely perceptible. The third cut shows the appearance of the patient a few months after the operation. No return of the tumour, or of the unhealthy ulceration, took place.

This method is especially applicable to restorations of deformities of the face. It will be fully described when the various plastic operations performed in that region are treated.

The third division of this method is known as the *Indian*. It was practised to restore the nose by a peculiar caste of Brahmins, the Koomas, as one of their sole appurtenances. They availed themselves generally of the skin of the forehead. In 1794 the method was made known in England by Physicians practising in Bombay. It was first practised in England in 1803 by Lucas, but without success. In 1814, Carpue was successful for the first time in England. It has since become generalised all over Europe and America. It is not only applicable to restoration of the nose, but to that of the eyelids, lips, cheeks, and to the removal of deformity caused by cicatrices.

The fourth division is the *Italian* or *Taliacotian* operation. It was promulgated in Italy in the sixteenth century by Tagliacozzi, of Bologna, who availed himself of the skin of the arm for the restoration of the nose, lips, etc. It nearly sank into oblivion until v. Gräfe revived it in Germany in 1816, and is now again abandoned, except under very unusual circumstances.

Whatever may be the method by which we form a replacing flap, certain general principles must be recognised.

The integument in different parts of the body is not equally



adapted for the formation of flaps. That of the face affords the best material. Over the forehead, nose, and ears, it is very firm, has no subcutaneous layer of fat, and is distinctly separated from the subjacent tissues. Flaps formed of it contract very little, and may be adapted with great accuracy to the edges of a defect; accordingly where long pedunculated flaps are required, this is the most favourable situation from which they can be obtained. The moveable and extensible skin of the cheeks and lips is especially adapted to replace defects of these parts by the French method, while it is not at all fit for the formation of long pedunculated flaps. The abdominal integument is so firm and moveable, that it can be used to cover large defects, but the opposed surfaces do not often unite by first intention. The thick layer of fat and the fascia beneath are very apt to inflame and suppurate, while the continuous respiratory movements all tend to impede union. The latter cause operates also in plastic operations upon the thorax and back; but union in these situations takes place more readily. The skin of the extremities, except on the palm of the hand and sole of the foot, has very slight firmness and a very high degree of elastic contractility, so that flaps contract to less than half the size they have been formed. The large net-work of subcutaneous veins leads to difficulty during operation, while the small supply of arterial stems induces danger of gangrene. On the leg it is difficult to close a defect an inch and a half wide by drawing over the skin; while on the face much greater losses of substance are thus easily replaced. Thus, in whatever part of the body a plastic operation is to be performed, a corresponding allowance for retraction of the flap must be made in the measurement.

Langenbeck has insisted very strongly, and with great propriety, upon the importance of attending to the distribution of the vessels in the skin of parts selected for the formation of flaps. If the arteries of the skin of the face are compared with those of the skin of the extremities, numerous large stems are found in the former, while, in the latter, there are only five branches which form an irregular, scanty, capillary net-work. Thus there is great danger of gangrene, when long pedunculated flaps are taken from the skin of the extremities. When flaps are transplanted from distant parts of the face, we can only be secure from their mortification when the peduncle conveys stems of blood-vessels which ramify in the greatest part of the flap. On the other hand, if divided arterial stems be retained in the flap to which blood is only conveyed by very small vessels in the peduncle, the circulation in the flap is very likely to be insufficient. When possible, the flap must therefore be so formed that the nourishing peduncle conveys arterial stems which send their branches into the loosened part of the flap. For example, the skin of the temple is well adapted for the restoration of destroyed eyelids, because the branches of the temporal artery in the flap send numerous branches to the eyelids. But if one is compelled for the restoration of large losses of substance of the face, (for example, the formation of the upper lip and angle of the mouth by using a part of the cheek,) to take the flap from the temple and the malar bone, then the peduncle formed in the skin of the face near the nasal process of the upper jaw bone is not sufficient to supply the large flap with blood, and the part of the new cheek formed from the temple easily dies. If a good preparation of the arteries of the face be examined, it is seen that the angular artery anastomoses very freely on the forehead with the temporal, while this is much less the case in the face. The blood of the angular artery must pass through the capillary arteries of the eyelids and face before it arrives in the skin of the temple. Such a direction of the current, however, is entirely abnormal, for the skin of the temple is naturally supplied by the temporal artery.

Thus, in forming a nose from the forehead, Langenbeck carries the incisions in such a direction, that the peduncle remains near the inner angle of the eye, where the large angular artery exists, from which considerable branches go to the skin of the forehead. The new-formed nose thus receives its supply of blood directly from the principal branches of the angular artery; and to this he ascribes the fact, that in a great number of noses he has made, he has never had a case of mortification of the new nose.

Dieffenbach held quite opposite ideas with regard to the importance of the arteries in transplanted flaps. He advised us not to retain any arterial trunk in the peduncle, but to divide it to prevent hyperæmia of the flap. But this hyperæmia of the flap is not always, indeed but seldom, the effect of a too free supply of arterial blood, but of the impeded return through the veins, in consequence of the twisting or too abrupt turning of the peduncle.

[To be continued.]

## ON THE TREATMENT OF RINGWORM.

By D. H. MONCKTON, M.B. Lond.

IN the *Medical Times and Gazette*, of August 20, 1853, a clinical lecture of Dr. William Jenner's, on Ringworm, appeared, which many, I doubt not, with myself, read with great pleasure and much profit.

For humble-minded provincials, like myself, I have no hesitation in saying, that those portions of the Journal which hold up a mirror to catch the practice of eminent men, and to shed its lustre upon us, have a much more useful and attractive character than those other pages which strive to enlighten us upon the abstruse and doubtless highly important subject of "aldehyde," and the mysteries of the "ebullioscope."

Much good may doubtless, directly or indirectly, flow from the study and dissemination of such knowledge; but that the more practical pages produce a more speedy and sensible result of good to mankind is to my mind quite clear; and as I cannot doubt but that an assurance of such resulting good must be gratifying to the illustrious men whose words and deeds are published, and, at the same time, encouraging to "constant readers," I hasten to lay before them one instance of such utility.

Notwithstanding opportunities of no mean extent, and an endeavour, in some measure conscientious, to make the most of them, I freely confess that I left London a "qualified man" without knowing that ringworm had anything to do with vegetable parasites, or that such cases were any more really amenable to treatment than are the mysterious fairy-rings of our provincial pastures. No sooner, however, did the truth reach me in Dr. Jenner's excellent clinical on the subject, than a case in illustration suggested itself to my mind, and afforded me opportunity of putting his principles and practice to the test of experience; and the favourable result is, I fancy, unworthy of oblivion.

Resident in our parish (in Kent) was a poor lad, of 17, whose existence for the past ten years had been a misery to him, and who had been for that period an outcast from society—a very Cain—by reason of a most loathsome and filthy disease, involving almost his entire body. He had recently been under my care for a severe attack of acute renal dropsy, and it was with something of a regretful feeling that I saw him recover perfectly from this illness; and his friends evidently felt that, as they said, it would be "a mercy, please God to take him;" and all this because he was, as the whole community esteemed him, an unapproachable and hopeless leper. For myself, the feeling of his incurability was so deeply fixed in my mind, as to render all inquiry into the true nature of the evil apparently a mere waste of time. Fortunately, however, while reading Dr. Jenner's account of "tinea favosa," I was struck by several points of similarity between that account and the state of our parochial leper; and, having instituted a more careful inquiry and comparison, was gratified to find the disease undoubtedly the same.

The chief pathognomonic characters insisted upon by Dr. Jenner, and present in my case, were these; the minute, circular, concavo-convex, hair-centred, incipient scab; the cracked, powdery interior of the old, thick, dried-putty, or mortar-like crusts; the greyish yellow colour of these scabs or crusts; the red and raw condition of the depressed cutis beneath these older crusts; and the whole and unaltered character of that below the junior ones; the sickly, offensive odour, resembling that of congregate mice, which soon fills the apartment in which the patient sits; and, lastly, the minute sporules and jointed filaments discoverable by a  $\frac{1}{4}$ -inch power of the microscope.

It was not until this more strict examination of the patient that I learned the full extent either of his malady or of its vast inconvenience to him. He told me it was contracted when seven years old, by sleeping for a week with another boy in the Union-house who had something the matter with his head; that it commenced on the scalp at the crown of his head, gradually spread forwards till it reached his eyebrows, covered these, and even affected the bridge of his nose; backwards to his neck, shoulders, scapular regions, arms, loins, thighs, legs, and ankles; that when once it had attacked a part, it had never spontaneously disappeared, nor, indeed, yielded to any treatment. The evils it entailed upon him were, intense itching in the early stage of growth; pain and smarting in the older scabs, especially on the scalp, where the very mechanical pressure of these had produced deep ulceration, the discharge from which softened the crusts into a state of abominable filth and rottenness; he suffered from intense headache and occasional attacks of fever, clearly referrible to the state of scalp. The scabs were constantly coming off, and had by degrees removed nearly all his hair. He was unable to walk, sit, or move, without pain from the pressure of



crusts near his joints. His cap, his clothes, his boots—all increased his misery; and, with all his care, he was unable to hide the evidences of his complaint; he carried symbols on his very “head and front.” He suffered an acute consciousness of the loathsome character of his disease; and time and use seemed by no means to have rendered him insensible to the sickly odour which he disseminated. His melancholy condition had excluded him equally from play, work, and school, as also from every other social employment. His compeers scoffed, hooted, and shunned him; no farmer would employ him; no Christian educate. He thought his own name George began with A.

Such was he found. A year has elapsed; and, notwithstanding many difficulties arising from other pressing occupations, a two months’ illness which prevented my attending to him, the extreme inveteracy of the disease, its aptness to return, etc., he was, when I left the neighbourhood, a month ago, without a scab or crust.

A very few weeks served permanently to eradicate the disease from his trunk and extremities; but, on the scalp, the seeds had taken such deep root among the hair bulbs, that fresh crops were constantly springing up with all and more than the obstinacy of garden and field weeds; and even yet they will require much watching, lest some of the minute sporules, unreached by the destructive agent, should yet spring into activity and life; and again, the ulcers upon the scalp were of such depth, and so intractable, that it took no little patience and care to secure their permanent cicatrization, particularly as one was obliged to use a powerful acid in their immediate neighbourhood to poison and destroy the infecting parasites.

To come at last to the remedy—the treatment. I incline to the belief, that there is more than one chemical which would be efficacious as a parasiticide; but, having confined myself in this case almost entirely to the use of sulphurous or hyposulphurous acid, as recommended by Dr. Jenner, I can speak positively only to this solution as a remedy, and, in truth, most efficacious one. It is obtained cheaply and speedily (but not chemically pure) by dissolving a drachm of hyposulphite of soda in a few ounces of water, and then adding a drachm of strong hydrochloric acid. Rags dipped in this, and laid upon the part affected, soften and remove the crusts, and the same application must be used for a considerable time; indeed, so long as any seeds lie hid and grow into new crusts. Much time, patience, and perseverance, will be required in old and bad cases; and he who undertakes such will find he has put his hand to no easy or agreeable work; but the case here so imperfectly recorded will prove the final curability of the most obstinate and aggravated cases.

Rugeley, Staffordshire, August 15, 1854.

## ON THE SUPPRESSION OF HÆMORRHAGE IN CANCER UTERI,

### BY INJECTIONS OF CREOSOTE.

By THOMAS THOMSON, M.D.

I have lately been attending a case of scirrhus ulceration of the os uteri, accompanied by occasional hæmorrhages of an alarming extent, to arrest which I applied pledgets of lint to the bleeding surface, and used styptics of various kinds; but the result was by no means satisfactory. About three months ago it occurred to me to employ injections of creosote; and, at the same time, to paint the ulcerated neck of the uterus with a strong emulsion of creosote and alum. This had the effect of completely controlling the hæmorrhage, as well as of destroying in the discharges all fetor, from which latter annoyance both my patient and her friends had experienced great inconvenience.

I began the treatment with a very weak emulsion, and gradually increased its strength. At first I used half an ounce of creosote to eight ounces of mucilage of gum tragacanth. A tablespoonful of this mixture was added to about a pint of water, and injected into the vagina, after having first well washed the passage by injections of cold water. When I could not otherwise control the hæmorrhage, I several times introduced a bivalved speculum, and painted the ulcerated surface with a small sponge saturated with a very strong emulsion, and then passed a round pledget of lint soaked in an emulsion not so strong, and pressed in on the parts. The result exceeded my most sanguine expectations.

Two gentlemen, who attended the case with me, agreed in the good results of this plan of treatment, and expressed their determination to give it a fair trial on the first opportunity.

21, Langham Place, August 12, 1854.

## ON CERTAIN FAT CRYSTALS IN VOMITED MATTERS.

By ARTHUR LEARED, M.B., M.R.I.A.

Physician to the Royal Infirmary for Diseases of the Chest, and to the Metropolitan Dispensary.

A paper which I read at the Physiological Section of the Medical Society of London, “On the Pancreatic Juice in Relation to the Digestion of Fat,” was published in this Journal. In a note to it I stated, that an assertion made by one of the speakers at the discussion which ensued was erroneous. The assertion was, that certain fat crystals found by me in the contents of the stomach had been previously described by Dr. Lindsay. As I laid especial stress on the size and exact appearance of the bodies in question, for which I considered an engraving and the mention of the magnifying power under which they were drawn the best warrant, I now contend that my opinion was mainly correct; but I confess that I was wrong in saying that Dr. Lindsay had not referred to free crystals. The mistake arose from my having at the time only read the first part of Dr. Lindsay’s description of fat bodies found in the vomit of cholera, where he speaks of “vesicles or cells having central radiating crystalline masses of margaric acid.” But I find he subsequently speaks of and figures free masses covered with spines, which will be found, however, on comparison, very distinct from mine.

In a communication to this Journal, since the publication of mine already referred to, he has figured other fat crystals, the magnifying power not being mentioned; some of which must, nevertheless, be regarded as identical with mine (a). Dr. Lindsay, however, states that they were drawn from nature; and, this being the case, I think they corroborate my views. The case in which they occurred was not cholera, but one of “temporary functional disorder” of the stomach, attended with repeated vomitings, the quantity ejected being small. The recognition of bile in vomited matters, owing to its sensible properties, is common; and it especially happens where vomiting has been continued. It is highly probable, for reasons given in my previous paper, that in most such cases it is associated with unrecognised pancreatic juice; and for similar reasons, supposing one only of these fluids to be present, it is as likely to be the one as the other. I believe, therefore, that the crystals described by Dr. Lindsay were due to the action of pancreatic juice. I have, however, sufficiently convinced myself that certain admixtures greatly modify the size and shape of the crystals, although they still preserve their globular and spinous forms. To some collateral influence, therefore, merely (it may be great dilution of the juice) I attribute the variations which the crystals found in the vomit of cholera by Dr. Lindsay exhibited.

In two out of three experiments with different specimens of the fluid discharged from the stomach in pyrosis, with which the fat of beef was melted and shaken up, I have obtained the smaller spinous masses without well-defined centres. The re-action of the fluid was noted in one instance as decidedly alkaline. The fluid of pyrosis has been supposed by some to be secreted by the pancreas; and, according to my views, it would, from the foregoing, appear that it is sometimes, at least, in part composed of pancreatic fluid.

Dr. Lindsay dwells upon the co-existence of sarcinæ with these fat bodies; but in detailing the case in which I first noticed their unusual development, supposed by me to have been one of duodenal obstruction, not of pancreatic disease, as erroneously stated by Dr. Lindsay, I have observed upon the absence of sarcinæ. I explain the fact of their being frequently found together by the severe vomiting usual in cases of sarcinæ, by which pancreatic fluid is introduced into the stomach.

Dr. Lindsay winds up his remarks with four deductions, intended as directly contradictory to my conclusions. Two of them I have nothing to do with, as they appear to have arisen from the mistake already referred to; and, with the other two, almost as little, as he states that they are all “merely anticipations.” When he has made certain experiments to which he alludes, he may, perhaps, modify his deductions. Many of these experiments I have myself already performed.

21, Finsbury Circus.

(a) In proof of the above assertions, compare Dr. Lindsay’s woodcut—*Association Journal*, May 12, 1854; that of mine—*Medical Times and Gazette*, June 3, 1854; and Dr. Lindsay’s—*Medical Times and Gazette*, August 5, 1854, page 135. My assertion, that the bodies described by me were very different from the ordinary stellar crystals of fat, free or otherwise, sometimes found in vomited matters, was much questioned by Dr. Lindsay. He did not seem to be aware that such crystals had been figured and described by Dr. Beale, in his book on the microscope, published April 4, 1854, consequently previously to any of Dr. Lindsay’s observations on this subject.



THE LONDON  
PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE, ST. BARTHOLOMEW'S, ST.  
GEORGE'S, AND OTHER HOSPITALS.

REPORT ON THE CHOLERA.

SINCE our last report on cholera, as it has occurred in the Hospitals, (see *Medical Times and Gazette* for August 5, page 136,) a large number of cases have come under treatment; and it may be instructive if we again glance at the various methods of treatment which are being pursued, and the results which have been attained. The fatality of the disease has been large, but not, perhaps, more than should be expected when we recollect that only the most severe cases have been admitted, that their subjects are taken from the most destitute and neglected classes, and that very frequently the act of removal to Hospital has been performed during the stage of collapse, and with the result of greatly increasing it. These circumstances are of a nature to do much to counteract any facilities for treatment afforded by Hospitals, and to quite prepare us for a mortality in them at least equal to the general average. The plans of treatment pursued by different Physicians have been sufficiently diverse, and under this head we have nothing either novel or particularly encouraging to note. The only really important addition to our therapeutic means, as compared with former years, appears to be that of the dilute sulphuric acid for the premonitory diarrhoea. The value of this remedy is becoming more and more widely appreciated, the extended experience of its powers only tending to increase its reputation. It appears to be matter of almost universal observation at the Hospitals, that the tendency to consecutive fever after the collapse has passed away is not nearly so great during this as it was during some former epidemics. It has been suggested, that this might be attributable to the comparative disuse of opium in the treatment of the diarrhoea; but, as it has been nearly equally noticeable at Hospitals where opium has been pretty freely used as at those where it has not, it seems more probable that it is a peculiarity of the type of the disease. We will now analyse briefly the cases which have occurred at the different Hospitals.

*King's College.*—Admitted, 13; died, 6; recovered, or out of danger, 7. Two of the six fatal cases occurred to patients already in the Hospital for other diseases; and a third to a man who had only been discharged on the previous day. These three were all surgical patients occupying the same ward. No history as to the means of the introduction of the disease could be arrived at. The 7 cases which are recovered have all been treated by Dr. Johnson, under whose care they have been, according to the elimination theory. Instead of attempting to arrest or check the diarrhoea, it has been sedulously encouraged by means of purgatives. The plan has consisted in giving ounce doses of castor oil, either every half-hour or every hour, until the collapse begins to pass off, the only adjuvants employed being sinapisms to the abdomen, hot bottles to the feet, and dry friction. In some cases, the oil has excited sickness, but in most it has been well retained. In some it has produced but little purgative effect, and in the course of one, almost a pint was administered without any extreme action. The rationale of the practice, of course, is, that the essence of the disease being a poison in the blood, the indication to be pursued is to favour its elimination.

*University College.*—Five cases have been admitted into this Hospital, all quite recently, and all remain under treatment.

*St. George's.*—Admitted, 19; died, 6; recovered, 8; still doubtful, 5. The treatment here adopted during the first fortnight was in some the sulphuric acid, in others lead and opium, together with the application of external warmth. One of the fatal cases was that of a nurse in the Hospital, who had not been engaged with cholera, but who had foolishly allowed her diarrhoea to continue for some time without mentioning it.

During the last week several cases have occurred in patients previously inmates of the Medical wards. The treatment adopted in the later cases has been nearly as follows:—On admission a mustard emetic is given, and as soon as it has acted a scruple dose of calomel, afterwards two grains of calomel every two hours together, with the following draught—R Magnes. sulph. ʒss., vin. antim. ʒj., sodæ sesquicarb. ʒj., aq. pimentæ ʒiiss. In some the draught has been substituted by one containing chlorate of potash and soda. In all ice has been freely supplied. The cases in which the above measures have been

adopted have been under the care of Dr. Nairne and Dr. Page. A much greater success has attended the later cases than those at first admitted.

*St. Bartholomew's* (from July 23 to August 22) admitted, 57; died, 29; recovered, 28. Besides these upwards of 30 patients have been admitted into the cholera wards for diarrhoea, of a severity approaching to that disease, and have recovered without passing into the characteristic stage. Of the above number there were only two which were not in a state of collapse when admitted. The treatment pursued has consisted in the exhibition of an emetic, and the use of a hot bath immediately on the patient's admission, and afterwards the employment of calomel and opium, two pills containing ten grains of calomel and two of opium being given every two hours. In two cases injection of the veins has been practised, but in neither with benefit. In several cases under the care of Dr. Hue, the calomel plan has been tried (five grains every quarter of an hour), a weak solution of chlorinated soda being at the same time allowed as a drink. These cases have had at least an average fatality.

At this Hospital, among the out-patients, trial has been made on a large scale of the acid treatment of diarrhoea, and with very conclusive results. At the suggestion of Mr. Wood, an order has been printed directing the patient how to take the draught, and enjoining upon him to return the next morning if not cured. The plan was commenced on Monday, the 14th instant, and in the course of the nine following days upwards of 1100 patients were thus prescribed for. Of this large number less than twenty have applied again. All the cases thus treated have been adults, and the prescription has been half a-drachm of the acid in half an-ounce of water every hour until the purging ceases. Two cases have been admitted with cholera, to whom it appeared the acid draught had previously been given by their friends, but neither of them had been prescribed it by a Medical man, so that it is not known in what stage the treatment was begun.

*Guy's.*—Admitted, 43; died, 21; recovered, 20; yet doubtful, 2. In addition to the above, a porter, residing in the Hospital, has died of the disease; he was not known to have been in contact with any cholera patients. The plan of treatment has consisted in the exhibition of mild opiates and stimulants. In some cases sinapisms have been used, and when the coldness was extreme hot bottles have been kept in contact with the extremities.

*St. Thomas's.*—The sulphuric acid has been tried here in many cases in the collapsed stage; for the most part, it has appeared useful in checking diarrhoea, but, in several, that symptom has persisted in spite of it. To cases in which the acid had failed a pill containing acetate of lead and opium has been given. The general treatment has consisted in attending to symptoms, arresting the diarrhoea by the means mentioned, checking vomiting by creosote, hydrocyanic acid, or bismuth; and endeavouring to arouse from collapse by ipecacuanha emetics, and the use of the hot-air bath. The two last-named measures have been resorted to in almost all cases immediately on admission. The hot air-bath has been very efficiently applied, and has generally been adequate to the restoration of warmth to the surface; not unfrequently, however, the patients have again sunk on its disuse. Injection of the veins has been practised in one case, but the man, who had been moribund for nearly twenty-four hours, did not rally. At the *post-mortem*, large masses of coagulated fibrin were found in the heart and aorta. Sulphuric acid has been largely used among the out-patients at this Hospital, and with very satisfactory results. Most of the in-patients have been under the care of Dr. Bristowe.

*The Middlesex.*—Admitted, 7; died, 5; recovered, 2. In addition to these, several have been admitted in severe collapse, but recovered so rapidly that they could scarcely be considered true cholera. Among the outpatients, the sulphuric acid is generally used with very satisfactory results. In addition to it, the patients are directed to apply turpentine fomentations to the abdomen.

*The London.*—Admitted, 37; died, 19; recovered, 14; yet doubtful, 4. Among the fatal cases is one of a night nurse, who had for a short time been employed in nursing a patient suffering from the disease. She lived out of the Hospital, and was in feeble health. The premonitory diarrhoea had existed for some time before she mentioned it. Injection of the veins has been practised in three cases, in all with temporary benefit. In one a small quantity of brandy was added to the solution injected. The patient rallied, and a stage of excitement resembling intoxication



tion ensued, but it was very transient, and profound collapse speedily followed. The sulphuric-acid treatment is used among the out-patients, and with almost invariable success.

*Westminster*.—Admitted, 60; died, 22; recovered, 30; yet doubtful, 8.

The treatment has consisted chiefly in the free employment of calomel and opium. In all the latter cases sulphuric acid has been used to check the diarrhoea, and has been found mostly effectual. In about seven cases severe secondary fever has followed the recovery from collapse. The patients have all been freely supplied with ice, and in many cases mustard emetics have been used on admission; hot-baths have also been resorted to in some instances. The proportion of fatal cases was much greater during the first fortnight of the epidemic than it has been during the last week.

*St. Mary's*.—Admitted, 12; died, 6; recovered, 3; yet doubtful, 3.

The treatment pursued at this Hospital has for the most part been made to depend on the condition of the excretions as to acidity. In cases in which the stools have been found alkaline, the sulphuric acid has been used, and those in which an acid reaction was present alkalies have been administered. In one case opiate treatment was pushed; the patient has recovered from collapse, but is now in secondary fever. Dilute sulphuric acid has been largely used among the out-patients with great but not invariable success.

*Charing Cross*.—Admitted, 2; died, 2.

In addition to the above, two cases of severe diarrhoea, with collapse, almost amounting to cholera, have been successfully treated. In one of the fatal cases, turpentine, in half-drachm doses every two hours, was given. It appeared to induce reaction, and the patient regained pulse, and his skin became warm, but subsequently he again sank into collapse and died.

It would appear from the general experience of the Hospitals that the virulence of the epidemic is somewhat abating, as a much larger proportion of recoveries have occurred during the last than the two previous weeks.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT

#### OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE QUARTER ENDING JULY, 1854.

The subjoined Report includes all the principal operations performed during the months of April, May, and June, at the following Institutions:—The Bedford General Infirmary, the Birmingham General, the Bristol General, the Cheltenham, the Derbyshire General, the Durham County, the Gloucester, the Huddersfield, the Hull, the Kent and Canterbury, the Leeds, the Liverpool Royal, the Liverpool Southern and Toxteth, the Nottingham General, the Sheffield General, the South Staffordshire, the Winchester, and the York County Hospitals.

*Lithotomy*.—Number of cases, 13; recovered, 11; died, 1; under treatment, 1. *Case 1*.—A boy, aged 11, under the care of Mr. Lansdown, in the Bristol General Hospital. He had suffered from stone for two years, and was much reduced in health. Two small lithic acid calculi were extracted, and he recovered well. *Case 2*.—A boy aged 12, in good health, a patient in the Kent and Canterbury Hospital, had suffered for about six months. A stone consisting of lithates, and weighing five scruples, was extracted. Recovered. *Case 3*.—A man, aged 67, in bad health, under the care of Mr. Smith, in the Leeds Hospital. Two lithic acid calculi were extracted, one weighing seven, and the other fourteen drachms. The patient in this case had suffered severely for upwards of two years, but had refused to submit to operation. His general health, which had been much reduced, began to improve immediately after the extraction; and, before he left the Hospital, he had gained in weight upwards of two stones. *Case 4*.—A boy, aged 4, in good health, under care in the Sheffield General Infirmary. A mulberry calculus weighing two drachms was extracted. Recovered. *Case 5*.—A man in good health, aged 54. On account of the large size of the stone, it was necessary, at the operation, to make a second incision of the prostate. The calculus, when removed, weighed

more than two ounces. After the operation, the signs of peritonitis came on, and death followed on the fourth day. At the *post-mortem* there were evidences of inflammation of the cellular tissue of the pelvis, and also of the peritonæum; between the latter and the iliacus muscle of the left side was a collection of pus. *Case 6*.—A man of irritable constitution, aged 24, a patient in the Kent and Canterbury Hospital. He had suffered very severely from the stone, and his health was considerably undermined. A large oxalate of lime calculus was removed, which weighed three ounces and a half. Although coated with phosphates, it had a very rugged exterior, marked with many sharp prominences. No bad symptoms followed, and the man recovered well. *Case 7*.—A boy, aged 3, in fair health, under the care of Mr. Baker, in the Birmingham General Infirmary. Is doing well. *Case 8*.—A boy, aged 14, in good health, under the care of Mr. Crompton, in the Birmingham General Infirmary. A very large mulberry calculus was removed, and he made a rapid recovery. *Case 9*.—A boy, aged 4, in fair health, who had suffered from stone for two years, under care in the Gloucester Infirmary. Some difficulty was found in reaching the stone on account of its lying behind the pubes; the movement of the bladder, however, during an involuntary emission of feces, dislodged it, and it was then easily got into the grasp of the forceps. The stone weighed 85 grains. The boy recovered well. *Case 10*.—A boy, aged 4, in good health, under care of Mr. Mayo, in the Winchester Hospital. A lithic acid calculus, weighing half a drachm, was removed, and he quickly recovered. *Case 11*.—A boy, aged 16, of strumous constitution, and not in good health, under the care of Mr. Pemberton, in the Birmingham General Infirmary. The usual operation was successfully performed, and he recovered well. *Case 12*.—A boy, aged 4, in good health, under the care of Mr. Crompton, in the Birmingham General Infirmary. Recovered well. *Case 13*.—A boy, aged 12, in good health, under the care of Mr. Mayo, in the Winchester Hospital. An oxalate of lime calculus, coated with phosphates, and weighing nearly five drachms, was removed, and the patient recovered well.

*Lithectomy in the Female*.—Operations for the removal of calculi from the female bladder have been performed successfully in two cases. Both the patients were treated in the Bristol General Hospital. We have already reported the particulars of these interesting cases, and need not here repeat them. (See *Medical Times and Gazette*, for July 29, 1854, page 113.)

*Herniotomy*.—The case (No. 13) left under treatment by last quarter's report has recovered. Number of cases, 10; recovered, 6; died, 4. *Case 1*.—A woman, aged 61, under the care of Mr. Teale, in the Leeds General Infirmary. Hernia umbilical, strangulated four days, during the last of which stercoraceous vomiting had been present; sac not opened. Immediate relief ensued on the operation, and the woman quickly recovered, being able to bear a truss within the month. *Case 2*.—A woman, of middle age, under the care of Mr. Godfrey, in the Bristol General Hospital; hernia femoral, as large as a hen's egg, of old standing, and strangulated two days; symptoms severe. The operation was by the small incision over the neck of the sac, the latter not being opened. Although, in spite of enemata, the bowels remained costive for nearly a week after the operation, yet the patient had no bad symptoms, and ultimately recovered well. An abscess formed around the seat of the protrusion, and required for its liberation an incision considerably larger than the original one made in the operation. Mr. Clarke, the House-Surgeon to the Hospital, informs us, that this is the second case which has occurred there, in which, after the performance of the operation by the small incision (Mr. Gay's), troublesome suppuration around the sac has followed. *Case 3*.—A man, aged 37, under the care of Mr. Baker, in the Birmingham General Hospital; hernia scrotal, of large size, and strangulated 12 hours; sac opened, and found to contain the cœcum, and part of the colon, of a port-wine colour, and much distended. The bowels acted on the second day after the operation, and the man recovered well. *Case 4*.—A man, aged 27, under the care of Mr. Cooper, in the Liverpool Royal Infirmary; hernia inguinal; strangulated 6 hours; sac opened. Recovered. *Case 5*.—A man, aged 53, under the care of Mr. Wilton, in the Gloucester Infirmary; hernia inguinal; strangulated 54 hours; sac opened; bowel found adherent, and some bands requiring separation before division of the stricture. Recovered. *Case 6*.—A man, aged 50; hernia scrotal; strangulated 20 hours. The sac having been opened, it was found to contain the cœcum, the caput coli, and part of the ileum. On the cœcum were two or three ash-coloured spots, on account of which, as well as from its intimate adhesions to the sac, it was not deemed well to effect complete reduction. The stricture was accordingly freely divided,



and part of the bowel left in the sac. Rupture of the returned portion took place into the peritoneal sac, and death from peritonitis, the result of faecal effusion, took place on the fifth day. *Case 7.*—A man, 68; hernia inguinal; strangulated many days, the exact date being not known. The sac was opened, and the gut, being found gangrenous, was laid open, and left *in situ*. The man sank and died about 36 hours after the operation. *Case 8.*—A man, aged 66, under the care of Mr. Eddison, in the Nottingham Hospital; hernia femoral, strangulated two days; sac opened. Recovered. *Case 9.*—A man, aged 46, was admitted into Hospital, at midnight, on March 28. The Surgeon who accompanied him stated that he had in vain tried repeatedly during the day to effect the reduction of the hernial protrusion from which he suffered. The hernia was of the inguinal form, and of old standing, having on several previous occasions been strangulated. The House-Surgeon of the Hospital had more than once before effected its reduction under the influence of chloroform, and the same treatment was now again successful in his hands. After recovering from the insensibility, the man expressed himself as feeling quite relieved, and would have returned home if permitted. On the day following there had been no action of the bowels, and the degree of anxiety shown in the patient's countenance led to another examination of the groin. There was, however, not the least tumour, and the finger could be readily passed into the inguinal canal. On the 30th, the same condition existed; but the man had no vomiting, and did not complain of pain; the bowels, also, had slightly acted. It did not seem necessary, therefore, to adopt any further measures. On the 31st the hernia was found again protruded, having come down during vomiting. The Surgeon in charge of the case now at once operated; and, the sac having been laid open, the bowel was found in a gangrenous condition. The stricture was freely divided, and the gut opened, and left *in situ*. The man sank rapidly after the operation, and died in less than an hour. There appeared little room for doubt but that in this case reduction *en masse* had been effected, and the bowel remained strangulated within the abdomen until forced by the effort of vomiting for a second time into the inguinal canal. *Case 10.*—A woman, aged 50, admitted suffering severely from the symptoms of strangulated hernia, which had existed for three days. The tumour in the femoral ring was so small as to excite doubts as to whether it were really a hernia or not. The operation, being urgently called for, was at once performed; and, on the sac being opened, a knuckle of intestine not larger than a bean was exposed. It was so firmly adherent to the sac, that, although Poupart's ligament was freely divided, yet reduction could not be effected. Death took place three days afterwards. The autopsy showed a small portion of bowel firmly adherent in the crural ring, and requiring some force to detach it. The calibre of the bowel was, however, not much diminished, as the strangulated part was very small. Death had resulted from peritonitis.

*Ovariectomy.*—The only case of ovariectomy during the quarter occurred at the Leeds Hospital, under the care of Mr. Teale, and ended fatally; its full particulars having already appeared in our columns, we need not repeat them here. (See *Medical Times and Gazette* for July 1, 1854, page 13.)

*Trephining of the Skull.*—Number of cases, 4; recovered, 1; died, 3. *Case 1.*—A lad, aged 16, admitted with a compound and comminuted fracture of the left half of the frontal bone, attended by much depression. The dura mater was torn. He became sensible after the operation, but delirium followed by coma supervened subsequently, and a hernia cerebri formed. Death took place on the fourth day. *Case 2.*—A man, aged 54, admitted with a comminuted fracture of the left parietal bone, complicated with a very extensive scalp wound. Loose portions of bone were removed, and those depressed were elevated into position. The dura mater was not lacerated. The man continued for several days without brain symptoms. Rigors and other symptoms indicative of pyæmia afterwards occurred, and death took place on the twenty-eighth day. *Case 3.*—A boy, aged 13, having been struck by a windmill-sail on the right side of his head, was admitted with a depressed fracture of the parietal bone, and an extensive scalp wound. The depressed portions were removed. Death took place on the second day; and, at the *post-mortem*, the brain was found lacerated beneath the seat of the injury, and there was a fracture extending across both wings of the sphenoid bone. *Case 4.*—A man admitted into the South Staffordshire Hospital, under the care of Mr. M'Mann, with a compound and depressed fracture of the frontal bone. Hey's saw was used, and several portions of the depressed fragments taken away. No bad symptoms followed, and the patient rapidly recovered.

*Ligature of Arteries.*—*Case 1.*—A man, aged 60, admitted into the Derby Hospital under the care of Mr. Gisborne, having suffered a wound of his posterior tibial artery, just behind the internal malleolus. Both ends were tied in the wound, and the case did well. *Case 2.*—A lad, aged 18, admitted into the Derby Hospital on account of a wounded ulnar artery. Mr. Dix, the House-surgeon, at once placed ligatures on both ends of the injured vessel. The patient recovered well. *Case 3.*—A patient in the Liverpool Royal Infirmary, suffering from an intractable ulcer on the forearm, had the radial artery opened by sloughing. Mr. Stubbs, the Surgeon under whose care she was, tied the vessel above and below the ulcer with success. *Case 4.*—A girl, aged 11 years, was admitted into the Nottingham General Hospital, having in a fall down some steps thrust her foot into an earthenware pot, by a broken fragment of which her tendo-Achillis and posterior tibial artery had been divided. Mr. White, the House-surgeon, secured both ends of the wounded vessel, though not without some little difficulty, on account of the extent to which they had been retracted. The wound was drawn together by sutures and plaster, and the foot kept extended to the utmost by means of a splint placed along its front aspect from the toes to the knee. The wound healed well, and was closed in about six weeks. *Case 5.*—A man was admitted into the Nottingham General Hospital in a state of intoxication, having fallen down some stone steps and inflicted a deep horizontal wound across his temple. The anterior and posterior branches of the tibial artery had been divided about an inch above their origin. The proximal ends of both these vessels were at once tied, and bleeding having ceased, it was not thought necessary, in the man's drunken condition, to prolong the search. About three hours afterwards, the bleeding recurred, and it was found necessary to re-open the wound, and secure the distal end of the posterior branch. The wound healed favourably. *Case 6.*—In the case of a man under care in the Cheltenham General Hospital, Mr. Hartley, the House-surgeon, found it necessary to cut down upon and tie the deep palmar arch, on account of a wound which had been inflicted by a piece of glass fourteen days previously. Repeated bleedings had occurred; but after the operation the case did well. *Case 7.*—A boy, aged 8, had ligature of both ends of the ulnar artery performed on account of a wound received in falling on a piece of sheet tin. Recovered.

*Amputations.*—Six of the seven cases left under care by last quarter's report, have resulted in recoveries. The seventh case was the one of the man on whom amputation of the thigh for malignant disease had been performed in the Nottingham Hospital. Death occurred nearly a month after the operation, and was induced apparently by mere exhaustion. No important lesion was discovered at the *post-mortem*. Not the slightest union had taken place, and although ample covering had been left, yet for four days preceding death the end of the femur had protruded for nearly an inch. Number of cases, 47; recovered, 33; under treatment, 5; died, 9.

Of the *thigh*, 13; recovered, 9; under treatment, 1; died, 3. Of the *leg*, 11; recovered, 6; under treatment, 2; died, 3. Of the *foot*, 3; recovered, 2; under treatment, 1. Of the upper extremity, 20; recovered, 16; under treatment, 1; died, 3.

*Of the Thigh.*—*Case 1.*—A boy of fair health, admitted on account of compound fracture of the patella, laying open the knee. Primary amputation was performed, and he did well until the morning of the fourth day, when he suddenly sank into collapse, and died in the course of a few hours. Union of the flaps had not commenced. *Case 2.*—A man of feeble health, under care of Dr. Lunn, in the Hull Infirmary, on account of diseased knee-joint. Recovered. *Case 3.*—A man, aged 35, of much impaired health, had amputation of the thigh performed on account of a cancerous ulcer on the leg, and died apparently from exhaustion on the second day. *Case 4.*—A man, aged 22, of very intemperate habits, had primary amputation performed on account of injuries sustained in a railway accident. Death from traumatic delirium resulted on the twelfth day. *Case 5.*—A man, aged 30, in fair health, under care of Mr. Barber, in the Sheffield Infirmary, had amputation performed on account of diseased knee-joint. Recovered well. *Case 6.*—A girl, aged 8, in fair health, under the care of Mr. Fowles, in the Cheltenham Infirmary, had amputation performed on account of diseased knee-joint. Is doing well. *Case 7.*—A girl, aged 12, of strumous constitution, under the care of Mr. Hurst, in the Bedford Infirmary, on account of diseased knee-joint. A flap amputation was performed, and the stump was quite healed in three weeks. *Case 8.*—A man, aged 41, in fair health, under the care of Mr. Thurwall, in the Bedford Infirmary, on account of necrosis of the whole tibia involving much loss of integument. Circular amputation was performed, and the stump was healed in a month.



*Case 9.*—A strumous boy, aged 15, under the care of Mr. Hurst, in the Bedford Infirmary, on account of diseased knee-joint. Flap amputation was performed, and the stump was healed in three weeks. *Case 10.*—A woman, aged 31, feeble and much emaciated, under the care of Mr. Crompton, in the Birmingham General Hospital, on account of malignant disease of the lower part of the femur. The stump healed well after amputation in the upper part of the femur; but at the time she left the Hospital she complained much of pain in the opposite knee, similar in character to that she had first experienced in the part where the disease began. *Case 11.*—A boy, aged 14, of strumous diathesis and feeble health, under the care of Mr. Sandford, in the South Staffordshire Hospital, on account of disease of the knee-joint. Circular amputation was performed, and he recovered well. *Case 12.*—A woman, aged 28, in good health, under the care of Mr. Gisborne, in the Derby Hospital, for diseased knee-joint. Recovered. *Case 13.*—A man, aged 26, in fair health, under the care of Mr. Mayo, in the Winchester Hospital, on account of caries of the head of the tibia. Recovered.

*Of the Leg.*—*Case 14.*—A woman, aged 51, suffering from bronchitis, but admitted into hospital on account of a severe compound fracture of the leg, had primary amputation performed. Death occurred two days afterwards. No *autopsy*. *Case 15.*—A girl, of strumous diathesis, admitted on account of disease of the ankle-joint and tarsus. An abscess over the knee formed subsequent to the amputation, but she has since done well. *Case 16.*—A man, aged 27, in feeble health, under the care of Mr. Barber, in the Sheffield Infirmary, on account of diseased tarsus. Recovered. *Case 17.*—A man, aged 26, admitted under care of Mr. Hey, into the Leeds Infirmary, on account of compound fracture of the leg. The foot had been torn off, and there was much laceration of the sural muscles. Primary amputation was performed, and he made a good recovery. *Case 18.*—A lad, aged 15, admitted in consequence of injuries sustained in a railway accident. Besides a compound fracture of one leg, he had a deep wound in the perinæum, and a simple fracture of the femur. Much blood had been lost. Primary amputation was performed, but death followed in about four hours. At the *autopsy*, the heart was found quite empty and firmly contracted. All the viscera appeared bloodless. *Case 19.*—A girl, of strumous diathesis, under care on account of disorganization of the ankle-joint. Is doing well. *Case 20.*—A man, aged 23, under the care of Mr. Wood, in the Gloucester Infirmary, on account of an unhealed compound fracture of the tibia. Fifteen months had elapsed since the accident, and, as several large fragments of bone had come away, and the limb, from its want of firmer union, promised to be useless, amputation was deemed expedient. The patient recovered well. On examination of the limb, the bones were found united by ligament only. *Case 21.*—A man, aged 60, in feeble health, under the care of Mr. Fox, in the Derby Hospital, on account of diseased tarsus. After removal the disease proved to be confined to the os calcis and calcaneo-astragaloid joint. Recovered. *Case 22.*—A boy, aged 14, of strumous diathesis, under the care of Mr. Gisborne, in the Derby Hospital, on account of diseased ankle-joint. Recovered. *Case 23.*—A man, aged 56, of very drunken habits, and in enfeebled health, admitted on account of an intractable ulcer on the leg. Amputation was performed at his own urgent request. Much blood was lost during the operation, and it was some hours before he rallied from its effects. On the following day he again sank into collapse, and died about thirty-six hours after the amputation. *Case 24.*—A tall old man, aged 73, admitted under the care of Dr. Eves, into the Cheltenham General Hospital, on account of senile gangrene affecting the toes. After a month's treatment, a line of demarcation had formed across the foot, and amputation of the leg was performed. No hæmorrhage occurred during the operation. Six weeks afterwards a large slough formed on the stump; but it has since separated, and the surface is now granulating and looking well.

*Of the Foot.*—*Case 25.*—A man, aged 25, admitted into the Leeds Infirmary, under the care of Mr. Teale, on account of a crushed foot, the result of a railway accident. The heel, being sound, was saved as a flap, and the foot disarticulated at the ankle-joint; the articular facets of the tibia and fibula being afterwards cut away. The stump healed well. *Case 26.*—A woman, aged 33, in feeble health, under the care of Mr. Crompton, in the Birmingham General Hospital, on account of diseased tarsus. Syme's amputation at the ankle-joint has been performed, and the case is doing well. *Case 27.*—A very strumous boy, aged 12, under the care of Mr. Baker, in the Birmingham General Hospital, on account of diseased tarsal bones. Amputation at the ankle-joint was performed, and the stump healed without sloughing; abscesses

had, however, formed both in the leg and thigh during the treatment.

*Of the Upper Extremity.*—*Case 28.*—A lad, aged 16, of good health, admitted on account of a compound fracture of the forearm, into the Durham Hospital, under the care of Mr. Green. Primary amputation through the forearm was performed. Recovered. *Case 29.*—A man, aged 75, of very feeble power, and suffering from old-standing chest disease. Primary amputation of the upper arm on account of compound fracture was performed. Death from exhaustion, consequent on the shock, took place on the third day. *Case 30.*—A man, aged 66, previously healthy, but in extreme collapse from the effects of a railway accident, was admitted with his arm, forearm, and shoulder, completely crushed. He had been brought four miles to the Hospital, and had lost a great quantity of blood. As soon as slight re-action had been induced by the use of stimuli, the crushed member was removed, together with the neck of the scapula, which had been broken off. Death from shock occurred in about nine hours. *Case 31.*—A boy, aged 7, under Mr. Gregory's care, in the Sheffield Infirmary, on account of compound comminuted fracture of the forearm. Gangrene ensued, and secondary amputation through the upper arm was performed on the fourth day. Recovered. *Case 32.*—A boy, in fair health, aged 11, under Mr. Jackson's care, in the Sheffield Infirmary, on account of disease of the elbow-joint. Recovered. *Case 33.*—A man, aged 34, of delicate health, admitted on account of an injury from machinery, in which his arm had been nearly torn off. Primary amputation at the shoulder-joint was performed. Death from secondary hæmorrhage resulted on the 18th day. *Case 34.*—A man, aged 43, admitted, under the care of Mr. Thurwall, into the Bedford Infirmary, on account of compound fracture of the radius, and dislocation of the wrist. Every attempt was made to save the arm, but the man sank into a low, typhoid state, and the whole forearm was disorganized by suppuration. Under treatment by quinine, opium, and stimulants, better health was induced, and amputation was performed five weeks after the injury. The man's condition at the time of the operation was so feeble, that it was not deemed justifiable to exhibit chloroform; he afterwards made a good recovery. *Case 35.*—A man of good health, aged 25, under the care of Mr. Smith, in the Leeds General Infirmary, on account of compound fracture of the arm. Primary amputation was performed just below the shoulder-joint. During the accident, the man had been all but strangled, by the machine-strap having got round his neck. At the time of the operation, and for some days afterwards, he was in a state of furious delirium. The treatment adopted consisted in the frequent exhibition of small quantities of wine. Recovered. *Case 36.*—A man, aged 25, under the care of Mr. Samuel Hey, in the Leeds Infirmary, on account of a shattered hand from a gunshot wound. Amputation at the wrist-joint was performed, and the stump healed well. *Case 37.*—A woman, aged 82, in good health, under the care of Mr. Godfrey, in the Bristol General Hospital, on account of compound fracture into the elbow-joint. Primary amputation through the upper arm was performed, under the influence of chloroform. The woman bore both the operation and the anæsthetic very well. Much sloughing of the stump followed, and a bed-sore also formed, but, under an extraordinarily free allowance of stimulants and of food, a good recovery ultimately resulted. *Case 38.*—A lad, aged 18, in good health, under Mr. Amphlett's care, in the Birmingham General Infirmary, for compound fracture of the arm. Amputation through upper arm. Recovered. *Case 39.*—A man, aged 49, under the care of Mr. Amphlett, in the Birmingham General Infirmary, for compound fracture of the forearm. Amputation through the forearm. Some sloughing of the flaps ensued, but the stump is now doing well. *Case 40.*—A man, aged 40, much exhausted by long-continued and profuse suppuration from a diseased wrist-joint, under the care of Mr. Baker, in the Birmingham General Hospital. Amputation through middle third of forearm. Recovered. *Case 41.*—A strumous and cachectic man, aged 32, under the care of Mr. Baker, in the Birmingham General Hospital, on account of diseased wrist-joint. Recovered. *Case 42.*—A lad, aged 19, under the care of Mr. Crompton, in the Birmingham General Hospital, on account of a laceration of the arm inflicted by machinery. Amputation just below the shoulder-joint, the stump being allowed to heal by granulation. Recovered. *Case 43.*—A woman, aged 60, under the care of Mr. Coleman, in the South Staffordshire Hospital, on account of a cancerous sore on the back of the hand. She was in fair health, but there were enlarged glands in the axilla. Amputation through the upper arm was performed, and she recovered well. Up to the date of discharge, the axillary glands had shown no tendency to increase.



*Case 44.*—A boy, aged 13, admitted into the Gloucester Infirmary, his arm having been torn completely away by machinery. Mr. Charlton, the House-Surgeon, removed some splinters of the humerus, and adjusted the soft parts as well as might be, so that it amounted to an amputation just below the shoulder-joint. Recovered. *Case 45.*—A man, aged 21, admitted into the Huddersfield Infirmary, under the care of Mr. Robinson, on account of a hand shattered by a gunshot wound. Amputation through the fore-arm. Recovered. *Case 46.*—A man in good health, admitted into the Huddersfield Infirmary, his fore-arm having been torn away by machinery. Amputation through middle of upper arm. Recovered. *Case 47.*—A man in good health, admitted, under Mr. Bradshaw's care, into the Huddersfield Infirmary, on account of injury to arm from machinery. Amputation through middle of upper arm. Recovered.

*Excision of Bones and Joints.*—Mr. Pemberton's case of excision of the knee-joint, in the Birmingham General Hospital, remains under treatment. The patient is doing well. Mr. Amphlett's case of excision of the ends of the bones in an ununited fracture of the femur also remains under treatment. The wound has healed but consolidation of the bones is not perfect. During the quarter the following have been performed:—*Case 1.*—By Mr. Wright, in the Nottingham General Hospital; excision of the scaphoid, and removal by the gouge of the carious portions of the neighbouring bones. The patient, a boy, in moderate health, has since been discharged. The foot is gradually improving, and the result promises to be good. *Case 2.*—By Mr. Fox, in the Derby Infirmary; excision of the upper jaw on account of a medullary tumour in the antrum. The patient was a man, aged 49, in tolerably good general health. The tumour, which had been known to exist for nine or ten months, had distended the antrum, protruding the cheek, and pushing the palate downwards. The case had been roughly treated by a quack doctor, who had made incisions into it from the mouth, and applied caustics. As no fungoid protrusions had resulted from these measures, a hope was entertained that the disease might not prove to be malignant. Mr. Fox excised the entire maxilla after the method recommended by Mr. Fergusson, and scooped away such portions of the growth as had passed upwards or backwards. The characters of the growth as soft cancer were well marked. The incisions soon healed, and the chasm left filled rapidly with granulations of a somewhat suspicious nature. The man has been discharged, but it is feared the disease is returning. *Case 3.*—By Mr. Robinson, in the Huddersfield Infirmary; removal of part of a carious os calcis by means of the gouge. The patient is a strumous lad, aged 15. Doing well. *Case 4.*—By Dr. Lunn, in the Hull Infirmary; excision of the elbow-joint after compound fracture. The patient was a man of middle age, and in very good health. The injury resulted from a gun-shot wound, by which the articular ends of the ulna and humerus had been shattered, and the end of the radius exposed. The latter was cut away, and all loose fragments removed. The parts have now healed, but owing to injuries inflicted during the accident on the ulnar nerve, the parts supplied by it remain paralysed. *Case 5.*—By Mr. Hey, in the Leeds General Hospital, excision of the lower part of the humerus, on account of compound fracture, extending into the elbow-joint. The case remains under treatment. *Case 6.*—In the Derby Infirmary, in the case of a woman, aged 42, under treatment for diseased wrist, an incision into the joint was made, and the pisiform bone, being found to be dead, was removed. Amputation will probably be necessary. *Cases 7 and 8.*—Two boys, respectively 18 and 12, in each of whom gouging operations have been performed for the removal of carious bone from the head of the tibia. They are under care in the Derby Hospital, and remain under treatment. *Case 9.*—A woman, aged 40, of very feeble health, had excision of the right half of her lower jaw performed on account of a large fibrous growth which had been developed within it, and which had been steadily increasing for upwards of three years. Soon after the operation, a severe attack of diarrhoea, with menorrhagia, came on, and occasioned much exhaustion. Symptoms of pyæmia subsequently developed themselves, and death took place on the thirty-third day. At the *post-mortem* pus was found beneath the scalp, in the lung tissue, and also in that of the right auricle of the heart.

*Thoracentesis.*—In the case of encysted empyema, under the care of Mr. Lansdown, in the Bristol General Hospital, a second puncture has been required, and the boy is now recovered. During the quarter the following has occurred:—*Case 1.*—By Mr. Teale, in the Leeds Infirmary, in the case of a woman, aged 27, whose left pleural sac was filled with fluid. More than two pints of clear, straw-coloured serum were removed by the trocar,

with great relief to the symptoms. The fluid has since re-accumulated, and a second operation will probably be required.

*Excision of Malignant Growths.*—In all the cases mentioned under this heading last quarter, and left under care, the patients have recovered.

*Case 1.*—In the Huddersfield Infirmary, by Mr. Bradshaw, on a healthy man, aged 40, amputation of the penis for epithelial cancer. The disease was of four years' standing. There was an indurated gland in the right groin. Recovered. *Case 2.*—In the Huddersfield Infirmary, by Mr. Bradshaw, excision of a large malignant tumour from the arm. The patient was a man, aged 49, having the appearance of good health. The tumour was about the size of a fist, and situated on the inner side of the right arm, immediately beneath the brachial artery and plexus of nerves. In the operation, the latter structures were found spread out on its surface. Externally the tumour was as hard as scirrhus, and much resembled that form of cancer, but its interior was soft and pulpy. The microscope showed abundance of caudate and nucleated cells, the nuclei having several nucleoli and much granular matter. The man recovered. *Case 3.*—In the Derby Infirmary, by Mr. Gisborne, excision of a scirrhus breast. The patient was a woman, aged 42, who had suffered from the disease for a year, but was in good health. Some glands in the axilla were diseased, and were accordingly also removed. The microscope confirmed the diagnosis. Recovered. *Case 4.*—By Mr. Fox, in the Derby Infirmary, excision of a cancerous ulcer from the left commissure of the lips of a woman, aged 62. Chloride of zinc had been twice applied on previous occasions, but without permanent benefit. Recovered. *Case 5.*—In the Gloucester Infirmary, by Mr. Wood, excision of the breast for scirrhus. The patient was a woman, aged 37, the mother of a family. The tumour was of rapid growth, and adhered to the skin. There were two enlarged glands in the axilla, which also required removal. Three months after the operation, the woman remained free from the disease. *Case 6.*—A man, aged 33, in the Gloucester Infirmary, under the care of Mr. Wood, on account of a cancerous ulcer involving two thirds of the lower lip. Free excision was performed, and the wound rapidly healed. *Case 7.*—Under the care of Mr. Wood, in the Gloucester Infirmary, excision of a cancerous ulcer from the lip of a man, aged 67, in whom it had existed for eighteen months. Recovered. *Case 8.*—In the Winchester Hospital, under the care of Mr. Butler, excision of the breast on account of scirrhus. The patient was a woman, aged 45. On the third day, inflammation of the absorbents and areolar tissue, and probably of the veins also, commenced on the inner side of the right elbow, and an abscess formed. Three days later, the right eye became congested; and, without any evidences of active inflammation, its sight was lost. Suppuration subsequently took place in the areolar tissue of the orbit, and a small quantity of matter had to be evacuated. The wound left by the excision in the mean time healed well. The patient subsequently quite recovered, the loss of sight being, however, permanent. *Case 9.*—In the York County Hospital, by Mr. Hey, excision of the cicatrix, etc., after a removal of the breast. The first operation had been performed, on account of scirrhus, two years previously. The woman recovered well. *Case 10.*—In the Liverpool Royal Infirmary, by Mr. Stubbs, excision of a scirrhus breast. Death took place about a fortnight after the operation; and, at the autopsy, an aneurism of the descending thoracic aorta was found. *Case 11.*—In the Leeds General Infirmary, by Mr. Teale, from a man, aged 66, excision of a small cancerous ulcer of the lower lip. Recovered. *Case 12.*—In the Leeds General Infirmary, by Mr. Smith, excision of a malignant ulceration, involving the internal labium and clitoris of a woman, aged 46. Recovered. *Case 13.*—In the Leeds General Infirmary, by Mr. Samuel Hey, excision of an extensive epithelial cancer of the lip from a man, aged 60. Recovered. *Case 14.*—A man, aged 53, who had previously been operated on for staphylocoma, had extirpation of the eyeball performed on account of a melanotic tumour which had formed in it, and had occasioned great pain. Death from cerebral meningitis took place on the fifth day after the operation. *Post-mortem* examination showed the brain unaffected by the malignant disease.

*Excision of Non-Malignant Tumours.*—*Case 4*, of last quarter's report, under the care of Mr. Lansdown, in the Bristol General Hospital, remains under treatment. A second incision has been made into the tumour; and, as the fragments then obtained showed under the microscope appearances very suspicious of malignancy, it has not been further interfered with. The mass has much increased in size, and, excepting that it is still well defined, much resembles a growth of soft cancer. The girl's health is declining. During the quarter the following have been



performed:—*Case 1.*—In the Liverpool Royal Infirmary, by Mr. Stubbs, excision of the testis, on account of strumous disease. Recovered. *Case 2.*—A female, aged 32, under the care of Mr. Teale, in the Leeds General Infirmary. The operation consisted in the excision of a mass of glandular hypertrophy, involving about one-third of the breast. Recovered. *Case 3.*—By Mr. Smith, in the Leeds General Hospital, excision of a vascular excrescence, the size of a horse-bean, from the urethra of a woman, aged 36. Cured. *Case 4.*—By Mr. Pemberton, in the Birmingham General Hospital, excision from the lumbar region of a healthy man, aged 23, of a flattened and firm but highly vascular tumour, the size of a crown-piece, and not unlike a syphilitic condyloma. Remains under treatment. *Case 5.*—By Mr. Pemberton, in the Birmingham General Hospital, excision of a glandular tumour, the size of a walnut, from over the parotid region of a girl, aged 16, in robust health. Recovered. *Case 6.*—By Mr. Gisborne, in the Derby Hospital, excision of a large fibrous tumour. The patient was a boy, aged 10, and the tumour, which was situated on the upper arm, was said to have been present at birth. After removal, the mass was found to possess a singularly lobulated form, and much resembled a bunch of four kidney potatoes, connected together by fibrous stalks of about an inch long, and as thick as the little finger. Recovered. *Case 7.*—By Mr. Godfrey, in the Bristol General Hospital, removal by excision of a vascular growth from the meatus urinarius of a female, aged 51. After the excision, nitrate of silver was applied to the cut surface, and the application repeated on several occasions afterwards. Cured. *Case 8.*—A woman, aged 37, was admitted into the Bedford General Infirmary for what was supposed to be a scirrhus tumour of the breast. She was the mother of several children, and had suffered repeatedly from abscesses in the affected gland. The tumour which now excited her uneasiness was about the size of a hen's egg, circumscribed, and of great hardness: the nipple was retracted. It was believed to have existed for two years, but had increased rapidly during the last three months. After removal of the breast the tumour was found to be a thick-walled cyst containing pus. Its walls were hard, and presented a striated appearance much resembling scirrhus. Microscopic examination was not made. The wound healed readily, and the patient has remained well. It will be seen that there is some doubt as to whether this case should rank among the innocent or malignant tumours, since it is not clear whether the disease were a suppurated cancer or a chronic abscess. It is safer, perhaps, to consider it to have been the latter, unless in the future history of the patient anything should occur to indicate the contrary. *Case 9.*—A woman, aged 22, admitted into the Bedford General Infirmary, on account of a tumour on the right ham. The growth was about the size of a large orange, and was of moderately firm consistence; its surface was ulcerated, and discharged abundantly most fetid matter. Its pedicle of attachment was not larger than a crown piece. It had existed for eight months, but had continued of small size until four months ago. After removal it appeared to be a thick walled cyst, containing a reddish substance, like firm jelly, and intimately connected with the subjacent fascia. No large blood-vessels entered it. Since the operation the patient's health, which was much impaired, has rapidly improved; the wound is nearly healed. *Case 10.*—By Mr. S. Hey, in the Leeds General Infirmary, excision of the female breast on account of a sero-cystic tumour. Under treatment. Besides the above cases, operations for the removal of fatty tumours have been performed in ten cases, of encysted in eight, and fibrous in two; in all with success. None of the cases possess any especial interest.

*Tracheotomy.*—This operation has been performed in a single case by Dr. Cameron, in the Liverpool Royal Infirmary. We shall publish the details of the case at a future time. The result was fatal.

*Removal of Necrosed Bone.*—Operations of this class have been performed in seven cases, with more or less of good result, most of them remaining under treatment. In an eighth case, death from purpura, attended by constant sickness, resulted on the seventh day. The patient was an anæmic and feeble girl, aged 18; the bone affected was the tibia. No autopsy was permitted.

*Plastic Operations.*—The usual operations for hare-lip have been performed in two cases in which the deformity was double, and in six in which it was single, in all with success. In a case of cleft palate, the subject of which was a boy aged 12, the operation of staphyloraphy was performed. On the third day the sutures ulcerated through on one side, and the flaps separated. It is intended to repeat the operation in the course of a few months. The failure was partly attributed to a habit which

the boy had of talking in his sleep. On a patient under his care in the Leeds Infirmary, Mr. Smith has performed an operation for the closure of a fissure in the soft palate remaining after venereal ulceration. In a case of false opening into the upper part of the female urethra under his care in the Leeds Infirmary, Mr. Smith pared the edges, and brought them together by sutures. A catheter was kept in the canal for three days afterwards. Much benefit resulted, but the cure is not complete, and the case will probably again come under treatment. Operations have been performed in five cases for the liberation of contracted cicatrices, the result of burns in all with much apparent benefit. A case of vesico-vaginal fistula is under treatment by Mr. Teale, in the Leeds General Infirmary.

*Ligature, etc., of Nævus.*—In two cases of large nævus, one situated in the lip, the other in the female nympha, both under the care of Mr. Craven, in the Hull Hospital, operations by means of ligature have been successfully resorted to. In a case of nævus on the lip of an infant under his care, in the Leeds General Infirmary, Mr. Teale excised the diseased portion, and then proceeded as if for the closure of a hare lip. The result was successful. Several other cases have been cured by means either of ligature or caustic.

*Tenotomy.*—In four cases, on account of contracted knee, in one for contracted elbow, and in seven for club foot, in all with advantage.

## NOTICE.

August 24, 1854.

MR. CHURCHILL having removed his Publishing business to more extensive and commodious premises, the MEDICAL TIMES AND GAZETTE will from this date be published by him at No. 11, NEW BURLINGTON STREET, where it is requested that advertisements, communications, and books for review, may be directed.

THE STUDENT'S NUMBER of the "*Medical Times and Gazette*" will be published on the 16th of SEPTEMBER. Registrars of Universities and Colleges, and Secretaries of Schools, are requested to forward Prospectuses and necessary information without delay.

## Medical Times & Gazette.

SATURDAY, AUGUST 26.

### HEALTH OF THE BRITISH FORCES IN THE EAST.

VERY exaggerated notions have been formed, from the letters of the Correspondents in the Daily Papers, of the amount of sickness among our troops in Turkey. We are happy to be able to state, upon the highest official authority, that the number sick in Hospital, during the week ending August 5, the date of the last letters received, was 1862, or 7.73 per cent. of the total strength of the Army. This amount of sickness is nothing unusual; indeed, it often occurs to a much greater extent among troops much more favourably situated. The deaths during the week amounted to 205,—a very large proportion certainly,—167 of them from cholera. On the 5th, 123 cases of cholera were remaining in Hospital. Among the cases of sickness, 579 were fevers, 69 diseases of the chest, and 667 of disease of the stomach and bowels, exclusive of cholera. The other cases were principally slight. A considerable number of Medical Officers were sick; and a requisition has been made for an additional number. The Medical Officers write in the best spirits, though overworked, having been abundantly supplied with everything they required for the use of the sick and wounded. It was fully expected that the anticipated move to the Crimea would at once



lead to a great diminution in the sick lists. The French troops have suffered much more than ours, especially in the fourth division of their army. General Canrobert, with his Zouaves, pushed forward into the Dobrudscha lately, feeling his way for the Russians. He encountered and dispersed large parties of Cossacks, and made a good forage. But having to perform this arduous service amid swamps and lagunes, and with forced marches, under a broiling sun, his division was soon attacked with cholera of a very malignant kind. He lost sixty cases in one day, his men dropping down on the march, and dying suddenly, as our troops frequently die in India.

Passing from the land to the sea forces employed in the expedition, we can add that the weather during the past month has been fine, dry, calm; but the heat frequently during the day quite tropical; the nights, however, almost always cool and comfortable. With the exception of a short cruise to the coast of the Crimea towards the latter end of the month, the larger ships have been at anchor at Baldjik, and receiving abundant supplies of fresh provisions. They have been detained here to cover the flank of the Army. The scurvy has become a mere historical event. But the warm, dry weather had as great a share, perhaps, in the cure, as fresh provisions. The experience of last winter will suggest, doubtless, many important regulations for the sanitary protection of the Fleet during the next cold season. There has been no instance in the present generation of an English Fleet wintering in a climate like that of the Bosphorus and the Euxine. In the wet, damp, cold, snowy winter weather of these regions nothing short of full allowance daily of good fresh beef and succulent vegetables will absolutely protect seamen against scurvy. We have had convincing experience of that; and there can be no longer any scepticism on the subject. So rarely seen has scurvy been of late in the Navy, that it was not very readily recognised by all at its first appearance in this Fleet. The old convict doctors were the most familiar with it. The Sick-list of the Fleet has averaged daily less than 4 per cent. during the last month. The prevailing complaints have been diarrhoea, premonitory of cholera it may be, or, indeed, has been already in one ship, the *Sanspareil*. In that vessel there has been one fatal case, the only one, as yet, in all the Fleet. But the French have not been so fortunate. In the *Valmy* there were seven deaths in one day, and very recently.

There have been a few changes in the Medical corps in the Fleet during the past month. The Acting Deputy-Inspector of the Fleet was superseded very unexpectedly. Mr. Elliott, of the *Agamemnon*, has been invalided and succeeded by Dr. Mackay, of the *Bellerophon*, whose vacancy will be filled by Mr. Costello, Assistant-Surgeon of the *Caradoc*. Mr. Costello is the senior of his rank in this Fleet, and second to none in professional merit and upright conduct. It is to be hoped that, with his twelve years' servitude, their Lordships will confirm his acting appointment, and not disgust him still further with the service. A Correspondent says:—"How a man of delicate health like Mr. Elliott could have held out so long has been a mystery to many. When the ship was under steam, his cabin in the cockpit was a kind of steam-chest, and he slept in a sort of steam-bath, 'cabined, cribbed, confined,' to boot. There has been a great deal said, written, agitated, especially of late, with respect to the Assistant-Surgeon. We respond to it all. But how completely amid this agitation, the killing cabin-grievance of the older Surgeons has been overlooked." Ranking with but after lieutenants, the Surgeons of the line-of-battle ships are consigned by virtue of that absurd and iniquitous regulation to the cockpit, while the young lieutenants are preferred for the cabins on the main and middle decks, where they enjoy the luxury of fresh air and day-light, denied to the Surgeons, but so essential

to the successful pursuit of their literary and scientific employment. One good result of the war must be a reform of all such abuses as this.

#### GRATUITOUS MEDICAL PRACTICE.

WE have received a copy of a Report presented to the Colchester Medical Society by a Committee appointed to consider the subject of gratuitous Medical Practice in Colchester. The Report was unanimously adopted, and we have great pleasure in printing it entire, as one step towards the solution of a very difficult question.

The Committee report that they have met and directed their attention and inquiries to the important matter referred to them, and add:—

"It appears to your Committee that the subject may reasonably be viewed under two heads; viz., the system of gratuitous advice which is given too indiscriminately at our public institutions, as the Hospital and the Idiot Asylum; and, secondly, that system of private gratuitous practice which seems to have been carried to an extent not altogether required by the supposed necessitous circumstances of the individuals receiving it.

"Your Committee beg to submit for your approval a series of Resolutions to which they have agreed; and, in so doing, respectfully remark, that the subject appears to be surrounded with some difficulties; but, at the same time, your Committee do not doubt, that if the Profession prove true to itself individually, and will in all cases act with that sense of duty which is due to the general body, that conduct so shaped will ultimately tend to check that indiscriminate system of gratuitous advice which is now prejudicing the common interests of the Profession.

"And your Committee further believes that such a course will prove highly advantageous to the Profession, by inducing among its members a more friendly feeling.

#### "RESOLUTIONS.

"1. That gratuitous advice and Medical attendance are given too indiscriminately in Colchester.

"2. That such indiscriminate gratuitous practice leads to injurious consequences to the Profession.

"3. That your Committee have every reason to believe that such indiscriminate practice may be made a means of obtaining patients in respectable circumstances who would otherwise probably remain with their usual attendants.

"4. That inasmuch as the so-called 'gratis attendance' is carried to an unjustifiable extent, and sometimes, it is feared, for the purpose of individual notoriety and benefit, to the injury of the Profession, your Committee cannot but express their strongest reprobation of a system that ceases to be philanthropic when so perverted.

"5. That your Committee cannot avoid bringing before this Society the erroneous principle of gratuitous attendance at public institutions.

"6. That the notice of your Committee has been called to the fact, that a large number of the Hospital patients, and particularly of the out-patients, are of a class who are able to pay for Medical and Surgical aid; and that it invites the Society to call the attention of the Committee of that Institution, through the 'Hospital Staff,' to the subject.

"And 7. That your Committee has directed its attention to the Idiot Asylum, at Essex Hall, Colchester, where it appears there are, besides a large number of charity patients, several paying ones; it therefore invites your Society to recommend the Medical Officers of this Asylum to obtain redress for such an evil as the non-remuneration for professional aid to the latter class of patients.

(Signed)

"E. WILLIAMS, M.D.  
GEORGE B. CLARK, Surgeon.  
P. M. DUNCAN, M.B. Lond.  
WILLIAM WAYLEN.  
D. PHILBRICK MORRIS.  
SAMUEL A. PHILBRICK, Secretary."

We do not wish to enter at length into this subject at present, but would submit the above Report to the consideration of those who, while desirous, as all must be, that our Profession



should not lose one of its noblest attributes, one of its chief claims upon the commonwealth,—its boundless and disinterested charity,—are, at the same time, conscientiously opposed to any prostitution of charity to serve private ends; and are anxious that, while no deserving person be deprived of Medical aid through poverty, would also prevent those who are not poor from meanly begging for advice when they can afford to pay for it, and thus absorb the aid offered by the charitable to really deserving objects.

#### STATUS OF DISEASE IN IRELAND.

IN reverting to the valuable Report on the State of Disease in Ireland, we shall, as far as our space will permit, following the order of the document, notice the important statements it furnishes in reference to some of the principal forms of suffering among the Irish, in public institutions and at their own homes.

The case of the deaf and dumb has received, as it deserved, a considerable amount of attention, especially as we are hereby furnished with the results of the only adequate investigation of this subject hitherto made in the British Isles. From the list of questions distributed by the enumerators, it will be seen that the greatest care was taken to embrace all the topics which called for notice in this inquiry, as shown by the results we have to notice. The Report states, that the "inquiries were kindly received by the community, and the information sought for readily obtained, while in only one instance the required information was refused."

After correcting the errors arising from misconception of the meaning of the queries, it appears that on the night of the 30th of March, 1851, Ireland contained 5180 persons who were either deaf or dumb; of which number 4747 were literally deaf-mutes, 2688 being males, and 2059 females.

In reference to the prevalent opinion that the want of speech is always attributable to impaired or total loss of hearing, the Commissioners state, that as far as the experience of Ireland is concerned, this opinion is destitute of foundation. From the faithful reports of those Medical men who examined and inquired into the cases, as well as in some instances from their own personal examination, they mention that "instances of simple and uncomplicated idiopathic dumbness, independent of deafness, though rare, really do exist." The total number of "dumb only, without other defect," and who were neither paralytic nor idiotic, are reported as 143. Also 129 were born so, and 14 became so after birth; the proportion, it will be observed, being 2·76. Some of these cases, as given in the Report, are extremely interesting. We select that of a boy, in the city of Dublin, aged 10, who is neither deaf, paralytic, idiotic, nor deformed in any other respect. He is described as intelligent, and understanding all that is said to him, but having an excited manner, and a peculiar, anxious, and restless look, with some irritability, and intolerance of restraint. His organs of speech are well formed, but he makes no attempt at articulation or the pronunciation of words. "When he wishes to attract attention, he utters a loud, sharp, bark-like sound." Of the group of interesting cases given in this class, this is the only one in which the cause of muteism is not apparent, resulting either from cerebral disease, or malformation of the organs of speech, or imperfect mental power. We may notice also the important statement, that "in many instances of defective articulation, as well as severe stuttering, and of partial muteism—a disease not well described by authors—there is a peculiar narrowness and unnatural height in the palate immediately behind the upper incisor teeth."

From a comparison of the proportion of deaf and dumb in Ireland with that which prevails in other countries of Europe from which accurate information can be obtained, we learn that the

numbers bear a great similarity, that proportion being 1 in 1593. The proportion is greater than that of the Dutchies of Luxembourg and Wurtemberg, and the kingdoms of Tuscany, Bavaria, Belgium, and Holland, in which the average is 1 in 2209; and less than in Sardinia, Norway, and parts of Switzerland, where the average is 1 in 642. In some of the Swiss cantons the ratio is as high as 1 in 206, *i. e.*, above seven times as great as in Ireland.

It is very gratifying to observe, that of the large number of 4747 mutes in Ireland in 1852, there were not more than 135 mendicants or strollers, and that of these many had been resident in the workhouses at the time when the Census was taken. There were 2830 either unoccupied, mere children, or those whose employments were not specified in the returns; and 234 were receiving instructions in the various educational establishments, or from private teachers at their own homes. On looking over the Table "showing by ages and sexes the occupations of deaf mutes," we observe indications not merely of unskilled industry, as in the case of the 661 labourers and the 1 coal-porter, but many which prove considerable capability of receiving instruction and showing skill. There are 72 boot and shoe-makers and binders, 111 milliners and seamstresses, 260 servants, 66 weavers, 27 tailors, a draughtsman, an engraver, and a sculptor. The Report calls attention to the fact, that "six persons were employed as teachers in the different schools for the deaf and dumb." From the curious Table showing the occupations of the parents of the deaf and dumb, it appears that the great bulk of these persons belong to the agricultural and labouring classes; and with respect to other occupations, as that of the shoemaker and the weaver, no relation is suggested between the malady and the occupation of parents, as the numbers appear to correspond only with the proportion existing in occupation returns.

From a remarkable Table, showing "the position in family and the sexes of single mutes," it appears that "by far the greatest proportion were first children;" and from another equally curious and novel Table, that "families of six and seven had more frequently a mute child born among them than families of any other number. In every instance the male sex largely predominated, except in cases where the eighth child was deaf and dumb, and in these cases the sexes were nearly equal. . . . The number of instances in which the last child in the family was deaf and dumb is remarkable; they amount to 637."

In enumerating the "causes of congenital muteism," both proximate and remote, the Report observes, in reference to the popular opinion which places foremost the fright experienced by mothers, 127 were recorded; "but the analysis of these cases has thrown little light on the subject." From the inquiries made as to "the too close proximity of parents," it appears that "170 instances were recorded in which parents were related in the degrees of either first, second, or third cousins. From these marriages it resulted, that in 109 cases one in a family was deaf and dumb." As to hereditary taint, a Table is given, showing the results of predisposition from this cause; whence it appears, that in 329 instances, numbering 471 persons in families, some of the previous members or collateral branches of which were mute, 249 persons were born deaf and dumb where the disease appeared to come by the father's side; whereas in the other division, where the affection was transmitted through the female line, the number amounted to but 222.

We regret that we cannot further pursue this part of the Report, which is filled with matter of very great interest to the Profession.

ULSTER GENERAL HOSPITAL.—The sum of 500*l.* has been forwarded by Mrs. Wilson, relict of John Wilson, Esq., of Eaton-square, London, to the above Hospital.



## REVIEWS.

*A Treatise on Diseases of the Lungs, having Especial Reference to Consumption, including Diagnosis and Treatment.* By ANTHONY WILLIAM CLARKE, M.D. 8vo. Pp. 259. London: 1854.

WE are at a loss to conceive the motives which could lead Dr. Clarke to undertake the labour of composing the Treatise before us, seeing that he had nothing new to say as regards the pathology or treatment of diseases of the lungs.

In his preface, Dr. Clarke tells us, that he is "independent in circumstances," and it is well that he does so, or the Profession might confound his book with a class of works just now unpleasantly numerous. The following extract affords a fair specimen of the value of Dr. Clarke's work:—

"Deviations in the pulmonary structure from a state of health are detected only by very careful examination in the incipient stage; and this remark applies most especially to the early stage of tubercular consumption. It is found to be an almost universal law, that tubercular deposits occur first in the apices of the lungs, and nearly twice more frequently in the left than in the right apex; towards the end of this stage both will be found generally affected, but the left is ordinarily in by far the most advanced condition. In very acute and febrile cases, tubercles will be found now and then disseminated through the substance of the rest of the lungs, scattered freely, as it were, through the lower part of the upper lobes, becoming more scanty in a direction downwards, until near the base of the lung, where they are seldom found."—P. 107.

The Author scarcely refers to an English contemporary, not even to his friend Dr. Ramskill.

*A Manual of the Practice of Medicine.* By T. H. TANNER, M.D., L.R.C.P.; Physician to the Hospital for Women, etc., etc. Second Edition, Re-written and much Improved. 12mo. Pp. 340. London. 1854.

THIS will be found a useful remembrancer to young students, while to the Practitioner it will afford useful hints. Dr. Tanner has brought his work up to the present time in all points.

The subjoined illustrates Dr. Tanner's mode of dealing with diseases of the skin:—

"*Psoriasis, psora leprosa, or dry tetter*, is a chronic, non-contagious inflammation of the derma, characterised by the development of patches of various extent and form, slightly raised above the level of the skin, covered by thin, whitish scales of altered epidermis, and accompanied by rhagodes and fissures of the skin. The eruption may be local, or it may be diffused over the whole body. The local varieties consist of psoriasis palpebrarum, psoriasis labialis, psoriasis preputialis, psoriasis scrotalis, psoriasis palmaris, and psoriasis unguinum. The general varieties are—psoriasis vulgaris, psoriasis gyrata, and psoriasis inveterata. Psoriasis is closely allied to lepra in its appearance and general pathology; in the former disease the patches are irregular, and not depressed in the centre; in the latter they are circular, and depressed in the centre, with elevated margins. Both affections are sometimes hereditary, and both require the same treatment."

Appended to the body of the work are about fifty pages of Formulæ, which cannot fail to be of considerable use to the student and young Practitioner. There is a very good Index, not only to the work itself but also to the Formulæ.

## PROGRESS OF MEDICAL SCIENCE.

## SELECTIONS FROM FOREIGN JOURNALS.

## SULPHATE OF STRYCHNINE IN CHOLERA.

In the state of algidity, the circulation and the functions of hæmatisis are gravely affected; the patients are threatened with asphyxia. The blood is then at its maximum of alteration; the serum is diminished in a great proportion, and the blood corpuscles attain relatively a very high figure. The fibrine itself, though not varying in quantity, has lost its cohesion, and has become more diffuent. With such conditions of the blood, the circulation, already disturbed, becomes impossible in the capillaries, which are gorged by the collection of red globules: the principal organs of life are passively hyperæmic. Let us for an instant suppose, in such a state of things, that an agent, like strychnine, for example, possessed the power of stimulating the

heart, of impressing upon the circulation a certain activity, what should be the result? From the moment when the impulse of the heart augmented, this organ would propel a larger quantity of blood throughout the different vessels. The first effect would be the collection of an additional quantity of blood globules behind those already accumulated in the capillaries; this accumulation continuing, rupture of the walls of the capillaries from pressure would ensue, and that more especially in those organs where the surrounding tissues offered the least resistance; as for instance the lungs. Should such lacerations be effected, apoplectic effusions form, an evil without remedy on account of their multiplicity. Then a remedy, most precious on account of its influence upon the circulation, becomes fatal to the patient to whom it is given. In what manner, then, should strychnine be given?

Inasmuch as an attempt at general bleeding is useless, because no blood will flow from the open vein, thirty to forty leeches, according to the age and strength of the subject, are applied to the base of the chest, at points corresponding to the base of the lungs. In the same measure as under the influence of strychnine, the circulation is re-established, and that reaction becomes manifest, the application of the leeches is repeated; or even a vein is opened to give freedom to the current of blood. A little later the patient is plunged into a warm bath, with the precaution of holding ice, or pouring cold water, upon the head. The action of the bath, in this case, facilitates the circulation as much by the imbibition of the tissues, by the penetration of the water into the blood, as by the elevation of the cutaneous temperature. These two points are of great importance, and the action of strychnine will be strangely misunderstood, if it be regarded only as a means fit to raise the circulation during the period of collapse.

At the commencement it was given only in desperate cases, and at the present time further investigations are being conducted in an official way. But the remedy enjoys another property which merits attention. In the non-algide cholera, where the heat is still preserved and the circulation is free, but where the symptoms are rice-water stools and vomiting, cramps, a slight degree of cyanosis, and suspension of the urinary secretion, in these cases, strychnine causes rapid diminution of the symptoms, and its action is prompt and decisive. In some cases of this kind, nothing but strychnine and warm drinks were given, and convalescence ensued in the proportion of five-sixths. This remedy appears to produce an equal effect in males and females, in infants and adults. It was lately given to two females in the algide state; the first, living at 58, Rue de la Pépinière, came quickly under its influence, and was convalescent on the fifth day. The second, living at 29, Rue de la Biénfaisance, experienced at the end of twenty-four hours, the well-marked commencement of re-action, when, it will hardly be credited, she was put under treatment dictated by a somnambulist, and died. In a boy, aged 12, living at 43, Rue de Laborde, lying in the algide state, strychnine brought on complete re-action in thirty-six hours. He was convalescent on the fourth day. These were the only cases treated by Dr. Abeille in civil practice; but he believes, from his general experience, that his remedy will point the way to obtain in cholera as fair a proportion of cures, as in other diseases, by plans now become classical. Marsh fever has an incontestable specific in sulphate of quinine; nevertheless, this medicine cures only once in five times, when one has to treat a severe algide attack. In algide cholera, strychnine gives superior results.

Since it has been established that cholera is preceded by diarrhœa in an immense majority of cases, its treatment has become much more simple. Some say that diarrhœa is premonitory of cholera. Dr. Abeille affirms that it is the first symptom. Out of 46 cases he traced diarrhœa 44 times, lasting period varying from one day to a fortnight; and he approves of the principles of treatment laid down by M. J. Guérin, who has especially insisted upon first purging the patient or making him vomit for the expulsion from the economy of infected principles which may have been absorbed, and then calming intestinal exaltation by the administration of opium. But when, with or without previous treatment, the phenomena of cholera become apparent, strychnine, administered as soon as possible, modifies them advantageously and with rapidity, because it acts upon the system first attacked, namely, the sensitive nerves. If the patient have arrived at the algide stage, the same medicine excites a re-action more or less pronounced, 19 times in 23, and procures a cure 10 times in 23.

To prevent the occurrence of vomiting, a bit of ice should be taken after each dose. In ten minutes the strychnine is



absorbed. If vomiting immediately ensues, the dose may be repeated with safety.—*L'Union Med.*, July 25, 1854.

#### PROLAPSUS OF THE INTERNAL MEMBRANE OF THE URETHRA IN A FEMALE.

M. N., domestic, of good and strong constitution, regular from 12 to 50, her present age; has never suffered from any serious disorder; she has occasionally complained of heat in the urethra, which she has treated by the application of cold water, and the use of mucilaginous drinks. One day being constipated, as was her habit, she made greater efforts at evacuation than usual, and noticed loss of blood with the emission of the urine, attended with an uneasy smarting sensation along the urethra, and especially at the orifice. She complained also of a *tumour* in the vagina. Upon examination, it was found that the labia were swollen. Upon their separation, there was seen at the orifice of the urethra a red tumour, soft to the touch, as big as a nut, formed by the internal membrane of the urethra, which constituted a sort of hernia. Painful to the touch, it excited a hot sensation from time to time, increased when the patient strained in emptying the rectum. The cause was evidently the excessive effort made to expel the urine each time that the patient endeavoured to relieve herself of the accumulation of hardened feces. First local antiphlogistics were employed, then the taxis and astringent applications. But after each act of emptying the bladder, the prolapsus re-appeared, and it was necessary to renew the operation. A permanent syringe was next introduced, but the urine flowed by the sides. Cauterisation was employed with advantage, but ultimately excision became necessary. This was effected by the scissors without causing much pain or any considerable hæmorrhage. The wound quickly healed, and the patient was well in a few days.—*Journal de Vénise*.

#### SATURNINE POISONING TREATED BY THE IODIDE OF POTASSIUM.

Dr. H. Swift states (*New York Medical Times*, Feb., 1854), that the treatment of saturnine poisoning by iodide of potassium has been tried in the New York Hospital in twenty-three cases, and with highly satisfactory results. "In thirteen instances the urine was submitted to the chemical analysis, and the investigation has established the fact that the lead may be eliminated from the system by the iodide of potassium, and found in the urine. In no case was the lead detected before the administration of the remedy. The chemical analyses were made by Professor Outram, and the results of his experiments are perfectly reliable.

"All the patients began to improve rapidly after this treatment was adopted, though they had previously resisted the ordinary means. No bad effects resulted from the long-continued use of the remedy. In two cases, as M. Melsens suggests may occur, the symptoms were at first slightly aggravated,—one of them was profusely salivated while under treatment, and the other slightly so. One patient also suffered from coryza and gastric disturbance for a few days; but the treatment was only suspended for a short time. One patient was under the influence of the iodide of potassium for six months, one for five and a-half, and another for four months.

"In Case 6, the urine was examined shortly after the treatment was commenced, and merely a trace of lead was detected. The quantity sensibly increased, until it was clearly shown both in the urine and saliva; and, as the patient convalesced, it disappeared entirely, and the iodide of potassium was found abundantly in the saliva. In Case 5, we did not suspect the existence of lead poisoning until after the patient had been put upon treatment for constitutional syphilis. While under this treatment, a well-defined 'blue line' appeared upon the gums. The urine was then examined, and found to contain lead.

"Of the twenty-three cases treated by the iodide of potassium, sixteen have been discharged cured, and three so far relieved as to be able to resume their ordinary duties; four are still under treatment, and are gradually improving. Thirteen of the patients suffered from lead colic, complicated with neuralgia, arthralgia, etc.; four had paralysis of the wrists, and in six the paralysis was general."

#### UPON THE PATHOLOGY OF THE PANCREAS.

By Dr. EISENMANN.

An unmarried woman, aged 57, of robust constitution and regular habits, who, excepting an attack of inflammation of the liver and of hæmorrhoids, had never suffered from any serious illness, became out of health in the summer of 1852, and suffered from a slight gastric fever. After the administration of emetics the fever disappeared, the tongue became clean, the feeling of

illness improved, and the appetite returned; but she did not completely recover: and soon she lapsed into the following state:—With a perfectly clean and normal looking tongue; she lost her appetite to such a degree as to be able to take only very small quantities of nourishment; two hours after eating, there supervened a feeling of oppression and weight in the region of the stomach, mounting to the chest, and producing pain, and interfering with respiration. To this came nausea, frequent eructations, deficient in both taste and smell; occasionally sickness; the evacuations were scanty; the urine was turbid, and sometimes deposited a reddish sediment; the clear colour of the face changed to a greyish hue, and the pinched features expressed emaciation; there was scarcely any fever. Manual examination detected no abnormal enlargement, but pressure over the stomach caused pain. In the feces there was no fatty matter; they were scanty, and of greenish grey colour, which showed that the secretion of bile was diminished, but not suppressed. After trying various remedies, the patient took the Friedericks-hall Bitterwater, under which she recovered. The author then refers to seven cases of disease of the pancreas, recorded by Bright, Lloyd, Elliotson, Gould, and Lusanna. While, in the six first cases, the degeneration of the pancreas was ascertained by *post-mortem* examination the case of Lusanna, which was cured, is diagnosed by the author as Pancreatitis. The symptoms were similar, only the evacuations in Lusanna's case contained fat. It is not yet possible to point out with accuracy the means of determining this affection. The author's classification of symptoms is hardly sufficiently indicative. He gives—feeling of weight in the region of the stomach, coming on about two hours after eating, and extending to the chest, where it causes a feeling of oppression; alteration or loss of appetite; frequent eructations of gasses, deficient in both taste and smell; feeling of sickness; inclination to vomit, with clean and not swollen tongue; constipation; expression of illness about the face; depression of the spirits.—*Prag. Vjhrschr.* x. 4. 1853.

#### VESICO-VAGINAL FISTULA OF SEVEN YEARS' DURATION CURED IN THIRTEEN DAYS.

Dr. J. Marion Sims records (*New York Medical Times*, May, 1854) the following case of vesico-vaginal fistula cured by the method devised by him, and described in the number of this Journal for January, 1854:—

The subject of the case was the wife of a professional gentleman of South Carolina; the fistula resulted from a tedious labour, in which the child's head remained impacted in the inferior strait for twenty-four hours. The incontinence of urine began about eight days after delivery, up to which time the catheter was occasionally called for. There was no water discharged during the twenty-four hours of impaction. Attempts were made to introduce the catheter, but without effect. The fistulous opening was at first large enough to admit easily a No. 9 catheter; but, under repeated cauterizations for upwards of seven years, it gradually diminished to about the size of a common probe. In April, 1845, four months after the reception of the injury, Mrs. H. was placed under the care of the distinguished Professor of Surgery in the Medical College of the State of South Carolina, who used the nitrate of silver, and then the actual cautery, till about the middle of August, but with no benefit. She then visited New York, and was placed under the care of Dr. Mott, the mention of whose name is sufficient guarantee that all was done for her that science and art could at that day suggest. After remaining in New York about three months, and submitting to the repeated application of the actual cautery, she returned home in the same hopeless condition. From May, 1845, to December, 1852, seven years and a-half, the actual cautery was used, on an average, about every four or five weeks.

Mrs. H. came under my care in February, 1853. The fistulous opening was just above the neck of the bladder, a little to the right of the mesial line, and altogether favourable for a successful operation. It ran diagonally through the walls of the bladder, thus forming a sort of sinuous canal of a valvular character. When lying on the side or sitting quietly, the urine escaped in very minute quantities, enough, however, to render life anything but pleasant or desirable. When lying on the back, it dripped very freely, indeed, quite as rapidly as secreted; also while walking. But if, by perfect quietude on the side, the urine was retained till the bladder became unpleasantly distended, then she could walk without its involuntary discharge. The philosophy of this is plain enough. The accumulated urine, by its distension, acted mechanically on the narrow, diagonal, sinuous canal, compressing its sides, and thus closing it as a valve.

The operation was performed on the 2nd of February, 1853.



The fistulous track was hooked up, and the vesical septum trans-fixed, when, by a gentle sweep of the bistoury, a transverse oval opening was made entirely through the coats of the bladder, large enough to admit the end of the index finger. Two silver sutures were passed, and secured by leaden clamps in the usual way, the patient put to bed, and the catheter applied—the whole operation not lasting over twenty minutes. The usual regimen to insure constipation was enjoined. The suture apparatus was removed on the thirteenth day, the cure being complete and permanent. In three days more Mrs. H. was walking about the house, and in a week she made the journey home, some five hundred miles, without the least inconvenience.

## GENERAL CORRESPONDENCE.

### LOCAL ANÆSTHESIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—The paper on anæsthesia which you did me the honour to insert in the *Medical Times and Gazette* of the 5th inst. was written on the occasion of a death from chloroform in the Middlesex Hospital. Since then, another death from this cause at Vienna has been reported. Instead of reckoning deaths from etherization by months, as I did in that paper, it would have been nearer the truth if I had reckoned them by weeks. This occurrence, however, has become so common, that the record of it will soon be deemed uninteresting. Death from chloroform is now seldom announced in the newspapers; it has ceased to be startling intelligence.

It is a singular anomaly in Medicine, that a proceeding so fatal as etherization should be generally persisted in, when there is another expedient by which the same end can be attained with perfect safety, and which, while it is less troublesome in application and more agreeable to the patient, possesses the immense advantage of obviating dangerous inflammation in the wound. One cannot contemplate so extraordinary a fact without regretting that there is no such institution in this country as the French Academy of Medicine. Among the important duties of the hundred distinguished men constituting this Academy, is the consideration of, and reporting on, such proposals. Many improvements of great value are probably much retarded in their progress, if not altogether lost in England, from the want of such a facility in introducing them, and of overcoming the dislike which we all have to innovation, however much it may be required.

The reports of individuals form a very imperfect substitute for the recommendation of such a Society. Yet to one of this description, inserted in the last Number of the *Medical Times and Gazette*, I am glad now to refer, as another evidence of the sufficiency and safety of local anæsthesia from cold in surgical operations. It is not, however, for the purpose of impressing such evidence on the reader that I now notice the statement of Dr. Wood, of Cincinnati (for the practice has been adopted by too many distinguished Surgeons to render this necessary); but, as he says that he sometimes failed in producing anæsthesia by cold, I wish to point out the probable reason of this failure.

Although it is very true, as stated by this writer, that a degree of cold only a little below the freezing point of water is sufficient to produce complete anæsthesia in surgical operations, this only applies to certain parts of the body, where the circulation of blood is not very vigorous, and then only when the circulation is in its normal condition. Mr. Nunn has published a case in which a temperature of 32° Fahr. was found sufficient, and such a temperature may be produced by the quick evaporation of ether as well as by ice. In other parts, and where there is inflammatory excitement present, a cold below zero is required; and even the best management with the common frigorific of ice and salt is sometimes hardly sufficient. The greater success which, he says, European Surgeons have had in using it in operations on certain vascular parts, may be accounted for by their using stronger frigorifics, or the common one in another way. Dr. Wood states, that he has not succeeded in obviating the whole of the pain in making an incision in paronychia; and a Surgeon in Brighton has informed me that he has rarely succeeded in doing so until the circulation through the hand is arrested by a ligature upon the arm. To neither of these gentlemen, probably, had it occurred that congelation is generally, of itself, equal to the cure of paronychia; but to produce it, when the inflammation is high, a stronger frigorific may be required

than ice and salt, or one containing the muriate or nitrate of ammonia.

Dr. Wood doubts whether, in consequence of the lowering of the vitality of the skin caused by extreme cold, it is suited to plastic operations. In my recent pamphlet on the impropriety of using chloroform in every operation, I have reported a case proving the contrary; the lowering of the vitality obviates that excess of inflammation which prevents speedy adhesion. He thinks also, and with more reason, that although cold has, in certain cases, the advantage over chloroform as it is ordinarily used, of producing more complete insensibility, it can never supersede etherization of some sort in deep-seated operations. This may be so; but the question requires consideration, whether, when so little sensibility remains after the skin has been cut, we are justified in putting life in jeopardy by suspending this remnant! Who would be so bold as to administer chloroform to prevent the pain of a blister? However this question may be decided, I am confident that the time is not far distant when it will be deemed imperative on the Surgeon to apply extreme cold to prevent inflammation after operations, whether chloroform is employed at the same time or not. However valuable its anæsthetic power may be, this is exceeded in value by its antiphlogistic properties. Taking the average of European practice, it may be affirmed that a third of the cases of amputation of the limbs have a fatal termination from phlebitis or erysipelas.

But even were the anæsthetic properties of cold confined to the minor operations, how many lives would be saved, and how much constitutional disorder produced by chloroform would be avoided! A few days since, I witnessed its use in the hands of a dentist. Although, in consequence of his apparatus not being yet perfect, the cold did not always completely succeed, the pain from extraction of the teeth was evidently much reduced. There is no part of the body accessible to Surgical operation to which, by suitable adaptation of apparatus, an adequate frigorific may not be applied.

I am, &c.

JAMES ARNOTT.

London, August 18.

## REVEREND QUACKERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have been much pleased by perusing, in your last Number, Dr. Ramsbotham's letter respecting the ignatia amara humbug, the new clerical dodge for extorting money from the credulous.

I enclose an advertisement from this day's *Bath Journal*, which is of weekly insertion, together with the printed reply of the reverend empiric to one of my patients, who being hypochondriacal and nervous, applied to the reverend gentleman for the receipt. I explained to him, that if correctly prepared the pills were deadly poison, and if not, that he would most assuredly pay half a crown for some cheap and nasty pills.

"TO NERVOUS SUFFERERS.—A Retired Clergyman having been restored to health in a few days, after many years of great Nervous Suffering, is anxious to make known to others the means of Cure: will therefore send (Free), on receiving a Stamped Envelope properly addressed, a Copy of the Prescription used.—Direct, Rev. E. Douglass, 18, Holland-street, Brixton, London."

"PRESCRIPTION FOR GENERAL NERVOUS DEBILITY.—Alcoholic extract of the Ignatia amara, 30 grains; powdered gum Arabic, 10 ditto. Make into forty pills, and take one an hour after breakfast, and one an hour before supper, or at least an hour before retiring to rest. Half a pill night and morning will be found sufficient for very young, very aged, or very delicate persons. The pills may be easily cut if laid on a damp cloth for a short time to soften them.

"In forwarding the above prescription, the Rev. Edward Douglass would beg to observe, it is a faithful description of the agent which proved so exceedingly efficacious in his own deplorable case of Nervous Weakness and general debility. To the perusal of a copy of Hill's well-known Family Herbal, he was first indebted for a knowledge of the Ignatia Amara, or St. Ignatius's Bean, as it is there called; and he feels assured, that whoever tries it as he has done, will have no reason to complain of misrepresentation, or an undue exaltation of its virtues by the writer alluded to. Hill's Herbal, he is told, has always been considered the production of an honest and intelligent writer, and he much regrets that an ignorance of so valuable a work, should have led to wasting so many of the best years of his life in vainly attempting, by routine means and expensive processes, to ac-



compish that, which a few days' use of this invaluable drug, so easily effected. He would also further observe, that on his return to perfect convalescence (twelvemonths since) he offered, through the columns of the *Christian Times*, *Wesleyan Times*, and other newspapers and periodicals, to communicate to all suffering from Nervous Debility, a knowledge of the means by which he believed they might be restored to health.

"He intended nothing more at that period than to discharge what he considered a sacred duty, and he willingly incurred considerable trouble, and some little expense, in furthering the object in view. But the permanence of the cures then performed, and the number of those who have been since benefited, have given rise to such numerous applications, that he has been compelled to secure the assistance of a Medical friend (Mr. Hannent, M.B., 18, Holland-street, Brixton), in preparing the extract, and in replying to a correspondence, that increases in a ratio for which he was wholly unprepared.

"The extract may be prepared by pulverising the seed or bean, and subjecting the powder to the action of alcohol for ten or twelve days, and then evaporating to a proper consistence. The bean may be procured of Butler, the celebrated herbalist in Covent Garden Market, and a supply sufficient for the above quantity will not exceed 2s. in cost. To those who decline the trouble of preparing the extract, the Rev. D. will forward the same quantity, made into pills and ready for use, on the receipt of 2s. 6d., or thirty postage-stamps; the small additional amount being added to cover the cost of advertisements, etc. etc.

"The patient is advised to take as much exercise in the morning before breakfast as circumstances will permit—to use black in preference to green tea, and to take coffee, if coffee is used, only in the morning, and in small quantities. Also to avoid the use of unnecessary stimulants, and in case the frequent use of opening medicines or enema should have been adopted, through an habitually costive state of the bowels, to discontinue by all means such appliances, as they will be found wholly unnecessary, the bowels usually becoming healthy or natural—acting once in twenty-four hours—by the eighth or tenth day after commencing the use of the extract.

"Should the improved condition of the patient be very strongly marked by the end of the second week, it will not be necessary to take the pills more than once a day while taking the remaining quantity.

"N.B. It is always a source of pleasure to the Rev. E. D. to receive communications, detailing results of a beneficial character, emanating from the use of the Ignatia."

"Information has been received, that several unprincipled parties, hearing of the good effects of the Ignatia, have pretended to keep it, when they have not done so, and have used the Extract of Taraxacum as a substitute for it.

"Hence the Rev. Douglass would advise all those who do not send direct for a supply, to prepare it for themselves, as through such means only can they be certain of having it genuine."

But seriously, Sir, how is the profession of medicine to be purged from the empirics, for the reverend gentleman writes, that he has "the assistance of a medical friend, Mr. Hannent, M.B., 18, Holland-street, Brixton," by which means the Profession itself is covertly made to sanction the imposture. I may be permitted to advise that every reader of your Journal who may see the advertisement in a local Journal, should at once write to the editor and warn him of the imposture he is sanctioning, under the plea of assisting clerical benevolence.

We have now a minister of State responsible for the public health, whose duty it must be, I think, to watch over, not only the approaches of the "plague that stalketh at noon day;" but also to check the many insidious and deadly diseases produced by the rampant quackeries of the present day, the massacre of the innocents by Godfrey's cordial, the Coffinite manslaughters, and those "silent friends" who fatten on the corrupted bodies and minds of their victims.

The Government no longer enjoy a revenue from advertisements; but there is one tax which all right-minded persons must wish abolished,—the stamp duties on patent medicines; for, so long as the Government of the country is in partnership with quackery, so long will the ignorant imagine, that remedies which are paraded under its sanction, must, of necessity, be both useful and harmless; they do not know that the words "prepared only by," are the only ones that require the stamp of Government, to enable the proprietors of the most deadly compounds, to scatter them broadcast throughout the land, as sanctioned by authority.

And how are the Profession to act? By bringing under the notice of Sir Benjamin Hall every coroner's inquest in which the death is clearly traceable to quackery, either on the part of the

unlicensed Practitioner, or the parents or friends of the deceased, so that Government may bring in an Act to make it a misdemeanour for parents to give their children any preparation of opium, or sleepy stuff, under any circumstances, without Medical advice; and when clerical quacks send their dupes chalk and starch as specifics for "General Nervous Debility," let them be prosecuted for obtaining money under false pretences, and a stop will soon be put to the growth of "Saint Ignatius' Bean," and other palpable quackeries.

I am, &c. JAMES TUNSTALL, M.D.

Bath, Aug. 19, 1854.

## THE FINANCE OF MEDICAL REFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is unfortunate, that any measure brought forward to benefit and uphold the Profession of Scientific Medicine and Surgery, as well as conduce to the sanitary wellbeing of the public, should not receive that unanimous favour and support from the members of the Profession themselves, which are so desirable to secure success and public sanction. Though the Bill of the Association was framed with every earnest and sincere intention, and was zealously and actively contended for by its highly-respectable framers and advocates, yet it met with many criticisms and objections of more or less importance from many of the general members of the Profession.

The principal of these objections were—the cumbrous, unwieldy, and extensive nature proposed for its constitution, and the working of its machinery—the want of any provision in the Bill for a representative voice of the general members of the Profession in the Executive Councils—and the imposing of an examination and a tax for the approval (formerly termed a licence), before a legal registration for practice can be obtained, however the candidate may be already furnished with a Medical Degree, or a Diploma in Surgery from any of our Colleges or Medical Corporations.

Without entering at present into the consideration of how far the two latter classes of objections can be held in any wise valid, or of no force to affect the great purposes of the Bill, a short survey and analysis of the alleged cumbrous constitution and over-burdened nature of the working Clauses of the proposed measure may be taken as a guide for comparison with Sir John Forbes's or any other Bill, and principally as regards the economy and finance of the matter.

In the first place, we had the appointment of the three national Councils, as stated in Sections III., V., and VII., viz.—21 members for England, 13 for Scotland, and 12 for Ireland, making 46 in all, to be each paid three guineas for each attendance at Council meetings, besides an allowance for travelling expenses.

By Section XI., a Treasurer, Registrar, and Secretary, with clerks and servants, were to be appointed by each Medical Council, which required, of the first class of officers, nine persons, besides a host of subordinate officials as local Deputy-Registrars, to be appointed in every county and borough.

We had next the Examining Boards (Section XIII.), who, for the three kingdoms, were to consist of 48 members, and all at such yearly salaries as the Medical Councils think fit, which cannot for each examiner be less than 150*l.* annually.

There is also to be noted the triennial Congresses (Section XII.), at which meetings of nine members three guineas were to be paid to each, and also reasonable travelling expenses.

Such, then, being the amount of the legislative and executive Staff proposed to be appointed and provided for by this Reform Bill, and setting aside the numerous subordinate Registrars and clerks required throughout the country, we may therefore summarily state the annual expenses which would have attended the institution and working of the measure.

1st. Forty-six Members of Council, at 3 guineas each for each attendance; and say 12 meetings annually, will be ...	£1,738	16	0
Travelling expenses to one-half of them, at 3 guineas each ...	869	8	0
2nd. Three Treasurers at 400 <i>l.</i> each ...	1,200	0	0
Three Registrars and Secretaries, at 300 <i>l.</i> ...	900	0	0
3rd. Forty-eight Examiners, at 150 <i>l.</i> each ...	7,200	0	0
4th. Proportional for Triennial Congress ...	20	0	0

£11,928 4 0

Such being a fair reckoning of the annual expenditure for



salaries and personal expenses, without any provision for the requisite officers and attendants, and also omitting any salaries and remuneration for local Registrars, it naturally occurs how such an expenditure can be met, except by Government aid and money to carry out the measure.

If we look at the probable receipts of the Registration Fees, and from the Approval 10% from those undergoing examination, it is seen that the proceeds from these two sources would not nearly meet the ordinary expenditure. Let us hope, then, that as the amount of expenditure entailed in the passing of the Medical Reform Bill which has been abandoned, along with the inadequate returns that could be derived from the proposed sources of revenue, have proved that, if such a measure be passed, provision must be made for its successful application and working out of the public funds of the country, every Medical Reformer will bear this in view, and not frame unnecessarily expensive machinery.

M.D.

#### EXCISION OF INTERNAL HÆMORRHOIDAL TUMOURS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The last number of the *Medical Times and Gazette* contains an interesting paper by Mr. Henry Smith, "On the Use of Nitric Acid in Hemorrhoids." In that communication, Mr. Smith remarks, "When hemorrhoids are situated within the sphincter ani, excision is a dangerous remedy."

This assertion, involving an important point of daily application, must be admitted, I believe, with much reservation. Any operation in Surgery may be dangerous, if care be not taken to secure the bleeding vessels. Before the invention of the ligature, any incision which divided a blood-vessel might be considered dangerous; and we have it upon record, that in two-fifths of the cases of internal hemorrhoids, excised by M. Dupuytren, alarming symptoms supervened in consequence of subsequent hæmorrhage. Such a result is nothing more than might have been expected in this or any other part of the body, where vessels were divided, and left to bleed. But here, as elsewhere, the danger disappears as soon as we have the means of securing the divided vessels. We now have the means of preventing hæmorrhage from divided hæmorrhoidal vessels, as readily as from any other part. The danger from bleeding after operation is, therefore, not greater here than elsewhere; and, as the fear of hæmorrhage was the only objection to the excision of internal hemorrhoids, that operation may now be considered as safe as any in surgery.

In support of these observations, I may mention that, within the last few days, I have excised internal hæmorrhoidal tumours in three instances, without the loss of as much as a teaspoonful of blood in any case.

The first of these patients was brought to town by Mr. Cross, of Petersfield; the second was under the care of Mr. Carter, of Hadley; and, in the third instance, I was assisted in the operation by Mr. Harrison, of the Albany Court Yard.

The results in these cases have been most satisfactory; and, until I see reason to alter my opinion, I shall believe that (where any operation is necessary) excision, properly performed, is a safer, and often altogether a better, mode of treatment than the ligature for hæmorrhoidal tumours, internal as well as external.

I am, &amp;c.

HENRY LEE, F.R.C.S.

13, Dover-street, Piccadilly, Aug. 22, 1854.

#### CONTAGIOUS CHARACTER OF TRAUMATIC PHLEBITIS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last Number are some remarks on the above subject, in which Professor Simpson is represented as propounding the possible contagious origin of phlebitis, after operation, as a new idea. I can scarcely think the learned Professor would claim that such an opinion should be considered as entirely novel, as it is one which arises almost necessarily out of those views of the association of puerperal phlebitis and erysipelas which he has so lucidly commented upon at various times, and which, in my reports on Midwifery, in the "Half-yearly Abstract," I have always earnestly endeavoured to impress upon my readers. If the Practitioner who has been engaged in manipulating upon a case of erysipelas conveys a poison to his lying-in patient, by applying his hand, as he may be called upon to do, to the denuded surface of the gravid uterus, with its patent sinuses, it seems to be a self-evident deduction, that the same manipulation applied to the large surface of an amputated limb would be productive of similar disastrous consequences; and the fact

that in Hospital practice Surgeons abstain, where practicable, from operating where erysipelas prevails, is a practical acknowledgment that they are aware of the evil results of such associations, although they do not, perhaps, fully appreciate the way in which the danger originates. That this is a fruitful source of the fatality after operations I have long been convinced, and, as my colleagues will confirm, I have many times urged upon their attention.

While on the subject of surgical operations, I would also mention my conviction, that the once common practice of keeping operated patients on low diet, from the bngbear of fever and inflammation, is as unphilosophical as it is calamitous. Although the *medio tutissimus ibis* may, in this as in other matters, be the most judicious course, as a general rule, I fully believe that, of the two, a surgical patient would be put in a better condition were he allowed his mutton chops and pints of porter from the first, than he is by keeping him, as is still too often done, on gruel or weak animal decoctions, and studiously debarring him from stimulants, till his failing pulse and other symptoms of what is denominated irritative fever scare his Surgeon into a more liberal dispensation of culinary physic.

I am, &amp;c.

W. H. RANKING, M.D.

Norwich, Ang. 10, 1854.

#### CASE OF CHOLERA SUCCESSFULLY TREATED.

[To the Editor of the Medical Times and Gazette.]

SIR,—If the following case of cholera should appear likely to interest your readers, I shall be glad to see it recorded in your columns. The *Medical Times and Gazette* keeps us all well acquainted here in the Baltic with what our professional brethren are doing in England, and, perhaps, some of them may like to see what we are doing in these latitudes. I am, &c.

J. GALLAGHER, Esq., Surgeon of H.M.S. Arrogant.

J. B., aged 20, ordinary seaman, applied on the evening of the 1st of August, complaining of severe diarrhoea, which, he says, he had for five days, and vomiting, which came on about twenty-four hours previously; pulse was small and weak, 104; countenance anxious, and he could hardly walk from weakness. A draught, containing half a drachm of dilute sulphuric acid, was given him, but almost immediately rejected; it was repeated twice within an hour, and retained; he went to sleep, and remained easy until four o'clock on the morning of the 2nd, when vomiting and purging again came on, and continued during the day. Notwithstanding the constant application of warm fomentations to abdomen, and the persistent administration of the dilute sulphuric acid every hour, in the evening the purging and vomiting had become almost incessant; the thirst constant, and turbid rice-water fluid, without smell, was discharged from stomach and bowels in large quantities, and with considerable force. He complained of cramps in his feet and calves of legs, and it was difficult to keep the clothes on him from his great restlessness. A sinapism was applied over the epigastrium, friction to feet and legs, and a draught containing 20 minims of chloroform, 3 minims of hydrocyanic acid, and 20 minims of tincture of opium was administered, while hot sand-bags were placed by his legs. The draught was repeated every hour, till he retained the fifth, when calomel in half-drachm doses was given. The cramps ceased, the extremities became warm, and the stomach retained the calomel powders, which were continued, till he took six doses, when the vomited matter became darker, and soon after the evacuations from the bowels became dark green, and had an offensive smell. He slept soundly after this for some hours, the skin became warm and moist, and on waking he passed about a gill of urine,—the first passed for thirty hours. On the evening of the 3rd, two doses more of the calomel were given, and large quantities of dark green fluid continued to be discharged from the bowels; and the pulse, which at one time had been 135, small, and weak, became soft, full, and 86. After this, he went on favourably, sleeping at intervals for forty-eight hours; he passed urine copiously, and little or no consecutive fever followed. Aerated water, made in a gazogene, formed his drink. Small doses of nitre and soda were taken with this on the 4th and 5th. The bowels required rhubarb mixture and castor-oil on the 6th, and, as some gastric irritability continued, a blister was applied over the epigastrium. The evacuations from the bowels continue dark-coloured, but he only feels weak now. No salivation or tenderness of the gums followed, although four drachms of calomel were given in a space of twenty hours.

H.M.S. "Arrogant," off Bomarsund, Aug. 12, 1854.



## PERINÆAL SECTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have just seen your Paper of Saturday last, which contains a letter signed "Henry Smith," intimating that a gentleman lately died under my charge four days after the operation of "perinæal section." It will, I trust, be a sufficient reply to this statement for me to tell you that it is not true.

The late proceedings to "furrage" out the details of an operation performed in a public Hospital, have not been deemed by the Profession here very creditable to their author. Is the code of London morality more favourable to the prying into the private practice of your Correspondent?

Having now performed one hundred and two operations for the remedy of stricture by external incision, I am preparing a new edition of my treatise on this subject, which will soon appear, and convey all the information that it is in my power to communicate. I am, &c. JAMES SYME.

Edinburgh, August 18, 1854.

## UNIVERSITY OF LONDON.

THE following is a list of the candidates who lately passed the first examination for the degree of M.B. :—

## FIRST DIVISION.

Andrew, Edwyn, Univ. Coll.	Kilroy, A. R., London Hos.
Blake, J. G., B.A., Univ. Coll.	Maudsley, Henry, Univ. Coll.
Brodribb, U. P., B.A., Guy's Hos.	Newman, W., St. Barth. Hos.
Buzzard, Thomas, King's Coll.	Propert, J. L., King's Coll.
Clapton, E., St. Thos. Hos.	Ramsbotham, W. B., Univ. Coll.
Corbould, G. G., King's Coll.	Thorowgood, J. C., Univ. Coll.
Giles, S., B.A., Guy's Hos.	Turner, W., St. Barth. Hos.
Husband, J. B., Middl. Hos.	Veale, T. S., Univ. Coll.
Iliff, W. T., Guy's Hos.	West, J. F., St. Thos. Hos.

## SECOND DIVISION.

Bond, F. T., B.A., Queen's Coll., Birmingham.	Heath, C., King's Coll.
Castaneda, M., Univ. Coll.	Rice, James, King's Coll.
Clarke, F. W., Middl. Hos.	Sims, William, King's Coll.
Devonshire, C. J., King's Coll.	Skinner, W., St. Thos. Hos.
Dowling, F. J., King's Coll.	Theobald, R. M., M.A. Glasgow, Univ. Coll.

## GLEANINGS FROM THE OCCUPATION RETURNS OF THE CENSUS—1851.

## VITAL STATISTICS.

AGES OF MALES.—The males in Great Britain of 20 years of age and upwards (5,475,540) exceed the males under 20 years of age (4,779,313) by 696,227. Of the 14,422,801 people living in 1821, 6,981,068 were under 20 years of age, and 7,441,733 were 20 years of age and upwards; while of the 21,185,010 living in 1851, the numbers under 20 years of age were 9,558,114, and the numbers of the age of 20 years and upwards were 11,626,896.

PHYSIOLOGICAL DIVISION OF HUMAN LIFE.—Physiologists divide human life into four periods; the embryonic, immature, reproductive, and sterile ages: the first terminating at birth; the second at puberty, which is achieved at 15; the third at 45, after which few mothers have children; and the last at 100 and upwards. The numbers in Great Britain at the three latter periods are, males under 15, 3,754,936; of 15 and under 45, 4,811,172; of 45 and upwards, 1,851,235. The number of females under 15 was 3,703,144; of 15 and under 45, 4,984,299; of 45 and upwards, 2,080,224.

CENTENARIANS.—At the last Census 111 men and 208 women have been returned of ages ranging from 100 to 119 years; and to the scientific inquirer in the districts where these old people reside, an opportunity is afforded of investigating and setting at rest a problem of much greater interest than some of the curious questions that engage the attention of learned Societies. Two-thirds of the centenarians are women. Several of them in England are natives of parishes in Ireland or Scotland where no

efficient system of registration exists; few of them reside in the parishes where they were born and have been known from youth; many of the old people are paupers, and probably illiterate;—so that it would, no doubt, be difficult to obtain the documentary evidence which can alone be accepted as conclusive proof of such extraordinary ages. Until the system of registration and the Census have been for many years in operation, the evidence of extreme ages must remain indecisive; but there can be now no doubt that some of the twenty-one millions of people in Great Britain have lived a century; which may, therefore, be considered the circuit of time in which human life goes through all the phases of its evolution.

NUMBERS IN EVERY 100,000 BORN IN ENGLAND THAT ENTER EACH OF FIVE AGES.—If 100,000 children, born at the same time, are followed, and numbered at equal intervals on the journey through life, it is found that, according to the present mortality in England, 66,061 enter at the age of 20 the second of the five ages that have been characterised; that 53,824 enter at 40 the third age; that 37,998 enter at 60 the fourth age; that only 9382 live through the first four ages, and at 80 enter the fifth age, which it is not probable that more than one or two will pass over. Consequently, 33,939 never reach the second age; 46,176 never enter the third age (40—60); 62,002 never attain the fourth age (60—80); 90,618 never see the first year of the last age (80—100); and 99,998 never see the last year of the possible natural lifetime of Englishmen. Familiar friends, acquaintances, and contemporaries, every old man remembers—that he has lost nearly in these proportions, since childhood, youth, and manhood.

LIFETIME.—The probable lifetime of a male at birth in England is nearly 45 years; for as by that time a given number born is reduced by one-half, the chances of their attaining and of their not attaining that age are equal. The mean lifetime, or the average number of years that males live after birth, in England, is rather more than 40 years (or 40·36 years); so that if the natural lifetime is conceived to be graduated and subdivided into 100 degrees (years), only 40 of these degrees of lifetime are traversed on an average by the children of the healthiest nation of any magnitude in the world. The mean age of the male population of Great Britain in 1851 is found to be 25·87 years; it was 25·49 years in 1841, and 25·13 years in 1821. The mean age of the male population of England is 25·96 years; and if a correction is made, so as to give the ages of those living out of an equal number of births, the mean age is found to be 32 years. If all who were born lived to the end of the natural age—100 years, the mean age of the living would be 50 years. As there is no apparent reason why the mean "lifetime" in England should be 40 years; and as it is found to range in extent, under different circumstances, from 25 years in Liverpool and Manchester to 45 years in Surrey, and in other localities to a number of years still higher, there is good ground for believing that it may gradually be raised yet nearer to the complete natural lifetime.

EFFECTS OF THE PROLONGATION OF LIFE ON THE INCREASE OF POPULATION.—The prolongation of the life of generations, as well as the increase of births, tends to increase the numbers living at one time; that is, the numbers of the population. Thus, of 100,000 children born in Liverpool, only 44,797 live to the age of 20, while in Surrey that age is attained by 70,885 out of the same number of children born; the probable lifetime is about 6 years in our unhealthiest towns, 52 years in Surrey, and other comparatively healthy parts. In Manchester, where the mortality is high, 100,000 annual births only sustain, at the ages 20—40, a male population of 38,919; while in all England and Wales, where the mortality is now much lower, the same number of births produces a constant force of 61,215 men at that age; and at other ages similar disparities in the numbers living exist. Now, the mortality was not much less in all England formerly than it is now in Manchester; and the great diminution in the mortality of England evidently took place at such a period of the last and present centuries as left proportionally more survivors at the ages 20—40 in 1851 than at the corresponding ages in 1821, for the dangers and loss of life incurred by the generations born in the forty years 1781—1801 were greater than those which were encountered by the generations born in 1811—31.

MALES AND FEMALES.—After correcting the numbers of females at the middle ages, it appears that the females exceed the males in and belonging to the country by 133,654 at the age 20—40; as the males were 3,193,496; the females (corrected) 3,327,150. At the more advanced ages the excess in the number of females



is proportionally still greater; and the number of females of the age of 20 and upwards exceeds the number of males by 405,342; in 1841 the excess of females at the age of 20 and upwards was 370,125; while in 1821 the excess was only 266,533. Under the age of 20 the number of males has exceeded the number of females at every Census; which is accounted for by the fact, that boys are born in greater proportions than girls, and that the excess in the mortality of boys does not neutralise the excess until the second age.

**HUSBANDS, WIVES, WIDOWERS, WIDOWS.**—Great Britain, according to the Census returns, contains 3,391,271 husbands, and 3,461,524 wives; 382,969 men who have been husbands,—widowers; and 795,590 women who have been wives,—widows. If we take only persons of the age of 20 and upwards, the bachelors amount to 1,689,116; the spinsters to 1,767,194.

**BACHELORS AND SPINSTERS.**—If for the moment those of the age of 20 and under 40 years are called “young,” and those of the age of 40 and upwards are called “old,” it will be found that there are in the kingdom about 1,407,225 “young” and 359,969 “old” maids; 1,413,912 “young” and 275,204 “old” bachelors. Without pretending to decide or to pronounce an opinion upon the exact turning point of age, we call attention to the important fact, that while there are 1,848,853 wives in this second age, 20—40, we have 1,407,225 spinsters returned who are not and never have been married, against 1,413,912 bachelors of the corresponding period of life.

**FAMILIES.**—A great number of married people have no children living; and it was shown in the previous Report, from a limited but perhaps a sufficient number of facts, that about 28 in 100 married pairs had no children residing with them on the Census night. From other observations it may be estimated, however, that not more than 20 in 100 families are childless, and consequently that about 80 in 100 have children living. Of 100 widowers and widows, 59 had children, 41 had no children residing with them.

**ILLEGITIMATE BIRTHS.**—In 1851, the births of 615,865 living children were registered in England and Wales, 573,865 as the children of married, and 42,000 as the offspring of unmarried women; and the Census returns show that the women of the age 15—55 married were 2,553,894; the women unmarried, including widows as well as spinsters, 2,449,669. So that to 100 married women of that age 22·47 living children are born annually, and to 100 unmarried women 1·7 living children are annually born. Upon the hypothesis that as many unmarried women must, *ceteris paribus*, be living irregularly to every child born out of wedlock, as there are wives to every child born in wedlock, then 186,920, or 1 in 13 of the unmarried women, must be living so as to contribute as much to the births as an equal number of married women.

**BIRTHS.**—The British population contains a great reserve of more than a million unmarried men, and of more than a million unmarried women, in the prime of life, with as many more of younger ages; and if the whole of the population were married, the births in Great Britain would, instead of seven hundred thousand, be about sixteen hundred thousand annually, if they bore the same proportion to the wives at different ages as they do now.

**AGE AT MARRIAGE.**—The twenty-sixth year is the mean age at which men marry, and the twenty-fifth year the mean age at which women marry in England and Wales. About this period of life the growth of man is completed.

#### INCREASE OF POPULATION.

	Estimated Population of Great Britain and the Islands in the British Seas.	Increase of Population in the Century.
1651.....	6,378,000	
1751.....	7,392,000	1,014,000
1851.....	21,185,000	13,793,000

Thus according to the estimates, the people of these Islands amounted to more than seven millions in 1751, and to more than twenty-one millions in 1851; they having increased nearly fourteen millions in the hundred years; while the increase of the numbers in the preceding century (1651—1751) was only one million; and the numbers can scarcely be wrong either way more than half a million.

**NUMBERS OF PROFESSIONS.**—The Medical Profession has not, like the professions of Divinity and Law, any direct connexion with the State; its numbers (Sub-class 3) are 22,333—or, exclusive of students and assistants, 18,728; of whom 2323 are returned as Physicians, 15,163 as Surgeons or Apothecaries. The best oculists, arrists, and dentists have the licences of Surgeons, and are so returned. But many of the 1167 dentists are mechanists. The males of the Sub class 6, who supply the drugs

and instruments which the Medical Profession use, are 16,146,—of whom 15,333 are druggists, and 430 are surgical instrument makers. Empirics of various kinds,—worm doctors, homœopathic professors, herb doctors, and hydropathic practitioners,—figure in the sub-class to a small extent. The members of the Profession of the Law are the least numerous body, and sustain no competition from without, such as that to which the clergy and Medical men are exposed;—a competition which, however, chiefly affects the incomes of the latter class, as the incomes of the clergy are generally secured. The clergy of the Established Churches (18,587), the lawyers (16,763), and the Medical men (18,728), differ little from each other in numbers,—and in the aggregate amount to 54,078. The three Professions, with their allied and subordinate members, not differing greatly from the average of 37,000 to each, amount to 110,730, and their importance cannot be over-rated; yet, in point of mere numbers, they would be outvoted by the tailors of the kingdom.

**BIRTH-PLACES.**—The total population of Great Britain and the Islands in the British Seas is set down at 21,121,967; and if the soldiers and seamen abroad, of the Army, Royal Navy, and Merchant Service, are excluded, 20,959,477 inhabitants remain, whose birth-places are determined. Among this number it is found that 17,234,490 were born in England and Wales; 2,754,360 were born in Scotland; 122,808 were born in the Islands of the British Seas; 733,866 were born in Ireland; and 41,316 were born in the British Colonies; 72,637 having been born abroad. London contains natives of every county of England and Wales, of every part of the United Kingdom, and of all the principal countries of the world. The precise numbers of persons that were born in the different places will be found in the Tables; we shall here state the general facts in thousands. The population consists of 2,362,000; 967,000 being under the age of 20, and 1,395,000 of the age of 20 and upwards; 812,000 of the 967,000 under the age of 20 were born in London, and the greater part of the 967,000 are the children of the rest. Of the persons of the age of 20 and upwards, 645,000 were born in London, 588,000 were born in other parts of England, 14,000 in Wales, 26,000 in Scotland, 1600 in the Islands of the British Seas, 89,000 in Ireland, 7000 in the British Colonies, 24,000 in foreign parts, and 526 were born at sea. Hitherto the population has migrated from the high or the comparatively healthy ground of the country to the cities and sea-port towns, in which few families have lived for two generations. But it is evident that henceforward the great cities will not be like camps—or the fields on which the people of other places exercise their energies and industry—but the birth-places of a large part of the British race. About seventy-seven thousand children are born in London annually. Such arrangements of the houses, and of the squares and open spaces, should therefore be progressively made, as it is known, by experience, are conducive to the health, vigour, and efficient training of children. Facilities for the distribution over wider areas, and for the periodical concentration of the town population, can be made by the agency of the railways; and as the working people go and return to the shops at regular hours, they may evidently be conveyed at as little cost as any kind of merchandise; and thus we may hope that the worst of all birth-places—the crowded room, or the house of many families—will never be the birth-place of any considerable portion of the British population.

**DEAF MUTES.**—In Great Britain 12,553 persons (6384 males and 5669 females) are returned as deaf and dumb. Of this number, 10,314 are in England, 2155 in Scotland, and 84 in the Islands in the British Seas. From the proportion which the deaf and dumb bear to the general population, we learn that in Great Britain 1 in every 1670 inhabitants is a deaf mute, in England 1 in 1738, in Scotland 1 in 1340, and in the Islands 1 in 1704.

**HOSPITALS.**—The Census Returns show only 9876 persons of both sexes—5525 males, and 4351 females—in general hospitals for the sick on the night of 30th March, 1851. Patients in the military hospitals are not included. More than one-third of the whole number of the patients is returned in the various hospitals in London, where the sick are driven by their wants, or attracted by the extent of accommodation, the high professional standing of the Medical officers, and the immediate attention that is given in cases of accident and emergency. In Great Britain 1 in every 2122 of the whole population is sick in a general hospital; and of 10,000 males and as many females living, there are respectively 5·4 and 4·1 female patients. Among the occupations furnishing the largest number of patients are the following:—domestic servants, 1797, of whom 157 are males and 1640 females; agricultural and other labourers, 1495; seamen, 197; milliners and seamstresses, 232; charwomen and washerwomen, 166; shoemakers, 173; carpenters, 123.



CHOLERA.

THIS disease was fatal in the Metropolis, last week, to 729 persons,—same week in 1849, to 1230. Deaths from diarrhœa, 192. The following Table gives the relative numbers in the districts of London, with their elevation and population :—

DISTRICTS.	Elevation above Trinity High-water Mark.	Popula- tion in 1851.	Deaths from Cholera registered	
			in the Five Weeks ending Aug. 12.	in the Week ending Aug. 19.
LONDON ... ..	feet 39	2,362,236	1207	729
WEST DISTRICTS ... ..	28	376,427	102	184
NORTH DISTRICTS ... ..	135	490,396	62	38
CENTRAL DISTRICTS ... ..	49	393,256	58	22
EAST DISTRICTS ... ..	26	485,522	168	105
SOUTH DISTRICTS ... ..	6	616,635	817	370

Cholera has prevailed with great irregularity in London, and several sub-districts may be said to have enjoyed comparative immunity from its attacks. The neighbourhood of the polluted Thames (with its water at a temperature of 65° in the morning) marks the line of its devastating march, and Milbank Prison continues a focus of disease and death. It is worthy of remark, however, that whereas, in the week ending Aug. 12, the deaths from the disease had doubled on those of the preceding week, the mortality for the week ending Aug. 19 has only received an augmentation of 1-6th on the week previous, while the general mortality has only increased by 1.

We do not find that in the country districts the cholera makes much progress. Essex has suffered to a slight extent; Manchester has had a very slight warning; Sheerness has been lightly affected by ships with cholera from London; at Liverpool the numbers reported on August 22 for the week were 21; deaths from diarrhœa, 62—50 among children; Glasgow has experienced it severely; and in Ireland the disease, if not decreasing, is at least stationary, as far as numbers are concerned; Dublin is quite free from the disease.

The disease still prevails in the camps at Varna; in Naples, for six days preceding the 7th, the deaths from cholera were 3317; in Greece the epidemic was spreading greatly. Throughout the American Union it is diminishing.

FRANCE.—In Paris this disease has been rapidly gaining ground again after a temporary lull. The total number of cases received in the Hospitals from July 17 to August 2, both inclusive, was 633. 301 died, and 217 were discharged, during the same period. On the 14th, 15th, and 16th of August, there were 156 cases, and 81 deaths. There had been treated since November, 4884 cases; 1862 had been discharged, 2508 had died, and 514 removed under treatment. The total cases from the 3rd to the 16th of August inclusive was 789; 294 were discharged, and 379 died, during the same period. In the departments it has been extremely fatal. In the civil Hospital of Troyes, of 12 admissions, every one died; and, in a second report of 24 admissions, there were 22 deaths. At Morlaix, of 8 cases, 6 died. In a small district of the Haute-Marne, of 360 inhabitants, one-third of the population died in a few days. The general mortality in France has been 50 per cent. At Marseilles, from the 10th to the 29th of July, the deaths exceeded 100 daily. On the 30th the number fell to 76; on the 31st it was 103; and, on the 1st, 2nd, and 3rd of August, 67, 83, and 75. It has commenced at Strasbourg, and the deaths were 40 in the first four days. Montbredain is a village of 2000 inhabitants, in a healthy situation. It has been ravaged by the cholera since the 12th of July. The first case was that of a sucking child, brought from Paris, who died two days after his arrival. The second victim was the sister of the nurse of this child. Lyons has been attacked, although it entirely escaped in 1832 and 1849.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 17 :—  
NORTON, ALGERNON C. W., Monmouth Road, Bayswater.  
WILLIAMS, EVAN PIERCE, Denbigh.

APPOINTMENTS.

SURREY DISPENSARY.—Mr. T. H. Waterworth has been elected Surgeon to this Institution.

VACANCIES.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Dr. Norton has resigned his office as one of the Physicians to this Institution. Three candidates have already come forward for the vacancy, although it has not yet been formally announced. The election rests with the Managing Committee.  
HALIFAX INFIRMARY AND DISPENSARY.—A Resident Medical Officer is required. Election Sept. 27.

DEATH.

ROGERS.—Aug. 11, at 26, Bedford Street, Covent Garden, Samuel Rogers, Esq., Surgeon, in the 92nd year of his age, formerly of Hendon and Kilburn, Middlesex.

DEATHS IN ENGLAND AND WALES, 1852.—From the Report of the Registrar-General for the year 1852 it would appear that in a population estimated at 17,927,609 there occurred a total of 407,138 deaths, being of males 207,042, and of females 200,096. Hence it appears that about 1 in 44 of the population expires every year, and that, while in 1852 there were 14,082 more males born than females, their deaths only exceeded those of the females by 6,946. By far the most fatal quarter for both sexes is that between the end of December and the beginning of April, and the healthiest is that between the 1st of October and the 31st of December. The quarterly numbers are—ending 31st of March, 106,358; 30th of June, 100,625; 30th of September, 100,385; and 31st of December, 99,770. The largest amount of deaths was in the north-western division, where there were 71,117 out of a population of 2,490,827, being about 1 in 35; and the smallest in the northern division, where there were 22,235 out of a population of 969,126. In the south-eastern, the south-midland, and the eastern divisions the deaths average about 1 in 50. In the London division they are about 1 in 43. Reviewing the whole document, we find that there were, in 1852, 317,564 persons married, or 159,782 marriages, 623,990 births, and 407,138 deaths.

THE MORTALITY OF GATESHEAD.—In the Report of the Cholera Commissioners on Gateshead, just published, it is stated, that the mortality among every 1000 inhabitants of Gateshead, during the last 15 years, has been 30.1 per cent. per annum. The Commissioners remark, that, bearing in mind the great sanitary capabilities of Gateshead, they cannot doubt that this actual annual death-rate is at least double the natural or necessary death-rate of the place; that, on the assumptions previously made with regard to Newcastle, and supposing the population of Gateshead, during that period, to have averaged 20,000, it would follow that, on the average of these 15 years, some 280, 300, or even 320 lives have annually been sacrificed in Gateshead, owing to the artificial aggravation of natural diseases; and that, considering the number of not fatal cases which must have occurred for each of these fatal cases of artificially aggravated disease, even the above figures will convey but a faint idea of the afflictions entailed upon the inhabitants by the absence of proper sanitary arrangements.

MORTALITY NOTABILIA.—The number of deaths from all causes returned for the week that ended last Saturday was 1833. The present return exhibits an excess of 609 above the estimated amount.

Births.—Last week the births of 813 boys and 756 girls, in all 1569 children, were registered in London. The average number in nine corresponding weeks of the years 1845-53 was 1363.

Meteorology.—The mean height of the barometer in the week was 29.813 in. The mean temperature of the week was 59.9°, which is 1.2° below the average of the same week in 38 years. The mean daily temperature was below the average 6.4° on Thursday. The highest temperature of the week occurred on Sunday, and was 79.8°; the lowest was 43.0° on Friday. The mean dew-point temperature was 51.2°.



DEATHS REGISTERED in the Metropolis for the Week ending  
Saturday, August 19, 1854.

CAUSES OF DEATH.	AUG. 19.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	815	735	281	1833	11130
SPECIFIED CAUSES .. .. .	814	735	281	1832	11067
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	510	465	136	1112	4402
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Di- seases of uncertain or variable seat. . . . .	4	21	14	39	432
3. Tubercular Diseases .. .. .	87	113	5	205	1763
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	65	29	24	119	1112
5. Diseases of the Heart and Blood- vessels .. .. .	..	12	16	28	286
6. Diseases of the Lungs and of the other Organs of Respiration ..	42	23	18	83	772
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	26	29	17	72	708
8. Diseases of the Kidneys, etc. ..	1	12	1	14	105
9. Childbirth, Diseases of the Uterus .. .. .	..	8	..	8	76
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	3	8	2	14	72
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	..	2	..	2	14
12. Malformations .. .. .	2	..	..	2	26
13. Premature Birth and Debility ..	27	1	..	28	243
14. Atrophy .. .. .	31	2	7	40	334
15. Age .. .. .	..	..	39	39	375
16. Sudden .. .. .	..	..	..	..	51
17. Violence, Privation, Cold, and In- temperance .. .. .	16	10	1	27	296
CAUSES NOT SPECIFIED .. .. .	1	..	..	1	63

### BOOKS RECEIVED.

- Suggestions for Improvements in the Sewerage of Cities and Towns. By C. F. Moore, M.D. Dublin: Hodges and Smith. 1854. [A small pamphlet, containing useful suggestions.]
- Household Hints, by a Practising Physician, on Cholera, Diarrhoea, etc. London: Wilson. 1854. [The rules of diet and general guidance, and the Domestic Sanitary Measures recommended in this pamphlet are sound and judicious, and likely to do great good if acted upon.]
- A Lecture on Respiration. By T. Hopley. London: Churchill. 1854.
- Twenty-seventh Annual Report of the Perth Lunatic Asylum. Perth, 1854.
- Harrogate and its Resources. 1854.
- Moffat, its Walks and Wells. Glasgow: Blackie. 1854.
- A Manual of the Practice of Medicine. By T. H. Tanner, M.D. Second Edition. London: Renshaw. 1854.
- The Ear in Health and Disease. By W. Harvey, F.R.C.S. London: Renshaw. 1854.
- Practical Remarks on the Treatment of Spermatorrhoea, etc. By John L. Milton, M.R.C.S. London: Highley. 1854. [A reprint of some papers which appeared in a Weekly Journal.]
- Asiatic Cholera. By T. Harvey, Esq. Second Edition. London: Wilson. 1854.
- On the Use of Vegetable and Mineral Acids in the Treatment of Cholera. By J. H. Tucker. London: Churchill. 1854.
- Journal of the Statistical Society of London. September, 1854.
- Notification of the Central Board of Health of Jamaica. 1854.
- Sulphur as a Remedy in Cholera and Diarrhoea. By John Grove, M.R.C.S. Second Edition. London: Ridgway. 1854.
- Observations on the Nature and Treatment of Asiatic Cholera. By J. Tucker, M.D., M.R.C.S. London: Baillière.
- The Climate of the Island of Madeira. By J. M. Bloxam, Esq. London: Richards. 1854.

### TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—You have been kind enough to insert two letters from me relative to the “Fluid Pound:” can you favour me to give space for this? In the *Pharmaceutical Journal* of this month, I perceive there is a letter from Mr. Edward Northway Bult, containing an extract of my last letter, to which he has thought proper to offer some observations in the form of comments. He proceeds to instruct the medical world as regards specific gravity, as follows:—“Now, if ‘Experienced Dispenser’ would study weights and measures himself, he would find that one ounce, apothecaries measure, of distilled water weighs exactly one ounce avoirdupois, and not one ounce apothecaries’ weight, as stated. It is not inconsistent to dispense the avoirdupois pound of 3xvj., because in that case, both weight and measure are in the same proportion; whereas, if apothecaries’ pound of 3xij. were dispensed, the proportion would be different,—thus producing the inconsistency complained of. Further, he states, that the apothecaries pound, if weighed, would measure 3xij. 3j. m12½.”

These are facts which I do not pretend to deny; and it is to be hoped that all chemists are well acquainted with, having such a valuable book of reference as Gray’s Supplement to the Pharmacopœia. The remarks of Mr. Bult show palpably, that the avoirdupois pound is observed simply as the pound avoirdupois would be, in the same proportion throughout. I might be inclined to agree with Mr. Bult, if I had not had some little opportunity in studying weights and measures, and, unfortunately, been

compelled to dispense the fluid pound as 3xij. and 3xvj.; and, as I before observed in my first letter, all pharmaceutical preparations are prepared by apothecaries’ weight and measure, and why not prescriptions? And I again assert, that apothecaries’ weight and measure are what the chemist ought to observe, though custom compels us to deviate at times. 3viij. constitute the 3j., and 3xij. to the fluid pound. Mr. Bult and I both agree on the main point, that the symbol pound should be entirely abandoned by Physicians and Medical Prescribers. If the letters that I have written have had a tendency to decrease the frequency of writing the lb., my sole object is perfectly realised, and the Public have much to thank your Journal for in publishing the letters. I will take the opportunity of mentioning, that I had written a letter to the *Pharmaceutical Journal*, which I thought would be more appropriate than the last sent to your Journal, as I took the liberty to suggest a plan whereby a great number of the irregularities now existing might be effectually obviated, and which would tend better to qualify the chemist; but, not being authenticated with the name of the author, preference was given to the letter which I have alluded to. As I have no object in concealing my name, I will dispense with the anonymons “Experienced Dispenser,” and subscribe myself,  
Yours, &c.  
Tottenham.

G. MEDCALF.

Dr. Robert Lee’s paper on Chloroform in Midwifery shall appear next week.

Mr. W.—*Bene facit qui ex aliorum erroribus sibi exemplum sumat.*

Mr. Lizars’ paper on Chloroform is marked for early insertion.

An Assistant-Surgeon, R.N., will find all the particulars he requires in our advertising columns last week.

Dr. H. West.—The first division of the English Medical Staff for the Turkish Army has been completed. Only twenty gentlemen have been as yet appointed, and no increase will take place until further directions arrive from Constantinople. The number of applications was so great that many gentlemen did not receive answers to their letters, owing to the great amount of additional labour lately thrown upon the clerks at the office of the Army Medical Department.

Mr. Hayes’s letter on the Dentistry of the Greeks shall appear next week.

Students, Yorkshire.—Mr. Jones, in Aldersgate-street; Mr. Nock, Bloomsbury-street; and Mr. Kimpton, Wardour-street, are second-hand medical booksellers.

Dr. Gibbs’s case of sugar present in the fluid of ascites shall appear.

Omega.—The form filled up as explained by our correspondent would be a legal document.

An Edinburgh Graduate.—The report we copied from the *Times* was erroneous. The Bill that passed was that of the London University. Scottish Graduates are *in statu quo*.

Dr. Greenhow’s paper on the Treatment of Cholera shall be inserted next week.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you oblige me by stating in your next Number what the requirements are for obtaining a Surgeony in the Militia, and how the appointment is procured? I am, &c. T. S. D.

Birmingham, August 14, 1854.

Inquirer.—The following is an outline of Dr. Stevens’ Saline Treatment of Cholera:—“If the bowels be not already relaxed, this should be induced by giving a seidlitz powder, and as soon as the bowels act, commence with the ‘saline powders,’ giving one of them, dissolved in half a tumblerful of tepid or cold water, as often as the pain or purging occurs. Each ‘saline powder’ contains seven grains of chlorate of potash, a scruple of common table salt, and half a drachm of bicarbonate of soda. It may be necessary at first to give one every half-hour or hour; the patient being kept in bed. If the surface or extremities become cold, hot water bottles or tins should be applied to the stomach, and to the feet especially; warm frictions with flannels or hot towels to be assiduously administered to the body itself, and in severe cases, by a person to each limb also. Mustard poultices may be applied to the feet, stomach, and between the shoulders. Should the purging not abate in a few hours, a tea-spoonful of tincture of catechu may be given with each dose of the saline. If the stomach be found very irritable, small doses of effervescing draughts or Seidlitz Powders may be given. A few drops of liquor ammoniac in a glass of water sometimes succeeds in staying sickness, when the effervescing draught fails. An enema of salt and water, hot as the finger can comfortably bear it, may be administered every three or four hours. Other auxiliaries, when at hand, may be employed:—such as warm salt baths, vapour, and hot-air baths. The best means of fumigation, according to Dr. Stevens, is to put a teaspoonful of gunpowder on a plate and light it, and, if the patient be absent, such plates may be placed two or three yards apart throughout the room. Diet.—Small quantities of clear beef-tea, well-salted, at frequent intervals; rice-gruel, toast-and-water, and cold water, *ad libitum*. All solid food should be carefully avoided.”

IV. H. H., if a Medical Practitioner, will receive the Returns referred to on application, by letter, to the Registrar-General, Somerset-house.

COMMUNICATIONS have been received from—

Mr. PHILBRICK, Colchester; Dr. MOORE; Mr. GIBB and Mr. WILSON, Newcastle; Dr. GARRETT; Mr. HOWDON; Mr. HOOPER; Mr. HARVEY LUDLOW; Mr. BULLEY, Reading; Dr. STARKEY, Ballinasloe; Dr. ARNOTT; Mr. SYME, Edinburgh; Dr. TUNSTALL, Bath; Mr. O’CONNOR; Dr. MACINTYRE; Mr. W. SANDS COX, Birmingham; Dr. BENICE JONES; Dr. MONCKTON; Dr. LEARED; Dr. SIEVERING; Mr. MEDCALF; Dr. ROBERT LEE; W. H. H.; Mr. W.; Mr. LIZARS; AN ASSISTANT-SURGEON; Dr. H. WEST; Mr. HAYES; STUDENS, Yorkshire; Dr. GIBBS; OMEGA; AN EDINBURGH GRADUATE; Dr. GREENHOW; T. S. D.; INQUIRER.



ORIGINAL LECTURES.

LECTURES

ON

MATERIA MEDICA,

GIVEN AT

The Royal College of Physicians,

IN MARCH, 1854.

By H. BENCE JONES, M.D., A.M., F.R.S.

Physician to St. George's Hospital.

LECTURE I.

(Continued from page 206.)

HAVING in the first part of this Lecture dwelt on the composition of fermented liquids, I proceed now to the medical and poisonous action of the alcohol and other substances present in them. Alcohol, like most, if not all stimulants, does not act on muscles and nerves with more energy the greater the quantity of the stimulant taken. When a great excess is administered it acts like cold or heat externally, or like ether or chloroform internally when inhaled. In great excess these substances cease to act on the nerves and muscles as stimulants, but, on the contrary, they produce insensibility, depression, coma, and death. During the course of these Lectures, I shall have occasion to dwell on the same double action as exhibited by quinine, which acts in small doses as a stimulant, and in large doses produces the most remarkable depression of the nervous system. In digitalis, and even in opium, the same double action may also be observed. In addition to the stimulating action of alcohol on the muscular structures and nerves, it acts through the circulation on every tissue. It produces a chemical effect. This is best seen when it is used for the preservation of morbid specimens. Even in the living body, this action may be observed, but it cannot be separated from the effect produced by the stimulating action. Thus alcohol hardens the skin when applied locally. It hardens and thickens the stomach. When long continued it thickens the cellular tissues of the liver. It passes off by the lungs and kidneys, and affects both organs. Ultimately it lessens the amount of carbonic acid expired, and hinders the removal of the products of decomposition by the urine. It changes the composition of the blood, and affects the nutrition of every organ and structure of the body. It has its own peculiar poisonous action on the muscles and nerves. As a poison it has been placed by its effect on the nerves and muscles between ergot of rye and arsenic. My time will not allow me to give you many illustrations of the general paralysis of the nerves and muscles, which results from the excessive use of alcohol. I must refer you to this work of Dr. Magnus Huss, (a) from pages 50 to 75. I may shortly however mention the following case, which was admitted into St. George's Hospital, December, 1853. A bricklayer, aged 32, had habitually taken large quantities of stimulants, as much as five or six quarts of beer, and half-a-pint, and even more, of gin daily. About six weeks previous to his admission he was attacked with numbness of the right leg from the ankle to the knee; a few days after the left leg became numb; after a week, the numbness, with formication, commenced in both hands; after about five weeks the nose and both cheeks became numb, and increasing loss of power in the extremities obliged him to give up work and come to the Hospital. He had a similar attack six years previously, and recovered after thirty-six week's treatment. On admission there was scarcely any feeling in his legs nearly to the thighs, nor in the arms up to the elbows. Both sides of the face and nose were also numb, but the forehead was free. He had difficulty in walking, and had lost much of his manual power; for the first six weeks he continued to become more and more paralysed; becoming unable to move his feet, and having very little power over his hands. After this his hands began to regain their strength. In three months, after full doses of tincture of cantharides, and extract of nux vomica, he was enabled to walk, and he left the house to return to his work four months after his admission. The resemblance of this case to one given by Dr. Huss, in which the paralysis was caused by ergot of rye, is worthy of your notice.

A woman, aged 48, having been perfectly well ten weeks

before her admission, was taken suddenly ill at night with violent sickness, which lasted two days. She had pain in head, and a feeling of weakness in the limbs. She remained weak for eight days; she suffered from formication in the extremities, with pain sometimes amounting to cramp. Unsteadiness of the arms and legs succeeded, so that she could scarcely walk or pick up things. This increased to perfect paralysis of motion and sensation, without any pain in the head or back; the bowels acting regularly. Other persons in the same village were affected in the same way. With baths and strychnine in two months she recovered the use of her limbs.

I need not here dwell on the paralysis which is caused by arsenic, still less on that produced by lead. Phosphorus also is said to produce the same symptoms of paralysis. For the difference between the paralysis from these different causes, and for the distinction between the general paralysis of the insane, and the general paralysis from alcohol, I must refer you to Dr. Huss's work.

Alcohol is the chief poisonous ingredient of unadulterated fermented liquids. Like all poisons, when not taken in too large a quantity, or too long continued, it has a medicinal action, on which its dietetic value depends. This action may be summed up in one word, stimulant.

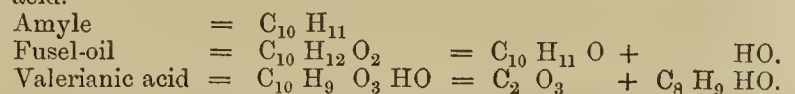
But fermented liquids do not consist of water and alcohol alone. Other substances are present also,—of these as most nearly related to the alcohol in volatility and action, I shall next mention volatile oils and ethers. These volatile oils and ethers chiefly determine the excellencies of different wines; the quantity present in any wine is usually so small, that very little can, under any circumstances, be taken into the body. Still these substances are of great interest, to the chemist because many of these principles have lately been formed artificially, to the Medical man because of the energetic action which some of these substances exhibit.

Here are some of the most remarkable of these flavouring principles which have lately been artificially prepared. Here is the essence of pear, here of pine-apple, here of grapes, here of black-currants, and of many other fruits. These substances now made in large quantities are in daily use. Some of them are peculiar ethers, others are fusel oil compounds.

There can be little doubt that the odoriferous principles of different wines will, like those of the different fruits, be ultimately formed artificially. Essence of cogniac is now manufactured.

Here is a specimen of cœnanthic ether, which is present in all wines, and which is not the cause of the peculiar flavour of wine. It was discovered by Liebig and Pelouze. It has been formed artificially by oxidising oleic acid, and by the action of nitric acid on the etherial oil of rue. Moreover, the acid of this ether (cœnanthic acid) has been found to exist in the pelargonium roseum. It is said that, in 400,000 parts of wine, one part of this ether exists. In Bourdeaux wine other ethers, as acetic ether, butyric ether, and valerianic ether, are said to exist, and these ethers contribute to that aroma which so quickly disappears on opening these wines. The Rhine wines contain even a higher aroma, but I know of no experiments on the ethers of these wines. The minute quantity present alone prevents a perfect investigation of the subject.

In obtaining spirit from potatoes, beet-root, and molasses, a peculiar oil is met with, which is called fusel oil. When corn and wine are distilled, a somewhat different fusel oil occurs. This substance is the alcohol of the amyle series. It corresponds to the common alcohol belonging to the ethyl series; as the acid of alcohol is acetic acid, so the acid of the amyle series is valerianic acid.



Fusel-oil is thought to exist in small quantity in some wine. Certainly it exists in corn and potato brandy, and to it some of the injurious action of these fluids has been ascribed.

Mitscherlich gives the following as the properties of fusel oil. It injures the digestion, and causes a peculiar, uncomfortable affection of the brain, consisting of pain and constriction of the head. When inhaled, it caused pain in the head, and a peculiar, unpleasant feel, which was transitory.

1st. It is a strong poison. Half-an-ounce killed a rabbit in a quarter of an hour, and a dog in six hours. Three drachms killed a large rabbit in an hour. Two drachms, in an hour and three quarters, did not kill a larger rabbit.

2ndly. When taken, it is absorbed, and is detectable in the breath.

3rdly. It causes symptoms of drunkenness; uneasy restlessness; increased frequency of the heart's action and of respiration;

(a) Chronische Alkoholskrankheit oder Alcoholismus Chronicus. Von Dr. Magnus Huss. Stockholm, 1852.



unsteadiness in moving; insensibility; loss of motion; cramp; mucous evacuations; hurried breathing; slow death. Large doses more quickly produce these symptoms.

4thly. The morbid appearances are the same as those produced by etherial oil. The stomach is found externally pale, and blood-vessels empty; within, there is a greyish white yellowish hue; vessels uninjected; mucous membrane soft, presenting many bloody points, with effusion of blood between the mucous and muscular coat; the mucous membrane is thickened, with healthy gland-cells. The small intestine contained much mucus. The kidneys, bladder, and lungs were more red than usual. The brain showed nothing remarkable.

Dr. Huss gives the following remarkable statement regarding fusel oil:—"In Sweden, a confirmed drunkard prefers brandy containing fusel oil to the pure brandy. The spirit he asks for is called 'good fusel,' it is usually thought, because it is stronger and scratches the throat. Some, however, told him, that it removed the uncomfortable feeling at the chest better than other spirit. Others said, that when they awoke in the morning, feeble, shaking, and with uneasy feeling, this went away quicker with fusel than with common brandy." This induced him to try its action in removing the tremor, restlessness, and fornication, and general feeling of weakness and qualm of the chest, which are the precursors of the full action of alcohol. He found fusel oil very efficacious, at least in affording temporary relief. He gave one to two grains from four to six times a day in the following form:—

Potato fusel oil, one scruple; powder of marsh-mallow root, one drachm; syrup as much as was necessary. To be divided into forty pills. Two pills to be taken six times a day.

In those who are not drunkards, he says, that in doses of  $\frac{1}{2}$  to  $\frac{1}{4}$  a grain, it causes heat in the stomach. From one to two grains causes nausea, tightness of the chest, transitory giddiness, pain in the head. Three to four grains strongly irritate the stomach and bowels, causing heat and burning at the epigastrium, sickness, cholic pains, and diarrhoea; after which the medicine becomes so unendurable, that the mere smell is sufficient to cause sickness, and, even in small doses, it cannot be continued. There is a close resemblance in these symptoms to those produced by bad wine; and it is very probable that fusel oil may be the cause of the feelings produced after bad wine has been drunk.

I must pass on now to the fixed constituents of fermented liquids. In the first column of the tables before you the quantity of acid in each fluid is given; while, in the second column, the quantity of sugar is stated. I have already said that the potential acidity of these fluids must be taken to be represented by the addition of the actual acidity to the amount of sugar. In some states of stomach it is the primary acidity which causes uneasiness and indigestion, but usually it is the ultimate acidity which affects the stomach, and, through it, the urine.

Regarding the nature of the acid in fermented fluids, much interesting information has yet to be obtained. Even the amount of tannic acid in different wines is undetermined. This acid is probably chiefly derived from the stalks and skins of the grape, and in brandy from the cask.

In a dietetic and medicinal point of view, the acidifying action of these fluids is to be considered next to the stimulating action. In each case this must be determined by adding the amount of sugar to the amount of acid. You will daily meet with statements that such and such a wine is perfectly free from acidity. I have not unfrequently found such wine not only highly acid, but containing much sugar, which conceals the acid taste, but ultimately adds to the acidity of the fluid when taken.

Generally in sherry wine, the darker the wine the more acid and sugar is present. There are exceptions, however, even to this rule.

Ale, porter, and stout, in the amount of actual acid which they contain, appear much superior to wine; but, from the amount of sugar present in these fluids, the potential acid is much greater than in all wine, excepting only some kinds of port wine.

I have not time now to dwell on the great rapidity and ease with which the sugar in malt liquids passes into acid. Such glucose changes far more easily than cane or even grape sugar, and hence, perhaps, the tendency of such fluids to cause acidity and indigestion.

I am able now only to say a few words on the colour of wines. It is very striking to see the effect of the acidity on the colour of different wines. When the acid is neutralised, the colour becomes with white wine much deeper, with red wine more purple. Some white wine even turns reddish brown when the acid is neutralised. Usually the colour is derived from the skins of the grape; sometimes, even in Portugal, from elder-berries; some-

times from litmus, as in some pink champagne. M. Batillot has separated two colouring matters from red French wines. He has called them rosine and purpate. The action, if any, of these colouring matters on the system is unknown.

I therefore pass on to some other of the fixed ingredients. These are represented by the substances left when the fermented fluid is evaporated and burnt.

In distilled spirits, no salts whatever can be present, unless, indeed, the brandy is impure. Red wine is thought to contain more salts than white wine, and Rhine and Moselle wines contain more salts than the French and Portuguese wines. Accurate experimental results are much wanted on this subject.

In Moselle and Rhine wine tartrate of alumina and potash is said to exist; also malate of lime, and malate and acetate of magnesia.

In Bordeaux wine, tartrate of iron and potash. Indeed, in all wine iron exists; thus all wines are weak steel wine. Here, for example, is the ash of port wine, sherry, Rhine wine, and claret; and in each of these the simplest experiment shows you, as you see, that iron is very evident.

A small portion of the ash of each was dissolved in very dilute pure hydrochloric acid, the acid just neutralised, and the liquid then tested with ferro-prussiate of potassa. In each case, Prussian blue was immediately formed.

The following analysis of the ash of grape-juice may enable you to come to some knowledge regarding the salts likely to be present in wine:—

	Unripe Blue Grapes. Ash of Juice.	Ripe Blue Grapes. Ash of Juice.	Ripe Blue Grapes. Ash of Juice.	Ripe Green Grapes. Ash of Juice.	Blue Grapes. Ash of Skin.	Green Grapes. Ash of Skin.
Potassa ...	66.33	65.04	71.85	62.74	41.65	46.89
Soda ...	0.33	0.42	1.20	2.66	2.13	1.62
Lime ...	5.20	3.37	3.39	5.11	20.31	21.73
Magnesia...	3.27	4.74	3.97	3.95	6.02	4.45
Alumina ...	—	—	—	—	—	—
Sesquioxide Iron...	0.73	0.43	0.09	0.40	2.11	1.97
Ditto Manganese...	0.82	0.75	0.10	0.30	0.76	0.51
Sulphuric Acid ...	—	5.54	3.65	4.89	3.48	3.88
Hydrochloric Acid	5.19	—	—	—	—	—
Chlorine ...	0.70	1.03	0.47	0.70	0.49	0.71
Siluric Acid ...	1.99	2.10	1.19	2.18	3.56	2.57
Phosphoric Acid...	15.38	16.59	14.07	17.04	19.57	15.66
Percentage of Ash	0.259	0.340	0.409	0.290	3.745	4.321

In the translation of Liebig and Kopp's Reports of the Progress of Chemistry for 1848, p. 319, you will find twenty-two analyses of the ash of different kinds of ale and porter. The ash varies from  $3\frac{1}{2}$  to 14 per cent.; while in grape-juice it is not more than from  $\frac{1}{4}$  to  $\frac{1}{2}$  per cent. only; and in wine it is probably less still. Wine, probably, never contains so much as  $\frac{1}{2}$  per cent. of ash.

The ash of beer contains much more soda than potassa. It also contains lime and magnesia. It contains no trace of iron, and no manganese. It contains sulphuric, phosphoric, silicic acids, and chlorine.

Generally, then, it may be said, that beer contains much saline matter, wines contain very little, and spirits contain none at all. Each year our knowledge of the chemical composition of these fluids will increase, and, with advancing knowledge, we shall obtain more clearness regarding the dietetic and medicinal properties of all fermented liquids. At present, the answer to the question, Which is the best wine? cannot be given, because of the imperfect knowledge which we possess of the chemical composition of different wines. But, even when full knowledge is obtained, no universal answer can be given; for that wine which is best in one state, or for one person, may be the worst in a different state, or for another person. Generally, however, it may be said, that that wine is best which contains least alcohol, least acid, least sugar, and highest flavour. This is the best for a person in health; while, for a person in a state of low fever, that wine which contains least salts, most sugar, most astringent acid, and most alcohol, will cause least irritation of the bowels, will furnish most nutriment, be most febrifuge, and



most supporting. Where there is much irritation and much depression, brandy will be better than wine.

In some states in which diuretic action is desirable, Moselle wine, by the excess of salts it contains, may prove almost as energetic, and far less heating, than the essential oil in gin or whiskey,—the difference in action being, that between cream of tartar and oil of turpentine.

In diabetes, ale and porter, which contain much sugar, cannot, on rational grounds, be advised; while claret, which is free from sugar, and contains perhaps much tannic acid, is highly beneficial; while cyder, though free from sugar, contains much malic acid, and is diuretic.

In dyspepsia and gout, the wine which is freest from ultimate acidity, and which is least stimulating, is best. The least acid claret wines first, and then some sherry, and even perfectly dry champagne, when very free from excess of acid, are not unsuitable. When a taste is acquired for good Mansanilla, it answers all the requirements, and is obtained at a far cheaper rate than first-rate Amontillada sherry, which may be procured free from all sugar, and with little acid, and scarcely stronger than Mansanilla; and so far surpasses it in flavour, that the difference in expense is almost forgotten. But, by adding water to brandy or other spirit, a fluid is obtained which is far less acid than any wine, and which may be made of any strength, and be free from all sugar. Theory, then, as well as practice leads to the belief, that, if any stimulant is taken in dyspepsia, the best is brandy and water.

With regard to porter and stout, these containing little acid have much sugar, and hence give rise to much more acidity than some pale ale. Some pale ale may be found less sweet and acid than ordinary sherry, but generally pale ale is ultimately more acid than sherry, and less stimulating; yet for this compensation is made in the greater quantity of ale drunk. The larger quantity of salts also in malt liquors must always be borne in mind.

Such is the meagre information which at present is the best I can bring before you to enable you to answer the question, What may I drink? The results given in the Tables will, I hope, be the commencement of more perfect knowledge on this subject.

It is at least interesting to see how general experience confirms the results which I have brought before you.

As the chemical composition of wine becomes more fully known, it is probable that the demand for strong, sweet wines will decrease, and then we shall be able to obtain port and sherry, which will keep much worse, but drink much better than most of the port and sherry which is at present imported. Such wine will be equal, and probably even superior to the least acid claret, which, judging from the experiments I have made, when good, is at present to be preferred to any other wine.

## ORIGINAL COMMUNICATIONS.

### NAVY MEDICAL REPORTS

No. XXIII.

#### REPORT ON THE SCURVY WHICH APPEARED IN THE BLACK SEA FLEET IN MAY, 1854,

WITH REMARKS ON HEMERALOPIA AS A SYMPTOM OF THAT DISEASE.

By JOHN REES,

Acting Deputy-Inspector of the Fleet.

It has occurred to me that a more connected report of the scurvy which has recently appeared in this Fleet may be expected of me. But as the cases which happened were few and abstractedly uninteresting and unimportant, the following remarks must be directed almost exclusively to the causes of the disease.

It will be necessary, in the first place, to show the condition as to general health of the Fleet when they entered the Black Sea in March, became reduced to salt provisions, and exposed to the other causes of scorbutus. And, for that purpose, the sanitary history of the Fleet must be traced back a little.

In June last year the Fleet arrived at Besika Bay, and anchored off the marshy plains of old Troy. This anchorage appeared at the time objectionable in a medico-topographical point of view. But it was necessary, in the then state of the Eastern Question, that the Fleet should take up a position in the

immediate vicinity of the entrance to the Dardanelles, and this was the only safe anchorage in that vicinity.

The prevailing wind in the summer and autumn in Besika was the north-east, and which, veering a little to the eastward during the night, which it generally did, blew then right on the ships from the marshes; and it was not, therefore, surprising, that, with the beginning of August, cases of intermittent and remittent fever made their appearance. From this date till the 22nd of October, when the Fleet quitted the place to enter the Dardanelles, there had occurred in the larger ships, with a total mean complement of 6149 in officers and men, one thousand three hundred and sixty cases; but of which only nine terminated fatally.

I may here repeat some of the more salient facts connected with this fever. The ships suffered very much in proportion to their respective distances from the centre of a large marsh near the beach. The per-centage of cases in reference to the mean strength of the crews was 24.42. The boats' crews suffered less than any other class of men; and, although they went to water to the edge of a large marsh, that duty being performed in the day-time, their crews did not suffer; but boats were not allowed to be away from their ships between sunset and sunrise.

Each patient on an average spent 4.77 days on the sick-list, and took 45.60 grains of quinine, and the quantity taken of that medicine was found to bear considerable relation to the time spent under treatment. For example, while in one ship (I quote extreme instances) each patient on an average took 49 grains of quinine, and was only four days on the list; in another ship, the average consumption of quinine by such cases was only 21 grains, and the average number of days spent on the list was eleven. These figures are not absolutely correct, but they afford a good approximate proof in favour of the free use of quinine. And if the separate history of all the cases were followed up, the number of relapses would, I have little doubt, be found to correspond very much with the quantity of quinine exhibited, especially in the first attacks.

Quinine is the universal medicine, even in the remittent fever of this part of the East, given in large doses frequently, and not during the period of remission only, which is often so little marked and so transient, that time is not allowed for the exhibition of the medicine, on the principle of waiting for remissions. Nor must the complications, even of the fever, be allowed to deter the Practitioner from the regular and free use of quinine.

The Surgeons of the Allied Armies will have to encounter this enemy on the Danube in great force in the months of August and September; but it will be found to succumb to large doses of quinine, given regularly, without regard to the periods of the fever or the accompanying complications, the treatment of which must be collateral to the quinine treatment, and which it must not interrupt.

The Besika fever, although extremely mild, as established by the facts above quoted, had yet an important bearing on the special subject of this report. The frequent relapses during the following winter greatly debilitated the men subject to them, and rendering them less able to encounter the hardships and privations of the ancient Aænus.

The Fleet quitted the anchorage at Besika in the end of Oct., passed through the Dardanelles, crossed the Sea of Marmora, and stemmed the "icy current" of the Bosphorus as far as Beikos Bay, where most part of the winter was spent, the fleet only once moving to make a short cruise of three weeks in the Euxine in the month of January. We did not find in the Bosphorus that Capua which we were represented to have found by some of "Our Own Correspondents."

The weather was cold, wet, and snowy, the thermometer averaging 43.5; but the cold felt was, on account of the extreme dampness of the atmosphere, out of all proportion to the indications of the thermometer. It was so much felt, and the snow-storms in the beginning of the year were so frequent, that the lower deck ports had to be kept almost constantly lowered, to the serious interruption of the ventilation of those decks, and which in the most favourable weather, and with the best arrangement and attention, is always, of course, imperfect. Then, again, from the 1st of January, when the Russians were ordered into their ports, no leave could be given, and the men had to be kept cooped on board, in order that the fleet might be in readiness to enter the Black Sea at any moment.

The Allied Fleets, having about 20,000 men on board, and appearing suddenly on the Bosphorus, soon embarrassed the resources of that district, and fresh provisions could not be issued daily during our stay in that place. In the last quarter of 1853, the days on fresh provisions were 54. In the following quarter



they were 50. The vegetables supplied were good; but the beef, in a country where stall-feeding is not practised, even in the winter, was not of the best quality.

We have now traced the sanitary history of the fleet through a part of last summer and of the following winter, from off the plains of old Troy to the edge of the Euxine. Another page in that history must now be opened. On the 24th of March, the fleet quitted the Bosphorus, to enter the Black Sea.

The ships were not unhealthy at this period. The number of sick amounted to about  $4\frac{1}{2}$  per cent. of the force, while the cases generally, excepting in the London, where typhoid fever prevailed a little, were unimportant. Yet the men were generally, and in many respects, in a condition to yield readily to the causes of scorbutus. Their general health had been lowered by the inevitably defective ventilation of the lower decks during a long and severe winter. And from what I have already stated of the diet of the men while in the Bosphorus, it must be allowed, that when now about to enter the Black Sea, and encounter, on salt provisions, the same severe weather and greater hardships, their systems were not saturated with fresh provisions; while, also, a large proportion of them had been reduced to a state of debility by repeated relapses of ague.

The wintry character of the weather continued in the Black Sea till the month of May. The coldest days were even in April. But the description already given of the winter climate of the Bosphorus,—cold, damp, wet, snowy, will equally apply to that of the Euxine during the same season; the cold, as experienced by the feelings, exceeding greatly here likewise the degree indicated by the thermometer.

With the beginning of May, the frequent alternations in the temperature and state of the weather became very marked. But this struggle of the seasons did not last long, the summer gaining the mastery quickly, even at sea, where it came upon us enveloped in a thick fog, which lasted, with scarcely any interruption, from the 5th to the 18th of May. But on land, the summer in these regions comes suddenly and splendidly forth "in russet mantle clad."

The damp, thick, heavy fog, is said to emanate from the Putrid Sea, the Sea of Azov, and the swampy country of the Dnieper, and to be brought down by the easterly winds. But, for myself, I would rather accept in explanation thereof the generally received theory of the formation of fogs.

This fog, extraordinary for its duration and density, was likewise remarkable for the results it produced,—bringing back relapses of the Besika fever in unparalleled numbers, and producing, very generally, feelings of lassitude and depression. But it did not prove, in this instance, the vehicle of malaria, no fresh attacks of ague having occurred, as far as I have been able to ascertain, during its prevalence, and which certainly would have occurred in great numbers, if, according to the local hypothesis, it had emanated from the putrid marshes of the Crimea, or the swampy banks and shores of the Dnieper and the Sea of Azov.

And this weather, severely cold and very damp, till the beginning of May, and densely foggy and damp almost constantly afterwards till the 18th of that month, with the relapses of ague, and the lassitude and depression thus produced, had all to be endured at sea on salt provisions, with the ship's lower deck ports generally closed, and with no other employment for a great part of the time than the monotonous blockade of the enemy's fleet, without the probability of their being induced to come forth.

These are the circumstances, then, under which scurvy appeared in the fleet. Many were startled by the occurrence; but recollecting how readily in the River Plate, where the climate is somewhat analogous to this, the disease was developed in our ships, when the supply of fresh provisions became interrupted by the war with Buenos Ayres, I had been myself prepared to anticipate here the still more speedy appearance of it—more speedy in proportion to the greater intensity of the meteorological causes of scurvy in the Euxine.

By the middle of May, after only fifty days on salt provisions, a very palpable case of scurvy presented itself in the Britannia. In some of the other ships in the fleet equally palpable cases had occurred before even the beginning of that month. But in this, as in the other vessels, the subjects of the disease were generally men that had become broken down in health by repeated attacks of ague; not but that some examples of scurvy had been observed in robust and healthy subjects.

But when at length a few cases of the disease had been reported in several of the ships, the weather improved, the sun gaining strength dissipated the fog, and the fleet was compelled to resort for water to the Bay of Kavarna, in Rumelia, where

likewise, on the 21st of May, fresh provisions were procured, consisting at first of indifferent beef and onions, but soon afterwards of good beef and a mixture of onions and fresh vegetables, and causing the rapid disappearance of all traces of scurvy.

The total number of cases of scorbutus returned by the fleet was nineteen. Two only were observed by myself. In so narrow a field what profitable inquiry could have been undertaken into the nature and treatment of the disease? And I must now, as I had anticipated, content myself with the mere outline of its history and causes. Organic chemistry alone can achieve discoveries in scurvy. But naval medical men, taking advantage on all occasions of the appearance of this Protean disease, should continue their endeavours to add to its history, etc., for even in this instance of its occurrence, though on so small a scale, an opportunity offered for investigating, and perhaps not unprofitably, one of its disputed symptoms—hemeralopia.

Having only recently received my appointment as Acting Deputy Inspector of the Fleet, I have not the means of extending my inquiries far back; but, I am able to state that, whereas from the 1st of January to the 20th of April, not a single case of hemeralopia was returned from the whole fleet; yet from the 30th of April to the 21st of May—the epoch of the scorbutic diathesis—not less than twenty-five cases were reported by only five of the ships. These cases could not be attributed, as they would have been in the tropics, to the "bright sun," because at the period of the appearance of most of them, we were enveloped in the thick fog already escribed; on which account we were also, it is true, the more easily brought to ascribe these cases to their real causes,—the recognised causes of scorbutus, and to regard them as mere symptoms of that disease; and, indeed, these conclusions were arrived at, notwithstanding that in many instances fresh provisions being issued, the hemeralopia disappeared before any of the more palpable symptoms of scurvy had been developed. This frequently happens in the Navy. The ship arrives in port in the nick of time, fresh provisions are issued, the hemeralopia cases are cured, and the presence of scurvy never suspected. The cases in the Winchester referred to and explained by Dr. Bryson in his "Indian Statistical Reports," were of this description.

Where hemeralopia was not regarded in its true light, and which only happened in a few instances, and then only before the alarm of scurvy had been sounded, it was treated with cupping, blisters, purgatives, temporary benefit only being obtained. But where, on the other hand, the right theory was applied, and the treatment made to consist of lime-juice, fresh vegetables, etc., permanent success followed, and more quickly than in the other case. This I believe to be a fair statement of the results of these two opposite modes of treatment.

With regard to lime-juice as a prophylactic, I shall not enter into that question, believing that it would only be to add another instance to the many that already exist of its failure as an absolute preventive of scurvy.

But the extent of its prophylactic powers would be a proper, and, perhaps, profitable subject of inquiry; and I may yet be able to investigate that subject, as I shall also, profiting by past experience, be able to propose, in due time, certain alterations in the general economy of the ships and clothing of the men which, if adopted, will, I feel assured, conduce to the advantage of the service, in the event of the fleet being destined to pass another winter in the Bosphorus or the Euxine.

## ON THE TREATMENT OF CHOLERA. WITH CASES.

By E. HEADLAM GREENHOW, M.D.

PESTILENTIAL cholera having again broken out in this Metropolis, I have drawn up the following paper as the result of my own experience, which was considerable in both our former epidemics.

Of the numerous remedies tried in the treatment of cholera, none has met with general concurrence from the Profession; but the use of some form of mercurial has more adherents, and has been more steadily persisted in by a large number of Practitioners, than any other. I believe that all who have once fairly tried it continue to rely upon no other remedy during the period of collapse; and my own experience, which was very extensive in 1849, leads me mainly to depend upon it in all cases of choleraic diarrhoea as well, although, it is true, administered in a somewhat different form from that employed in approaching or confirmed collapse. Pil. hyd., hyd. c. cretâ, and calomel, are all of them valuable medicines in choleraic disease; but I am myself



in the habit of employing the latter exclusively in the treatment of cases of collapse.

I was first led to adopt this remedy in 1832, from witnessing the unsatisfactory results of all other treatment. Being placed in charge of a colliery district early in the spring of that year, I at once adopted it in conjunction with the use of stimulants and the external application of warmth, these being the remedies then most in vogue. I very soon found that the latter were both utterly useless and very distasteful to the sufferers; and, discontinuing them, trusted alone to calomel in combination with opium. From patients invariably begging for cold water, and loathing the warm alcoholic liquids usually prescribed, and having witnessed the recovery from the state of extreme collapse of several neglected cases which had been supplied freely with cold water by their friends, in opposition to the prevalent opinion which at that time forbade its use, I allowed my patients to drink freely of it, or of any other simple cool drink. At first the calomel was given in the form of pill, with pulv. capsici and opium, and not oftener than every hour. After a short trial of this plan, finding the pills were frequently rejected, and judging, from the rapidity with which the disease ran its course, that the remedies should be administered more frequently, I ventured to give a grain of calomel every quarter of an hour, in conjunction with a tenth of a grain of opium and one grain of powdered capsicum. This change of treatment was apparently most beneficial, although it is only right to state, that the epidemic was by this time drawing to a close. That this success depended on the calomel I firmly believed at the time, an opinion which my subsequent experience has in a great measure tended to confirm. I was the more convinced of this from observing, that *pari passu* with the return of warmth and circulation the alvine evacuations had a grassy-green tinge, such as is frequently witnessed after the administration of calomel in ordinary cases. I have since seen reason to doubt whether this condition of the stools is entirely due to the calomel, although I believe accelerated, and, perhaps, increased by its use; for when, in 1849, through the kindness of some of my professional friends, I had the frequent opportunity of seeing cases which had been treated by them without mercurials, I almost invariably found, that at a certain stage of the recovery from collapse, the alvine dejections of such patients were also greenish. Prior to the outbreak of cholera in 1849, I became acquainted with the plan so ably and zealously advocated by Dr. Ayre, of Hull, and the experience of that gentleman and his friends as to the advantage of employing calomel in small and frequent doses during the period of collapse being so strictly in accordance with mine, I resolved, should the pestilence reappear in my neighbourhood, to pursue my former mode of treatment, with the omission of the capsicum and a diminished dose of opium. I had intended keeping minute notes of every case, whether of premonitory diarrhoea, simple cholera, or confirmed collapse; but very shortly after the commencement of the epidemic in that year, my engagements were so engrossing as to render this impossible, and hence I have only been able to find satisfactory reports of eight cases treated during the period of collapse, several of which were at the very commencement, and others towards the close, of the epidemic. These cases, nevertheless, appearing to me to illustrate very fairly the system of treatment pursued, and to be just now sufficiently interesting to merit record, are appended to this communication. I do not offer them as by any means an indication of the degree of success which is to be expected from the adoption of this plan; for, although, unfortunately, I have no reliable statistics, and to mere figures, in the absence of a report of the condition of the patients, little value could be attached, my impression is, that about two-thirds of the cases so treated in the actual stage of collapse recovered.

One difficulty in the satisfactory employment of this plan may, perhaps, not improperly be here alluded to. It is that of securing the regular and systematic exhibition of the medicines. To obviate this, I was accustomed to select one of the most intelligent and trustworthy of the attendants, to whom I entrusted their administration, with directions to attend to nothing besides, but to sit near the patient, and punctually, on the arrival of the minute hand of a watch at the proper point, to give the remedy. My instructions on this head were always most explicit, and for the purpose of ascertaining the correctness with which they were attended to, I used to prescribe thirty doses of the calomel to be sent in each packet, and, by occasionally counting the number left, was able roughly to estimate the regularity with which it had been given. Time being a most important element in the treatment of so formidable

a complaint, I carried half-a-dozen of such packets with me during the continuance of the epidemic, one of which I left with each patient at my first visit. I am not prepared to offer any definite explanation of the *modus operandi* of the mercurial treatment of cholera, but, if I may venture an opinion, I am disposed to think that its primary action is that of a sedative to the mucous membrane, without injuriously checking the choleraic effusion, as do very frequently other sedatives and astringents, when they produce any effect at all. It is probable that minute portions of the calomel are absorbed towards the termination of the collapse, or during the early stage of reaction, which, acting on the several eliminating organs, and especially the kidneys, tend to restore their normal functions, and thus to purify the blood and favour the renewal of the chemical processes upon which the animal heat depends, the obstruction caused to the due performance of those, by the deranged condition of the blood, being probably the chief cause of the extreme coldness by which cholera is characterised. If this imperfect explanation, which I offer with considerable hesitancy, be correct, the undoubted fact that a smaller proportion of the persons who recover under the mercurial treatment pass through the secondary fever, is also easily explicable.

*Case 1.*—James Duncan, aged 29, seaman, was taken with diarrhoea on August 1, while at sea, and had been forty-eight hours ill when put on shore at Tynemouth this afternoon at five p.m. I found him in bed, with profuse rice-water purging, vomiting, and cramps; surface cold, and bathed in a clammy sweat; eyes sunken, and surrounded with a dark areola; features sharp, dusky, and bluish; suppression of urine; radial pulse scarcely perceptible; tongue conveys a cool sensation to the finger; still has much muscular vigour; intense thirst.

Calomel. pp. gr. i. to be placed on the tongue every ten minutes. Mist. effervescens c. succo limon., sesquicarb. sodæ, etc., et  $\mathfrak{m}$ iii. tinct. opii et  $\mathfrak{m}$ ii. acidi hydrocyanici dil. omni semihorâ.

10½ p.m.—The purging has greatly diminished, but the vomiting continues; pulse 80, extremely small; surface remains cold, though perhaps less so. Pt.

From this time he gradually improved until at 3 a.m. of Aug. 4, the calomel was diminished to once in the hour.

August 4.—At 5 a.m., he passed a small quantity of urine; but no more until 6 p.m. Was purged twice or thrice during the day, the motions having the greenish tint already mentioned; in other respects they had the appearance of thin gruel or barley-water. Has had no return of sickness since 10 p.m. yesterday. Has taken 55 grs. of calomel in all.

6 p.m.—Much improved; tongue white and dry; pulse 90, feeble; skin warm. The calomel has been entirely omitted since mid-day, but he still occasionally takes the effervescing medicine without the laudanum.

Allowed him a few spoonfuls of sago, flavoured with brandy, from time to time.

5th.—Has slept well, and looks much better; pulse 76, of better volume; skin moist and warm; tongue coated in the centre, with a brown fur, and rather dry; passes urine freely; has had one copious, loose, feculent evacuation to-day. To omit all remedies; may have some beef-tea thickened with rice or arrow-root.

7th.—Convalescent.

*Case 2.*—Abraham Moses, aged 4½; lives in a confined court, in one of the closest and most unwholesome parts of the town. The room in which the patient lay was close and offensive, and, I am informed, always has a bad smell. The child has had diarrhoea since August 1.

August 4.—The child ate its breakfast as usual, and shortly afterwards took rapidly worse, and by half-past eleven fell into the state of collapse. Mist. cretæ, brandy, ammonia, and warmth were perseveringly tried until two p.m., when I first saw him, at which time he was pulseless, with sharp features, dusky countenance, vox cholericæ, cold surface, frequent vomiting and purging of rice-water liquid, and had passed no urine since the attack.

R. Calomel. pp.  $\mathfrak{D}$ j.; pulv. opii gr. i. M. in ch. xx. divide. One to be placed on the tongue every ten minutes, and may drink cold water at pleasure.

5 p.m.—Slightly warmer; a gentle perspiration; pulse just perceptible; is still sick, but the purging has ceased; has passed no urine. To continue the calomel.

9½ p.m.—Pulse steady, from 90 to 100; is warm, and perspiring freely; no purging; no urine; has been occasionally a little sick since six o'clock. May have sago slightly flavoured with brandy. Calomel. pp. gr. i., 2dâ q. horâ.

5th, 9 a.m.—Skin hot; pulse 120; skin moist; tongue furred;



has been frequently sick during the night; soporose; bowels have not acted. Continue the calomel.

1½ p.m.—Improving. Mist. salin. c. acidi hydrocyanici ℥ ii. 2dā q. horā. Omit the calomel.

8½ p.m.—Decidedly better; perfectly conscious, but drowsy; has passed urine freely; has had two very watery, greenish stools. To have no food but the sago, flavoured with brandy. Pt.

6th.—Very much better; tongue moist; urine copious; pulse 100. May have beef-tea. Pt.

7th.—Child looks more haggard; tongue dry and furred; pulse 95, feeble.

8th.—Much thirst; tongue dry; pulse 90, soft, and of good volume; soporose. Pt.

From this date the improvement went on more rapidly, and perfect convalescence was soon established.

Took, in all, 57 grains of calomel.

Case 3.—Thomas Hudson, aged 43, blacksmith, of dissipated habits; house badly furnished, dirty, but situation good and healthy. Felt qualmish on August 15, and late at night diarrhoea came on. Has not been drunk for some days. Early in the morning of the 16th he became rapidly worse.

16th, 7 a.m.—Purging has ceased. Calomel every ten minutes.

1 p.m.—Has had vomiting and purging of the characteristic rice-water fluid for nine or ten hours; has passed no urine to-day; vox cholericus very decided; skin cool; pulse extremely feeble, and about 100; dark areola around the eyes; tongue white, but moist; violent cramps.

R Calomel. pp. gr. i.; p. opii gr. 1-20; om. horā sum. May drink freely of soda-water or water.

4 p.m.—Is getting worse; features shrunken, dusky; surface now sensibly cold; pulse perceptible, but excessively thready; incessant and copious vomiting and purging of perfectly limpid fluid. To take the calomel every ten minutes.

9½ p.m.—Purging is less, but the vomiting is incessant; intense thirst; anxiety; complains of feeling very ill; cramps diminished; pulse scarcely perceptible. Take the calomel every five minutes.

10 p.m.—Is decidedly better; no vomiting since one o'clock. To have sago and milk. The calomel now to be taken only every hour.

17th, 7 a.m.—Warmer; pulse 90, firmer; is more cheerful; voice improved in tone, and less husky. Calomel every two hours.

5 p.m.—Pulse greatly improved in volume, 80; skin warm; voice natural; tongue furred and red; face flushed. Calomel every three hours.

10 p.m.—Has passed urine for the first time, and shortly afterwards a liquid greenish stool, with a feculent odour. Omit the calomel.

From this time he gradually but quickly recovered. He passed no urine for 65 hours, and took altogether 174 grains of calomel. There was no salivation.

Case 4.—Mr. Matthew Wardle, aged 46, shipwright, in good circumstances, and living in a clean, well-ventilated house, but in a bad neighbourhood, wherein the epidemic was more rife than elsewhere in the town. Has had very slight diarrhoea for a week, which he attributes to exposure to the night air, and being wet through. At 5 a.m., Aug. 26, was awakened with diarrhoea, which continuing rather frequent, I was called to him at 7 o'clock a.m. He was then sitting up, dressed, and, as I thought, by no means in an alarming condition, but very despondent, many deaths having occurred from the epidemic in the adjoining houses. Calomel. pp. gr. j., p. opii gr. ½, omni horā. Mist. cretæ c. confect. aromat. 2dā q. horā.

10½ a.m.—Has been once very copiously purged; immediately after which, vomiting, cramps, and collapse supervened; vox cholericus; surface cold; forehead covered with a cold, clammy sweat; tongue pale, cold; countenance very dusky; features sharp; hands and arms shrivelled; very despondent. 1 grain of calomel, with 1-10th of a grain of opium, every half-hour.

4 p.m.—Still much cramped and purged, with occasional vomiting, the ejecta being of the rice-water character; pulse just perceptible; surface very cold. The calomel every ten minutes.

8½ p.m.—Incessant vomiting, but has been only twice purged since last seen; intense thirst; surface cold; tongue cold. The rice-water character of the ejecta continues. Complains of a burning heat in the epigastrium. To continue the calomel every ten minutes, and to take, every half-hour, an effervescing draught, with fresh lemon-juice, containing 3 minims of liq. opii sed., and 2 minims of diluted hydrocyanic acid.

Aug. 27.—8 a.m.—Has as yet passed no urine. No vomiting since 4 a.m., and no purging since last night, but the cramps continue. Aspect generally much improved; surface warm; pulse 90, firm; arms and hands still shrivelled.

4 p.m.—Has passed urine after an interval of thirty-six hours. Has been twice or thrice a little sick, and had two watery, slightly feculent, and greenish stools; pulse extremely feeble and thready.

9 p.m.—Much the same; one small, very liquid and feculent greenish stool. No desire for food; is much troubled with rumblings and flatulence. Calomel every two hours.

28th.—Pulse extremely thready, 80; no vomiting; alvine evacuations, very watery, dark coloured, and bilious; urine very scanty and high-coloured, and rapidly depositing a copious whitish sediment.

From this time he gradually recovered, food being cautiously administered. He took in all 90 grains of calomel; had no ptialism; his convalescence was slow, but he did not pass through the stage of consecutive fever. Several weeks elapsed before his digestive and urinary organs were restored to a healthy condition.

Case 5.—T. L., aged 34, was in extreme collapse when I first saw him on August 25; perfectly cold, apathetic, and almost comatose, his eyes turned up, and his respiration gasping and extremely slow. I ordered the calomel to be placed on his tongue every five minutes, and mustard poultices to the epigastrium, in the hope of rousing him; but in vain, for on my return at the end of three hours he had just died.

Case 6.—Mrs. H., aged 65, a lady, in good circumstances, and residing in an airy, well-situated house. Her son-in-law had died of cholera after a very brief illness on September 1st, and besides assisting to nurse him, she was up all night making arrangements for the funeral, and the removal of the family on the following day. Diarrhoea came on during the night, but it was only on her arrival at her own residence, at 1½ p.m., on Sept. 2, that I was called to visit her. She was then vomiting and purging freely; but the evacuations, although very loose, were as yet not of the rice-water character. She had violent cramps, complained much of præcordial oppression; intense thirst, and was despondent. Her muscular vigour was unimpaired; the pulse good, and skin warm. She began immediately with 1 grain of calomel every quarter of an hour, and the effervescing medicine, with tinct. opii and acid. hydrocyanic. At 2½ p.m. she was very copiously purged, the dejecta possessing the characteristic rice-water appearance; collapse then came on rapidly, and at 3 o'clock I found her cold, pulseless, with shrunken dusky features, whispering voice, apathetic as to her recovery, and fully convinced that she must die. The calomel was now given every five minutes, and the effervescing medicine every half hour; but, although the vomiting and purging ceased, she never rallied, and died soon after 4 a.m. the following morning, having taken 210 grains of calomel.

Case 7.—Jane M'Kersey, aged 4. Resides in a close, ill-ventilated, and unwholesome residence, close to several cesspools, and in a district where fever and scarlatina had always fixed their seat when in the neighbourhood. Has had diarrhoea for several days.

September 4th.—Being called to see this child at 9 a.m. this morning, I found her cold, pulseless, with diarrhoea of the usual character, and occasional vomiting; eyes sunken, and surrounded by a dark areola; tongue cold; vox cholericus. She was immediately put upon the calomel treatment, one grain being placed on her tongue every five minutes, and a saline mixture, containing the citrate of potash, and one minim each of tinct. opii and hydrocyanic acid to each dose, was given every half-hour. No reaction took place during the day, and when I saw her at midnight I considered the case as hopeless; nevertheless I desired the treatment to be continued, and was much gratified on the following morning, at 7 a.m., to find that a gentle warmth had appeared, and that her pulse was just to be felt at the wrist. The vomiting had ceased, and the purging, although not quite stayed, was much less frequent. She was confined to farinaceous slops for a day or two, until the urinary secretions were restored, and the alvine evacuations had become feculent; after which better nourishment was cautiously administered, and within a week she was playing out of doors as usual.

Case 8.—Benjamin Robson, aged 25, boat-builder, of temperate habits. House clean and airy, but situated in a most unwholesome court, filthy, and devoid of conveniences. Had slight diarrhoea a week since, from which he has, however, been free for four days. Was quite well on going to bed last night.

At 2 a.m., October 8, diarrhoea commenced again, and was allowed to continue unchecked until, on the occurrence of vomit-



ing and cramps at half-past eight a.m., I was sent for. I found him profusely vomiting a clear watery fluid, divested of colour or flocculent matter. While I was standing by, he passed about two pints of rice-water liquid by stool; was much cramped, and fell almost at once into the state of collapse. Has passed no urine since the attack. Complains of pain at the heart, of præcordial oppression; pulse scarcely to be felt; hands shrivelled; tongue clean and warm, but surface of body cold; excessive jactitation. One grain of calomel every ten minutes. Effervescing mixture, with tinct. opii and acid. hydrocyanic dil.

11 a.m.—Getting worse. Body extremely cold; tongue cold, clammy, white; skin of hands and arms damp, sodden, shrivelled; is perfectly pulseless; respiration very slow; face livid, blue; surface of arms, chest, etc., quite blue, presenting much the appearance of being dyed of a Prussian blue colour; lies apathetic, restless, moaning; eyes turned up, and half open; is most difficult to rouse; complains when roused of nothing but pain at the heart; vomits from time to time, and passes his stools involuntarily. Calomel every five minutes.

6 p.m.—The purging has ceased, as have likewise the cramps; but the vomiting continues. There is no other improvement; he remains cold, clammy, pulseless, and apathetic; voice when roused is a mere whisper; the blueness and shrunken state of the skin continue. To continue the calomel every five minutes.

October 9, 9 a.m.—I was much surprised to find him alive this morning. Pulse just perceptible, but not to be counted; the vomiting has ceased; his arms still retain the sodden, clammy feeling. The calomel was diminished in frequency, and towards evening entirely discontinued. He took in all 280 grains of it.

9 p.m.—Has gradually improved during the day. Is now warm; pulse 90, very thready; tongue white and clammy; intense thirst; voice husky; has occasional sickness and diarrhoea; but the stools, although very watery, have the greenish hue; still complains much of pain at the heart. Sago and brandy.

October 10.—Passed water this morning, and is in all respects doing well. The usual careful attention to diet was enforced, and from this time he rapidly improved. Was sitting up on the 12th of October. Was not salivated, and had no secondary fever, being able to go to his shop in about a week, although many weeks elapsed before he recovered his former strength and health.

Since writing the above, I was asked by Mr. Elkins, the Surgeon appointed by the Vestry of St. Marylebone to attend cases of choleraic disease in St. Mary's district, to visit with him several patients in the cold stage. These cases have been, at my suggestion, treated upon the plan set forth in the preceding communication; and, as they tend to illustrate the advantage of treating cholera by small and frequent doses of calomel, are herewith appended.

*Case 1.*—Ann Shenc, aged 24, wife of an Irish labourer, and of dissipated habits, residing in a narrow, filthy, unpaved court at the end of Moor-street, an open ditch full of stagnant water and refuse being immediately in front of the house, and a foul and most offensive privy close to the back door. The woman lay in a damp, crowded, and dirty room, not over nine feet square, on the ground floor. Has had diarrhoea since Wednesday, August 16, and has unsuccessfully tried both mist. cretæ and acid. sulph. dil., with tinct. opii, etc.

At 9 a.m., on the 20th, cramps and vomiting supervened, and towards evening, collapse.

9½ p.m.—Has been in the state of collapse for several hours, and is taking a mixture of acid. sulph. dil., ether, and tinct. opii. Is bathed in a cold clammy sweat; features sharp; eyes sunken, and surrounded by a dark areola; vox cholericæ; surface cold; arms damp and shrivelled; lies restless, moaning, with eyes turned upwards, and passing her stools involuntarily; vomits a clear watery fluid as she lies; pulse scarcely discernible; tongue pale and excessively cold; has passed no urine since morning.

Calomel. gr. i. every ten minutes; mist. camphoræ ʒi., c. gr. x. sesquicarb. sodæ et ʒiii. tinct. opii omni horâ. Water as common drink.

11 p.m.—In all respects worse; cold; pulseless; respiration very slow; complains of præcordial oppression and sinking. Pergat.

21st, 8½ a.m.—Pulse extremely thready, 90; tongue warm, but pale; surface extremely cold and sodden-like; has occasional sickness and purging; no urine; intense thirst; præcordial oppression; still has the peculiar husky whispering voice.

Calomel et mist. omni horâ.

Noon.—Skin warm pulse 90, improved in volume; face rather

flushed; tongue dry; still vomits; seems oppressed. Omit the opiate.

9 p.m.—Pulse 96; skin cool; tongue dry; has been once purged, but is free from sickness. Beef-tea; arrowroot with brandy.

Calomel. gr. i., 2dâ. q. horâ. Mist. sine tinct. opii 4tâ. q. horâ. 22nd, 8½ a.m.—Has been thrice purged, and occasionally vomited; complains of burning at the epigastrium; no urine; pulse 96, feeble; tongue less dry.

23rd.—Has passed urine. From this time convalescence soon became established. She went out on the 25th, and when seen by me for the last time on the evening of the 26th, was free from complaint, but had, I am informed, been drinking since her recovery.

*Case 2.*—Ellen Sullivan, aged 14, residing in a small crowded lodging-house, in a dirty court out of Horace Street. Had been complaining of sickness for a week, but diarrhoea is said only to have commenced at eleven o'clock last night.

August 21, 8½ a.m.—Has had profuse diarrhoea and vomiting all night; the diarrhoea, however, having, it is stated, ceased several hours ago; no medicines had been administered. She is now cold; pulseless; extremely restless; moaning; tongue cold and white; arms and hands blue, shrunken, damp; complains of præcordial oppression; much jactitation, and appearance of distress; has passed no urine.

Calomel. gr. i. every five minutes. Mist. camphor. c. gr. x. sesquicarb. sodæ et ʒii. tinct. opii, omni horâ.

She died at noon.

*Case 3.*—Robert Herbert, aged 37, upholsterer, residing in a clean respectable-looking house, in Upper George Street, in good previous health, and of temperate habits.

August 21, 1 p.m.—Was out yesterday, and had several pints of porter and two glasses of gin. Diarrhoea began at five a.m. this day, but intermitted until nine a.m., when he walked out to obtain medicine. Vomiting and cramps very shortly succeeded, and at one p.m. he was much sunk; countenance, hands, and arms dusky; surface and tongue extremely cold; pulse just discoverable; passes his stools, which are extremely copious where he lies; is very despondent; arms cold, damp, and shrivelled; very restless. Hydrarg. chloridi gr. i. every ten minutes.

Mist. camphor. c. gr. x. sesquicarb. sodæ et ʒiii. tinct. opii, omni horâ.

He objected to take the medicine, and I am unable to say whether it was systematically given, for he died at 6½ p. m.

*Case 4.*—Elizabeth Phillips, aged 10, residing at 10, Queen Street, Edgeware Road, in a clean and apparently healthy locality, but in a back-parlour, scarcely ten feet square, in which three children and two adults sleep. Health has been indifferent, and is very liable to diarrhoea. Having had diarrhoea for ten days previously, which had been once or twice checked by acid. sulph. dil., etc., was taken with cholera on the evening of Wednesday, August 23, about 7 p. m. The attack began with vomiting, soon succeeded by purging and slight cramps. She very soon became cold. Early in the morning she began with the sulphuric acid mixture, but, as she continued getting worse, it was discontinued, and the calomel treatment substituted at 11½ a. m.

Thursday, 24th, noon.—Is cold, pulseless, and vomiting a clear watery fluid. The dejecta are of the same character, but contain some flocculent matter. Both vomits and purges frequently; jactitation, moaning, and general distress; vox cholericæ. One grain of calomel every quarter of an hour.

In the evening, little or no change had taken place, and the case was considered hopeless. The treatment was nevertheless continued, and reaction commenced towards morning of the 25th. On that day the alvine evacuations presented the greenish aspect already named, and on Friday, the 25th, she, for the first time, passed a little urine.

26th.—Is quite free from sickness, but bowels are still relaxed, the evacuations being, however, infrequent and greenish; skin warm; pulse extremely feeble; tongue dry and red; complains much of abdominal pain. Beef-tea, barley-gruel, and milk, etc., for diet. Mist. camphor. c. gr. v. magnes. carb. et ʒi. i. acid. hydrocyanici dil., 2dâ quâque horâ.

28th.—Quite convalescent; tongue clean, moist, and not injected; is free from pain, and takes milk and other light nourishment freely; action of the bowels natural.

*Case 5.*—Mary Ann Smith, aged 50, residing in a damp kitchen at 43, Adam Street West, a dirty neighbourhood, and a horrid smell, from defective drainage, in the house. Bowels were loose on Monday, Aug. 21, and continued so in spite of mist. cretæ, catechu, etc. Early on Friday morning, the 25th inst., vomiting and purging of the characteristic description,



unaccompanied by cramps, came on. In the course of that day she fell into collapse, and, towards evening, was perfectly cold and pulseless; tongue cold; face livid, and skin generally dusky; *vox cholericæ*; sweating; eyes sunken; arms damp, cold, and sodden-like. Calomel. gr. i. every ten minutes; mist. camphor c. sesquic. sodæ, et. tinct. opii, omni horâ.

The purging soon began to lessen, and, on the 26th, she only passed one very copious gruelly-looking stool. The sickness, however, continued, and no decided improvement in her general condition took place till towards evening, when slight warmth began to return, and the sickness diminished. At 11 p. m. I was just able to count her pulse, which was 86, extremely thready, and feeble. Tongue moist; hands and arms still damp, cold, and sodden-like. Calomel omni horâ. Pt.

27th, 9½ p. m.—Is warm and comfortable; pulse 76, distinct; tongue moist; has had neither diarrhoea nor vomiting to-day, but has passed one feculent stool and about two ounces of albuminous urine; complains only of pain in the loins. Has taken light food.

28th.—Is very much better this morning.

Besides the above, I have seen eight cases of vomiting, purging, and cramps, partly in private and partly in dispensary practice, who have all either recovered or are doing well under a somewhat modified calomel treatment. The whole of them were in the state which has often been termed "approaching collapse."

77, Upper Berkeley Street, Aug. 28, 1854.

### DEATH ON THE FOURTH DAY, FROM A SLIGHT BLOW ON THE SHIN.

By ROBERT ANNAN, Esq., L.R.C.S. Edin.

IN the *Medical Times* (No. 532, Vol. XX.), under the head "Example of Sympathy of Parts, Death on the Fourth Day, from a Kick on the Leg," I gave a case in a boy of eight years, so precisely similar to the one now to be briefly narrated, that, with a very slight alteration, the record of the one case might almost serve for that of the other. And to such as are in possession of the former, a comparison with the present may prove not only interesting, but in some measure practically instructive, neglect at the outset being in some measure, perhaps, the cause of the rapidly fatal termination, in both cases.

August 21, 2 p.m.—Agnes Pearson, aged 4 years, a healthy, lively child, of fair complexion, accidentally struck the right shin, about three inches below the knee, on one of the shafts of a wheelbarrow. Considerable pain was at first experienced, but as there was no perceptible mark externally, the case was deemed trifling, and a cold-water cloth was the only remedy employed by the attendants. Next day the pain increased, and cold water with vinegar was applied. On this evening, as I was told, the expression of the child's countenance was changed, and there was a tendency to wandering of mind. On Wednesday, 23rd, by account, the delirium experienced no abatement, and the child seemed to suffer much pain in the limb.

August 24, 8 p.m.—Having been from home, I learned, on my return, that I had been sent for about two hours previously, and I now saw the child for the first time.

The right leg, from about three inches above the knee to the toes, was considerably swollen, but not red or discoloured, and on being slightly moved, the child, though otherwise perfectly unconscious, seemed to suffer pain. Pupils dilated, and nearly insensible to the light of a candle; pulse irregular, rather weak, and under 90; difficulty, and, at times, entire want of the power of deglutition, the jaws being stiff, and with difficulty opened to admit a small spoon with drink. There was occasionally observed nervous twitching of both superior and inferior extremities; and taking the whole circumstances together, I looked on the child as nearly *in articulo mortis*. With these convictions, besides cold cloths to the forehead and vertex, I satisfied myself with ordering submur. hyd. gr. ss., sacchar. alb. gr. ij., quartis horis; the limb to be gently fomented.

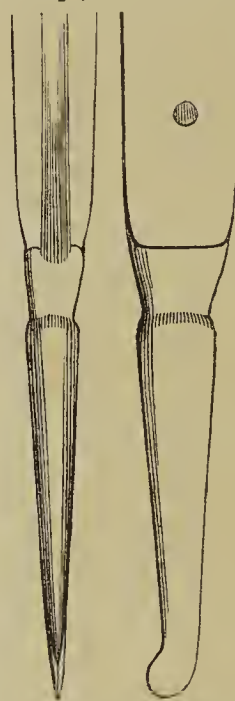
25th, 9 a.m.—No improvement; pupils immoveable; pulse under 80, irregular, and feeble; inferior extremities cold; feces and urine passed without consciousness during the night. At two p.m., being exactly four days from the accident, the child expired.

Kinross, Aug., 1854.

### A NEW STUMP EXTRACTOR OR ELEVATOR.

By DONALDSON MACKENZIE, Surgeon-Dentist.

MANY years ago I was called upon to extract the remains of a dens sapientiæ in the upper jaw of a gentleman of middle age. The root or fang was perfectly buried in the alveoli, so that I found it impossible to extract it by any of the instruments then in use. In this difficulty the idea occurred to me, that if the edge of the alveolar process was broken down, I might be enabled to take hold of the stump by a pair of small pointed stump forceps, and so extract it. To do this, I hastily formed an



instrument somewhat like a small turn-screw, turned a little edgewise, after the manner of a worn-out gum lancet, only much stronger. With this instrument I proceeded to carry out my original intention; but, instead of breaking down the edge of the alveoli, I found that, upon turning my hand a little outwards, and using a little more pressure, I could take out the stump, which I at once accomplished, much to my own gratification, and to the relief of my patient.

Having thus accidentally discovered a new elevator, which was at the same time both safe and convenient, I have since continually used it, not only for extracting stumps, but also teeth when peculiarly situated. I have also found it very useful for extracting a single fang left, on taking out a molar tooth, for removing the fangs of incisors which have been pivoted, or, indeed, for extracting stumps in any situation; and for upwards of twenty years I have continually employed it, during which time I have removed hundreds of stumps with it, frequently ten or twelve in a few seconds from a patient

while under the influence of chloroform.

I consider this little instrument both a safe and expeditious auxiliary to the dentist, and perfectly free from the objection of the stump punches in general use, with which accidents frequently occur. Even the cheek of the patient has been pierced by the spear-pointed punch slipping from the side of the stump; while, in the hands of the mere tyro, this new elevator is perfectly safe.

To meet all cases, it is better to have two elevators, the one stronger than the other; and, for facility of selection, to have one handle of ebony, the other of ivory; and, should any member of the Profession feel interested in the subject, I have placed one of these elevators with Messrs. Ash and Sons, Broad Street, Golden Square, for their inspection.

65, Harley Street, Cavendish Square.

### THE LONDON PRACTICE OF MEDICINE AND SURGERY.

#### SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from page 164.)

#### CASES OF PELVIC ABSCESS.

OF the four cases of pelvic abscess following on parturition, mentioned in our last report, with one exception, in which the matter found its way into the bladder, all were examples of the opening being formed externally in the iliac region. In the case next to be related it will be seen that it was doubtful whether perforation into the cavity of the peritoneum had not taken place. With regard to the direction in which these abscesses tend to burrow there are concerned some questions of anatomical arrangement of much interest. In a laborious paper recently published by him, (a) "On Pelvic Abscess and the Fascia of the Female Pelvis," Dr. Priestley has endeavoured, by original dissections, to demonstrate the directing or confining influence exerted by the different fascial layers. The following, which constitute part of his conclusions, are of such interest that we may venture to quote them

(a) See the *Monthly Journal of Medical Science*.



here:—"The peritoneum lining the pelvic cavity is much thicker than that covering the intestines or other abdominal viscera. It is so reinforced by strong fibrous tissue in this region that it may well act the part of a fascia in offering resistance to, or directing the contents of, a pelvic abscess. It is everywhere closely adherent to the muscular structure of the uterus, except on the narrow lateral margins of that organ; and, by this firm adhesion of the peritoneum, and the thickness of the uterine walls, the rarity of cases where the abscess bursts into the uterine cavity may be accounted for. Almost equally rare, however, are instances of pelvic abscess opening into the bladder. This is to be explained, not by the close adhesion of the thickened peritoneum, as in the case of the uterus, but, probably, from the loose attachments of the bladder with the surrounding parts, which are necessary on account of the varying degrees of distension of that organ. A space of considerable extent exists between the superior pelvic fascia below, which forms the true ligaments of the bladder, and the peritoneum above, constituting the false ligaments of that organ. This anatomical arrangement would permit the bladder to be pushed aside by an abscess forming in this locality."

### ST. BARTHOLOMEW'S HOSPITAL.

#### Case 8.—LARGE PELVIC ABSCESS UNCONNECTED WITH PARTURITION.—PERITONITIS.—DEATH.—AUTOPSY.

[Under the care of Mr. STANLEY.]

A stout, well-made young woman, aged 25, ordinarily in the enjoyment of excellent health, was admitted, under Mr. Stanley's care, into Harley Ward, on July 7, 1850. She was unmarried, and had always menstruated regularly; it appeared, however, on questioning, that, about two months ago, she had been seduced by her lover, on which occasion a single sexual connexion had taken place. For a month subsequent to that occurrence she remained in perfect health, at the end of which time she noticed a swelling in the lower part of the abdomen, and began to suffer intense pain. A Surgeon whom she consulted termed the disease "peritonitis," and treated it by venesection, etc., with the result of affording great relief. About three weeks later, however, a second attack of similar nature to the former occurred, and, as it did not readily subside, she consented, at the suggestion of Mr. Savory, who had been consulted in the case, to be removed to the Hospital. On admission, she was in a state of extreme constitutional disturbance; the pulse was rapid, small, and a little hard; the tongue dry and brownish; the countenance of a very anxious expression; there were present almost constant vomiting and frequent purging, though the evacuations were very scanty. The whole abdomen was distended, and so intensely tender, that no satisfactory examination could be made; it was ascertained, however, that a large, rounded, and very firm tumour occupied the hypogastric region, bulging especially towards the right side. The first impression was, that it was a distended uterus, as it felt very firm, and fluctuation was very doubtfully present. The girl's account of herself, however, which appeared to be an honest one, negatived this supposition, and her evidence was supported by the result of a vaginal examination afterwards made, at Mr. Stanley's request, by Dr. West. Dr. West reported, that the uterus was of the normal size of an unimpregnated one, and that it was pushed somewhat to the left side by a large tumour, which occupied the right iliac region, and projected beyond the median line.

For several days the treatment pursued consisted in the application of leeches and fomentations to the abdomen, and the exhibition of calomel, with full doses of opium. In spite of these measures, however, the severity of the symptoms increased, and the tumour became more prominent. As it was evident that death must shortly ensue if no relief were given, it was decided, in consultation, that the tumour should be punctured through the abdominal wall. This was accordingly done on the 11th, four days after admission. Mr. Stanley first introduced a grooved needle into the most prominent part of the swelling, about two inches to the right of the median line, and three below the umbilicus. Some pus having escaped, the needle was withdrawn, and a full-sized trocar and canula passed along its track, by which means about a pint and a-half of thick and very fetid pus was discharged. The wound was afterwards enlarged, and left to discharge. The operation gave great relief; during the week following a large quantity of fetid pus was daily discharged, the tumour diminished much in size, and the patient improved in health. After the expiration of about a week the opening closed,

the tumour having subsided below its level. No signs of increased effusion, however, followed the suspension of the discharge, and during the next month the tumour remained nearly stationary. The girl became able to take food well, and gained strength rapidly. Towards the end of August, however, a sudden relapse took place, and the signs of peritonitis were again lighted up with extreme severity. The treatment adopted did not avail to produce any benefit, and, after about a week's most severe suffering, death took place on September 1, about three months from the date of the discovery of the tumour, and nearly two from the admission into the Hospital.

*Autopsy.*—The peritoneal cavity contained a large quantity of opaque, sero-purulent fluid, and the intestines were everywhere adherent to each other by bands of tough vascular membrane. Many of these bands were evidently of some standing, and they were in most parts coated with newly-effused lymph. The intestines were displaced from the right side of the abdomen by a large circumscribed collection of thick and fetid pus. This abscess, which lay immediately behind the peritoneum, was found to extend deeply into the pelvis, and it was the judgment of those who examined the parts, that it had probably commenced between the uterus and rectum. The ovaries and uterus were healthy. Behind the peritoneum, in several parts of the pelvis, were small collections of pus, quite distinct from the larger one.

*Remarks.*—Among the causes of pelvic abscess in the female, other than those connected with parturition, the taking cold during menstruation appears to be almost the only one which has been mentioned by authors. In the above case, there was no history of this having occurred, and it is very difficult to assign any plausible explanation of the origin of the affection. The patient had been of unusually robust health, and had not manifested any liability to phlegmonous inflammations. With regard to the complication of peritonitis, which induced all the severer of the symptoms present, and ultimately caused death, it cannot be decided whether it were produced by escape of pus into the peritoneal cavity, or arose merely from contiguity of structures. The *post-mortem* afforded no conclusive evidence of the former having occurred.

### GUY'S HOSPITAL.

#### Case 9.—LARGE ABSCESS FILLING MORE THAN HALF OF THE ABDOMEN, AND DEPENDENT ON DISEASED SPINE.—EVACUATION.

[Under the care of Mr. COCK.]

CONSIDERING the great frequency of caries of the spine, and its consequent lumbar or psoas abscesses, the presence of collections of pus in the abdomen having this cause cannot be rare. Cases, however, in which such collections become large enough to be perceptible through the parietes, and to rank among abdominal tumours, are quite exceptional. In most instances the matter either presents in the lumbar region, or passes down the course of the psoas muscle, and is first discovered to exist by the presence of a tumour in the groin. In a few isolated cases, however, from some accidental condition of the parts rendering its exit difficult, the matter accumulates within the abdomen, and forms a large tumour, the diagnosis of which is often far from easy. In these, not unfrequently, the opening is finally made through the abdominal walls, after the manner of a pelvic abscess. Case 12, about to be related, is an illustration of the difficulties which may arise when this takes place, there being, at the same time, no deformity of the spine to guide the Surgeon in his opinion. In the following there was, on account of the presence of the last-named symptom, no difficulty. It is a remarkable and very unusual case, in respect to the very large size which the collection attained.

Henry Houth, aged 7, a fair-complexioned, strumous-looking boy, was admitted into Guy's Hospital under the care of Mr. Cock, on April 21, 1853. He did not look ill, and had suffered no pain whatever. His spine had been known to be diseased for some months. There was a very noticeable projection backwards of the spine and laminae of the fourth lumbar vertebra, around which, however, was little or no swelling. On exposing his abdomen, the right half of it was seen to bulge very considerably, and, on examination with the hand, was found to be occupied by an enormous fluctuating tumour which, extending from Poupart's ligament upwards to the border of the ribs, filled the entire side, and projected, by a rounded circumscribed margin, considerably into the opposite half. It was quite painless to the touch, and fluctuated freely.



There was no swelling in the groin. Taken in conjunction with the disease of the lumbar vertebra known to exist, there could be no doubt as to the nature of the tumour. Mr. Cock remarked, that he could see no reason for making an opening into the abscess at that time, and stated that he had more than once known large collections of pus to be absorbed when not interfered with. A course of cod-liver oil was accordingly ordered for the child, who was directed to be kept in bed. About four months later, the abscess, which had in the mean time increased somewhat on its former dimensions, presented in the iliac region, and broke. During the profuse discharge which ensued, the child's health suffered materially, and was only sustained by the freest use of tonics and generous diet. On one occasion, two or three small fragments of the body of a vertebra escaped from the opening with the discharge. In the course of a few months, the abdominal tumour had quite emptied itself, and only the sinus remained.

In the spring of the present year, the child, then much improved in health, left the Hospital and was taken into the country. He was re-admitted, however, about two months ago in a much worse condition than when discharged. The spinal projection has very much increased; the amount of suppuration is still very large. From the feeble state into which the boy has been reduced, Mr. Cock expresses a not very hopeful opinion as to the probable event. The interest of the case as one of abdominal tumour is now past.

The following are two cases in which, in addition to an escape of pus, along the course of the psoas muscle, a large intra-abdominal accumulation took place.

*Case 10.*—A man of middle age, and apparently in good health, was admitted under Mr. Le Gros Clark's care, into St. Thomas's Hospital. In the lower part of the right side of his abdomen, extending from Poupart's ligament nearly to a level with the umbilicus, was a tense, rounded tumour, in which a moderately distinct sense of fluctuation might be detected. In the groin of the same side, and extending for about six inches down the inner aspect of the thigh, was a swelling, which gave to the finger the impression of its being a collection of fluid very tightly bound down. Fluctuation was present, but not very distinct. The man had no evidence whatever of spinal disease. After he had been a little time under care, the swellings showing tendency to increase in size, Mr. Clarke determined to open the tumour in the groin. On account of the depth in which it was situated, more than usual care was necessary in doing so. The man was placed upon the operating table, and the skin, fat, and fascia were then carefully divided in layers, until the sac of the abscess was exposed. On opening the latter, a large quantity of curdy pus escaped. For some months after the puncture, the man suffered from most copious discharge of pus, and was reduced to an extremely feeble state. He eventually, however, much improved in health, the sinus continuing open. The abdominal accumulation soon disappeared after the puncture.

*Case 11.*—A man of rather delicate aspect, aged about 30, was admitted, under Mr. Shaw's care, into the Middlesex Hospital. He had a large accumulation of matter in the front aspect of the right thigh, which extended nearly half the length of the member. The abscess was not very tense, and freely fluctuated. In the corresponding side of the abdomen was another accumulation, fully the size of an adult head, which bulged upwards from the region of Poupart's ligament. For many months Mr. Shaw kept the man under treatment in the hope of inducing absorption of the fluid, and with this view the thigh was subjected to pressure by straps and bandages. The external tumour under this plan very much diminished, but it was not certain whether the abdominal one did not increase in almost proportionate ratio. After a time the channel of communication became much more free, and it was easy to influence the one swelling by pressure with the hand on the other.

In none of the cases which we have mentioned above was there pulsation of the tumour. Mr. Cooper, in his "Surgical Dictionary," has alluded to a very extraordinary case of abdominal abscess dependent on diseased spine, which occurred under his own observation, in a boy in Christ's Hospital, in which were present forcible pulsations synchronous with those of the arteries. The swelling filled almost the whole of one side, but the force and distinctness of the pulsations were such, that notwithstanding its size "several eminent Surgeons considered it an aneurism of the abdominal aorta." Mr. Cooper states, "I have never seen any popliteal aneurism whose pulsations could be more plainly seen and strongly felt." The abscess was subsequently punctured and evacuated. The boy afterwards returned to his home in the country, and it does not appear that the result of the case was ever made known.

## ST. THOMAS'S HOSPITAL.

### *Case 12.*—ABDOMINAL ABSCESS OPENING IN THE ILIAC FOSSA.—DEATH.—AUTOPSY.—CARIOUS DISEASE OF THE DORSAL VERTEBRÆ.

[Under the care of Dr. BENNETT.]

IN the following case, in which, after death, the abdominal abscess was found to have depended upon caries of the dorsal vertebra, much interest attached to the question of diagnosis. Instead of presenting by the side of the spine, either in the dorsal or lumbar region, the matter had travelled downwards by a long sinuous channel, passing from the thorax into the abdomen, and finally escaping in the iliac fossa. From the patient's history of long residence in an Indian climate, from the intestinal complication, and the peculiar position in which the abscess discharged itself, there was much reason to suspect the dependence of the latter on visceral disease within the abdomen. The entire absence of spinal deformity also favoured this supposition. These points will, however, be best developed in the narrative of the case.

James Cook, a tall, sallow-complexioned man, aged 41, was admitted on August 19, 1853. He suffered from an open abscess in the right iliac region, of which the following history was obtained:—He had lived until within the last two years as a gunner in the Indian naval service, and had there been accustomed to drink regularly large quantities of arrack. Excepting, however, a single attack of inflammation of the liver, from which he perfectly recovered, he appeared to have enjoyed good health during the whole of his nineteen years' residence abroad; and at the time of his return home, he was, he stated, stout and ruddy. In November of 1852, (nine months ago,) he caught cold, had a cough, and suffered severe pain in the back, for which illness he was obliged to lay up. In the December following, a lump formed in the iliac region, which soon broke, and had ever since continued to discharge very fetid matter. During the time that this abscess was forming, he suffered much from contraction of the right leg and thigh, which he was quite unable to straighten. There was, however, no loss of power in the extremity.

When admitted under Dr. Bennett's care, there was, beyond a general fulness, but little of tumour in the iliac region; but the track of the fistula, which appeared to pass deeply towards the cæcum, was surrounded by much induration. The parts were rather tender; on pressure a discharge of thin and fetid, but not feculent, pus would well up. The orifice of the fistula was about an inch and a-half below, and to the inner side of the spinous process of the ilium. The man could straighten both legs, and had perfect sensation in them. He complained much of pain and a sense of extreme weakness in his back, which rendered him unable to raise himself in bed. There was no projection of any part of the spine, nor could any pain be caused by percussion over the spinal processes of the vertebrae. The liver did not appear to be enlarged, and there was little or no tenderness on pressure over it. The man had a rapid and feeble pulse and a bad appetite; he was liable to frequent attacks of diarrhoea, which much reduced his strength.

From the date of admission to the beginning of the next December, when death took place, the man remained under treatment with but little variation in his symptoms. The measures employed were generous diet and tonics, together with the frequent use of astringents, etc., which his liability to diarrhoea rendered necessary. At one period he had much improved in strength, and had regained a good appetite. The abscess, however, never showed any inclination to close, but continued to discharge profusely. The matter never at any time had either the appearance or the odour indicative of the presence of feces. Death appeared to result from exhaustion, and was eventuated by an unusually severe attack of bowel complaint.

The *post-mortem* was looked forward to with much interest, as likely to afford an elucidation of the difficulties which had attended the case. It was performed by Dr. Bristowe, in the presence of Dr. Bennett and others. A probe having been passed from without into the fistulous track, the abdomen was opened, and the intestines carefully cleared away from the diseased side. The coats of the bowel were found to be in every part quite sound, and not in any way involved in the abscess. The cavity of the latter was next slit up, when it was discovered to consist only of a channel surrounded by much induration, and capable of about holding two fingers, which led up from the iliac region behind the peritonæum towards the spine. On following this track, it was found to ascend by the left side of the spinal column, to pass through the diaphragm, and enter the thorax, in the middle and upper part of which the matter which it contained



was in actual contact with the denuded anterior surfaces of the vertebrae themselves. The disease affected five or six of the bones, and appeared to consist in superficial caries, probably in most the result merely of the contact of pus; the inter-vertebral cartilages were most advanced in disease. In no part was there sufficient destruction of bone to occasion any deformity. The structures surrounding the fistulous track were, in every part of its course, very much thickened, indurated, and brawn-like, this thickening being especially great in the abdominal part of it. The spinal canal was afterwards laid open, and the cord and its membranes were ascertained to be healthy.

It will be seen by the above, that the examination after death did not disclose any circumstance on which, had attention been paid to it, a correct diagnosis might have been made during life. The disease of the vertebrae, being superficial, was not of a nature to cause either interference with the functions of the cord or perceptible deformity. The matter had been, in its passage down the thorax and abdomen, closely confined within a narrow channel, so that evidences as to its origin were concealed. The flexion of the thigh on the pelvis has been referred to by some writers as a diagnostic between psoas or iliac and the true pelvic abscess; but, as one of the cases (*Case 5*, page 163) previously given proves, it is a most deceptive one, and may be present in the latter disease to a most marked degree. In short, were just such a case as the above to occur again, it would be difficult to suggest any course of examination by which to determine with certainty the source of the suppuration.

### KING'S COLLEGE HOSPITAL.

#### *Case 13.*—LARGE ABSCESS IN THE KIDNEY PROBABLY CONSEQUENT ON STRICTURE OF THE URETER.— DEATH.—AUTOPSY.

[Under the care of Dr. BUDD.]

WILLIAM LEMAN, aged 32, a labourer from the country, was admitted on November 20, 1853.

*Previous History.*—Until eight years ago he was a stout and healthy-looking man. At that time he had rheumatic fever, and has never since been so strong as previously. Two months ago he was engaged in digging a deep hole, and while throwing the earth upwards "got a wrench in his left side," which occasioned him so much pain at the time, that he was obliged to leave his work and go home. For some days following this occurrence he was confined to his bed, and unable to sit up for long together, on account of a dragging pain felt in the left side, just beneath the edge of the ribs. Two weeks ago he was attacked by vomiting, which continued to recur frequently during the four following days. He had about the same time rigors almost every night. He now began to experience also some irritability of the bladder, and would often be obliged to rise five or six times every night to make water. He had been under Medical care, and had been treated by blisters, etc., but without relief.

Nov. 20.—*Present Condition.*—He complains of great pain in the left side, aggravated by pressure, and which prevents him from sitting, his most comfortable position being on his back, with the knees drawn up. There is no shooting pain in the course of either ureter, nor pain or retraction of either testicle. In the left lumbo-hypochondriac region is a large rounded and prominent tumour, the superior boundary of which behind is lost beneath the edge of the ribs, the lower one extending four or five inches below them. The tumour is very tender to the touch; it may be felt both in front and laterally. The man has a good appetite, but he sleeps badly on account of pain. Tongue rather white; urine acid, specific gravity 1023; examined under the microscope, a few pus-cells are detected.

Ordered to have an anodyne draught every night, and to keep his bed.

25th.—The urine is not albuminous; but under the microscope there are still seen a few bodies precisely resembling pus-cells. He does not sleep, and his appetite is failing. The tumour is much as it was, or, perhaps, rather larger. To continue the anodyne, and to have, in addition, a quinine draught three times daily.

26th.—During the night he was taken suddenly very ill. He had taken his morphia draught, and was about to try to compose himself to sleep, when, on turning over to his right side, he was all at once seized with a very violent pain, which extended from the seat of the tumour over the whole abdomen. Soon afterwards violent rigors occurred, accompanied by much retching. Mr. Macnamara, the resident Physician's Assistant, having been called, found the pulse very rapid and feeble. Brandy was

ordered to be taken immediately, and turpentine stupes to be applied to the belly. The latter afforded great relief. 11 a.m.—He is now in a condition of extreme collapse, and can hardly speak audibly; pulse 120, small and feeble. Great pain is complained of.

27th.—He is fast sinking. The general tenderness of the abdomen has diminished, but he still complains much of pain about the tumour. Aspect sunken; hands cold and clammy; pulse not perceptible at the wrist; respiration entirely thoracic, 26 in the minute; tongue dry and brown.

Death took place about forty-eight hours after the sudden accession of pain.

*Autopsy.*—On opening the abdomen, the peritonæum presented no evidences of inflammation. Some coils of intestine which lay over it having been lifted aside, a large rounded tumour was brought into view, which extended from the seventh rib to the crest of the ileum. The spleen, which was slightly enlarged, had been pushed forwards and upwards by the encroachment of the tumour. On further examination, the tumour was ascertained to be the left kidney distended by pus into a mere bag of fluid; its capsule, however, appeared entire in every part, and no rupture could be found. On section through it, the kidney structure was found expanded and unfolded until it could scarcely be detected. The immense cyst so constituted had several partial divisions extending across it; all its chambers, however, communicated with the dilated pelvis. Under the microscope, scarcely any evidences of its original structure could be detected in the tissue of the organ. The ureter, a little below its commencement, was found much thickened, its walls being almost cartilaginous, and its canal all but impervious. The right kidney, the bladder, and urethra were healthy. No traces of calculous concretions were met with. The liver was slightly eirrised. The thoracic organs were healthy. The above particulars are from the notes taken by Mr. Peart, the clinical clerk of the case.

*Remarks.*—The above case furnishes us with an excellent illustration of abdominal tumour, the result of accumulation within the pelvis of the kidney. In the unusual magnitude attained by the tumour, and in the circumstance that the disease was not dependent either on calculus or on disease of the urethra, the case presents features of great interest. In the great majority of cases, suppuration in the cavity of the kidney, as is well known, depends on one or other of the two diseases mentioned; in the one under consideration, however, it would appear to have depended on a much rarer one, namely, stricture of the ureter. The supposition that the chain of morbid processes had begun in obstruction of the latter canal, appears the only one by which an intelligible explanation of the phenomena can be given. It is even just possible that the sudden commencement of the disease may have depended on some injury (stretching or contusion) inflicted on the ureter by the wrench in the back which the patient stated he had received. Supposing that from some cause inflammation of the structure of the ureter had been induced, it is easy to see, how, either by direct extension of the inflammatory action to the pelvis of the kidney, or as a result of the impeded escape of the urine, pyelitis would ensue, and how, also, by the same stricture, the most valuable symptom diagnostic of pyelitis, the copious deposit of pus from the urine, would be concealed. The mechanical cause of the disease of the kidney is thus exactly the same as when a like condition ensues, as it frequently does, in stricture of the urethra and retention of urine.

In cases in which suppuration within the kidney is suspected, yet no pus can be found in the urine, it should not escape the attention of the Medical attendant, that very possibly the ureter may be occluded. In the above case, as we have seen, there was present from time to time a small quantity of pus, though scarcely sufficient to be relied upon for purposes of diagnosis. About the same time that it occurred, however, a very interesting one was brought before the Pathological Society by Dr. Peacock, in which, under somewhat similar circumstances, that symptom had been entirely wanting. A man had died after an illness attended by obscure symptoms of tumour in the pelvis, and having long suffered from pain in the back, and extreme constitutional irritation. His urine had been repeatedly examined during the last weeks of his life, and had never contained any trace of pus. At the *post-mortem* the left kidney was found excavated into a mere bag, the ureter was converted into a fistulous canal the size of a thumb, and, between the bladder and rectum, was a large collection of matter, in which lay the cause of all the mischief, a large renal calculus. The stone had escaped by ulceration from the ureter, about an inch



above the entry of the latter into the bladder; and, the lowest part of the ureter having become quite impervious, all passage of the pus into that viscus had been prevented.

#### REPORT ON THE CHOLERA.

The readers of our last week's analysis of the cases of cholera which had occurred in the Hospitals would observe, that the numbers for St. Thomas's were omitted. The omission was an unavoidable one, as, owing to a postal delay, the return did not reach us in time, and we now supply it. Number of cases admitted, 49; died, 14; still doubtful, 4; recovered, 31. It will be seen from this, that the proportionate fatality has not been quite so great at St. Thomas's as at most of the other Hospitals.

During the last week, the admissions of cholera into the Hospitals have been very numerous. Many of the cases have been very severe ones; but the relative proportion of deaths is now certainly not so great as it was in the commencement of the epidemic.

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#### NOTICE.

August 31, 1854.

MR. CHURCHILL *having removed his Publishing business to more extensive and commodious premises, the MEDICAL TIMES AND GAZETTE will from this date be published by him at No. 11, NEW BURLINGTON STREET, where it is requested that advertisements, communications, and books for review, may be directed.*

THE STUDENT'S NUMBER of the "*Medical Times and Gazette*" will be published on the 16th of SEPTEMBER. Registrars of Universities and Colleges, and Secretaries of Schools, are requested to forward Prospectuses and necessary information on or before Thursday, the 7th of September.

## Medical Times & Gazette.

SATURDAY, SEPTEMBER 2.

#### MEDICAL REPRESENTATIVES IN PARLIAMENT.

THE last Session of Parliament has faded away, and is now numbered with the things that were. As Medical men, we have been grieved and disappointed at the small amount of interest exhibited by the representatives of the people in matters connected with our Profession; and we can scarcely wonder that our claims are ignored by the highest Assembly in the country, when we remember, that, while the Law has 168 representatives in the House, Medicine has but 2. Accordingly, if we compare

our own Profession with that of the Law, we are at once struck with the enormous powers possessed even by a common attorney, and the utter helplessness of many of our own brethren. The attorney is protected by the barrister, and the barrister by the Judge; and attorneys, barristers, and judges, have all their representatives in both Houses of Parliament. But the Medical man has no representative to whom he can appeal, for what are two, however energetic, among so many? He is consequently ground down by Poor-law Boards, and perhaps insulted by their attorney-clerks; compelled perhaps to accept the wages of a menial, and treated like one because he does accept them. The Physician undergoes an expensive and laborious training, and finds his just rewards snatched from his hands by homœopathic, hydropathic, and mesmeric quacks: the Surgeon passes a long apprenticeship at Hospitals and Dispensaries, and then has to sustain an unequal competition with bone-setters and salve-doctors: the General Practitioner toils night and day in his useful and indispensable avocations, perhaps loses his health and his life in the performance of his duties, and leaves, but in too many cases, his widow and his children to the mercies of Poor-law Boards, or the aid of some Medical Charity! If we were writing in any other than a Medical publication, our readers might conceive that we were embellishing our pages with fictitious descriptions; but they to whom these lines are addressed know that we are drawing a picture which is not exaggerated, and many an aching heart amid our ranks can testify to its truth.

To hope for a sudden melioration of all the evils which afflict our Profession would be an Utopian dream; but still we believe that an augmentation of Medical representatives in Parliament would materially contribute to redress some of the hardships of which we complain, and to put our claims in a fair light before the Government and the country. There appears to be a willingness on the part of some of those who are high in power, to listen to our grievances, and to assist us in redressing them; but, at present, it is a problem for our rulers to discover what our complaints are, and what is the nature of the remedies which we propose. The want of Medical men in the Legislature renders the adoption of Medical improvements almost impossible, and, with the best intentions, even our friends in the two Houses often do us more harm than good; sometimes from mistaken motives, hurrying on imperfect or objectionable measures, or throwing over really good and useful ones.

Let us take for instance the Compulsory Vaccination Act, and admitting, as we freely do, the excellent motives which have influenced a distinguished nobleman in the Upper House in carrying it out, yet we cannot but complain, that so important a duty as that which is involved in the superintendence of vaccination should be left to the discretion of the persons who usually constitute the Local Poor-law Boards, and that fresh duties should have been imposed upon the Profession, while the paltry remuneration remains the same. Surely so great a boon to the public, involving so much labour to the Profession, would not have passed in its present state, if there had been Medical representatives in Parliament watching over our common interests.

Again, with regard to Mr. Brady's Bill, we admit that the measure was not free from defects; but, we ask, was it impossible to pass some simple Bill for registering the duly-educated members of the Medical Profession, thus taking a preliminary step, at least, for discriminating the educated man from the pretender, and weeding our ranks of the host of impostors who now infest them?

Again, we ask, why are the claims of the Assistant-Surgeons of the Navy still ignored at head-quarters? And why are our magnificent fleets sent out to fight the battles of their country short of their complement of Surgeons, from the mean parsimony, and



the official insolence, which deny to that rank of the service its just and reasonable demands? If the House of Commons had possessed but a few more representatives of our Profession, men of honourable character and pure motives, who could have lifted up their voices in support of their brethren's rights, such injuries as those to which we point would never have been inflicted.

In common justice, too, we ask, why are nearly all the offices of emolument which concern our own avocations, wrested from our grasp, and bestowed on politicians and lawyers? A lawyer, for years past, ruled the Board of Health, and, as has been often remarked, he was himself the Board; and now, to crown all, a Board has been appointed, not only without a single Medical member, but the President is a person not only ignorant of Medical science, but who has openly acknowledged his belief in the absurdities of mesmerism and homœopathy. If he were consistent, we should now see Mademoiselle Julie as one of his advisers, and the homœopathic globules she advised in some somnambule trance would be put forth to stay the pestilence which is now devastating our country.

The Commissioners in Lunacy are nearly all politicians and lawyers; and the Poor-Law Board at Whitehall, with which our brethren perpetually come in contact, is almost wholly composed of lawyers, not one single Medical man being employed by the Board to assist in its deliberations!

Proceeding from above downwards, can we wonder at the fallen state of our Profession, or can we be surprised if it should fall still lower? We are wholly unrepresented in the House of Peers, and have but a few supporters, staunch as we admit them to be, in the House of Commons. It is now surely time for us to bestir ourselves, not to gain any undue advantage, nor to claim more than our just share in the patronage of Government, or in the responsibilities of office, but a moderate and fair representation in Parliament would, at any rate, give us a voice in public affairs, and prevent the perpetration against us of acts of positive injustice. Our brethren in many provincial towns have very great influence over their constituencies. Let them bestir themselves before the next general election, and good men will not be wanting to come forward and maintain the cause of professional honour and independence in the Imperial Senate.

### CHOLERA AND THE UNION SURGEONS.

EIGHT HUNDRED AND FORTY-SEVEN persons perished from cholera last week; and, although the number is not so great as in the corresponding week in 1849, yet it is sufficiently striking to convince us, that, notwithstanding the zeal and ability which have been displayed by the Profession in attempting to check its ravages, and, in spite of the sanitary precautions which have been adopted in many localities, the virulence of the epidemic is still only partially diminished. Nor can we draw any safe inference from the difference in the number of fatal cases reported in the present season as compared with that of 1849; for, as the disease is independent of seasons and of climate, it is quite possible that it has not yet reached its acme, and that it may continue to increase as the summer declines, although analogy would lead us to a more favourable prophecy.

Experience certainly proves that the poor and the destitute are more liable to its attacks than the higher ranks of society; that high, clean, and well-drained localities suffer far less severely than low-lying and swampy districts; that the purity of the water-supply, as so ably shown by Dr. Snow in the letter we publish to-day, exercises a marked influence over its ravages; that habitations which are well-lighted, and have plenty of air, are safer abodes than those which are dark and over-crowded; and that those whose constitutions are enfeebled by previous illness or debility will more readily absorb

the poison than those whose habits are regular, and their health good. Hence it happens that, while an aristocratic victim is now and then snatched away, hundreds of the unfortunate dwellers in our close, ill-ventilated, undrained, and over-crowded courts and alleys are hurried off daily to the grave; and no memorial, except the record of the Registrar-General, remains to chronicle their disappearance from the world.

Now, in this period of epidemic visitation and of common danger, there is a portion of our professional brethren whose labours are too frequently overlooked, from the humble condition of those to whose wants they administer. We allude to the Union-Surgeons, who are now fulfilling their most useful, most laborious, and dangerous mission, of endeavouring to ward off in all directions, by preventive means, the approach of the pestilence, of checking the early symptoms by prompt and energetic treatment, and, when the disease is confirmed, of employing all the resources of Medical science in rousing the powers of the flagging patient, and, perchance, averting the stroke of death.

Often as we have had occasion to lament the inadequate remuneration afforded to this hard-worked and ill-rewarded class of our Profession, we consider that, at the present time, their claims are most particularly urgent, when they are called upon to perform an enormous amount of extra duty, which occupies all their energies, both of body and mind. We believe that, in some of the Unions, a certain degree of liberality has been exhibited towards the Medical Officers; but in too many instances the Guardians have shown themselves to be wholly regardless of the dangers incurred, the services rendered, and the time occupied by those who are entrusted with the management of the sick poor. Here is one recent instance among many:—

Dr. Lindsay, one of the District Surgeons, who had attended 296 patients during cholera, made a charge upon the Glasgow Board for 141*l.* 5*s.* 6*d.* for this attendance. He declined to accept a gratuity of 25*l.*, and, upon the motion of the Chairman, it was agreed that Dr. Lindsay's services should be dispensed with. We trust that the law agents of Dr. Lindsay will obtain his very moderate charge of less than ten shillings for each cholera patient. What lawyer would be content with such a remuneration for his time and skill?

It is, therefore, high time that the claims of the Union Surgeons were brought before the notice of those who have the power to remedy the evils of which we complain. The injustice to which we allude is perpetrated generally by a few ignorant and vulgar persons, clothed in a little brief authority, and would not be tolerated by our Legislators *if they knew of its existence*; but, in the absence of any recognised Medical representation in Parliament, our wants are unknown, and our wrongs remain unredressed. We shall be rejoiced to learn that the Board of Health and the Poor-law Board, among the many important and responsible duties which they are now called upon to perform, will institute a thorough inquiry into the remuneration of the Medical Officers employed during the present epidemic, and will reward them, or cause them to be rewarded by the local Boards, as gentlemen, and as men of science, who are called upon for arduous exertions at a period of general danger, and who are earning and deserving the substantial gratitude of the community.

MILITARY RATIONS.—There can be no reason for the illness of our men, so far as the Commissariat supplies are concerned; at least, they have at present a very full and ample ration; in fact, there never yet was an army in the field which ever received anything like it. The ration is as follows, daily:—1½ lb. of meat, beef or mutton; 1½ lb. of bread, or 1 lb. of biscuit if the bread is bad, or is not ready; 1 oz. of coffee, 1½ oz. of sugar, 2 oz. of rice, and half a gill of rum. For the coffee and sugar the soldier pays a penny; for the rice and rum he pays nothing.—*Times' Correspondent.*



## REVIEWS.

*On the Special Treatment of Pulmonary Consumption and Hooping-Cough.* By JOHN HASTINGS, M.D. 8vo. Pp. 171. London. 1854.

PERHAPS there can be no more legitimate or certain mode by which a professional man can attain the fame which leads on to fortune than by writing a really good professional work. He proves his thorough acquaintance with the subject he treats by the ability with which he is able to afford information to his compeers. Thus the works of Brodie on the Joints and Urinary Organs, Lawrence on Hernia, Mackenzie on the Eye, Watson's Practice of Physic, Fergusson's Surgery, and a host of other standard works, have doubtless materially contributed to the deserved success of their authors. The good, however, has not been unmix'd, for a bright example has led to a number of unworthy imitations.

An M.D. or an F.R.C.S. writes a book on some disease, common or supposed to be common among the fee-paying portion of the community, or even he pays a professed book-maker to write one for him. He then has the book advertised in the periodicals he believes the section of the public he desires to secure read. Having done this, it is certain, if the advertisements be numerous enough, the book trashy and mendacious, *i. e.*, promising cures to the incurable, and the M.D.'s or F.R.C.S.'s manners confident, that he will gain a pecuniary reward for his labours. We could name more than one man occupying high positions who have done thus.

As a rule, these men are held in contempt by the Profession. The public, on the other hand, on whose deaf, blind, and weak sides the surgical section of this class usually get, by their works on the troubles incident to the hearing, seeing, and genito-urinary apparatus, believe in these men and their cures. A few of the class, both surgical and medical, veil their evil-doings, so as to beguile such of the Profession as are uninitiated in the book-making and advertising system, and then they go upwards most swimmingly.

The reader will at once see that none of Dr. John Hastings' works belong to the class we so strongly reprobate.

In 1843, Dr. Hastings published a work "*On Pulmonary Consumption Successfully Treated by Naphtha.*" One year and a-half after, he gave to the world a second edition of the same work, wherein (page 144) is the following:—

"From my own notes of 2000 cases (of tubercular consumption) treated during the past eighteen months (by naphtha), I have realised not less than 66 per cent. of recoveries."

Dr. Hastings is reported to have reaped a rich pecuniary harvest as a result of this statement of the success he met with in the treatment of pulmonary consumption by naphtha. Who that was said to be consumptive would not seek for a cure so easy and so certain? The Profession tried the remedy: no Physician has been able to cure 66 per cent. of his cases of consumption from that time to this. Dr. Hastings cannot deny that, if there be a specific for phthisis pulmonalis, naphtha is not that specific.

Speaking of his former wonderful cures by naphtha, Dr. Hastings, in 1854, writes:—

"Whether this (*i. e.*, the cure of 66 per cent. of his cases of phthisis) arose from some peculiarity in the constitution of that year, making it more particularly adapted for the treatment of phthisis, I am unable to determine; but this I do know, that my subsequent success has not equalled that which attended the first year of its trial."

The "constitution of the year" rendered phthisis particularly amenable to treatment by naphtha!!

Naphtha, from perhaps some change in the constitution of the year, is now as worthless in Dr. Hastings' hands as in the hands of every one else. What Dr. Hastings means by "first year," we do not very well comprehend, seeing that the second edition of his book on naphtha was published a year and a-half after the first edition.

But the portion of his present work devoted to pulmonary consumption is not given to the world for the purpose of informing it that naphtha will not cure, even when administered by Dr. Hastings, 66 per cent. of all cases of phthisis, as it did in 1845; but to inform it that there are two acids not hitherto employed by the Profession, from the administration of which to those suffering from pulmonary consumption much good accrues. The two acids which have hitherto been so neglected by the Profession are, the oxalic and the fluoric. With reference to the latter, Dr. Hastings writes:—

"When it is remembered that it contains fluorine, one of the

elements of the human body, it is wonderful that it should not have been previously used in the treatment of consumption. Although, however, it may be administered with benefit in every stage of the disease, it seems to act more promptly in that where cavities exist, especially where it has been preceded by another acid about to be mentioned."—P. 53.

And again:—

"I have employed it in every stage of phthisis with most satisfactory results; but I do not consider that it has yet had a sufficient trial to justify me in stating, that it is equal to a thorough and complete removal of the disease from the system. This, however, I may add, that it removes congestion from the neighbourhood of the tubercles in a more effectual manner than any other remedial agent with which I am acquainted."—P. 53.

The dose of the fluoric acid is from 1-24th to  $\frac{1}{4}$ th of a drop.

As to the oxalic acid, its dose is from 1-6th of a grain to a grain three times a-day:—

"When the disease has reached the cavernous stage, I would recommend that the treatment be commenced with the oxalic acid, as its good effects are developed more rapidly at this point than those which result from the employment of the fluoric."

Congestion of the lung sometimes follows after the administration of oxalic acid. It would seem, from the subjoined extract, that oxalic acid is, however, rather an edged tool to play with.

"But it was not until several of my cases, which had made rapid improvement, had been thrown back, that I ascertained that the dose, instead of being increased, required much more frequently to be diminished, or, indeed, repeatedly modified, not only to meet each individual case, but also the changing condition which the various patients more or less exhibited. In some the cough and expectoration had increased, and in others, the former had become hard and dry; in some instances the night sweats returned, the appetite disappeared, and diarrhoea not unfrequently ensued; while in all, prostration of strength, with hurried pulse and respiration, were the invariable results of an excessive dose."—P. 56.

At the conclusion of the chapter on the treatment of pulmonary consumption, Dr. Hastings devotes three pages to a consideration of the benefits to be expected from sponging the mucous membrane of the larynx and trachea, with a weak solution of nitrate of silver in all cases of typhus and scarlet fevers.

"I"—Dr. Hastings—"have employed this plan of treatment in every case of scarlet and typhus fever which has come under my care during the last few years, and with the most satisfactory results."—P. 84.

But it seems that Dr. Hastings is not alone in his treatment of every case of scarlet fever by the topical application of nitrate of silver. He once described in such glowing language the advantage of sponging out the larynx and trachea with a weak solution of nitrate of silver in every case of scarlet fever to "Mr. Aubin, the intelligent manager of the District Schools at Norwood," that he became a convert to the idea. Mr. Aubin converted the Surgeon of the Schools. The result of this double conversion is most satisfactory. Scarlet fever, "formerly so fatal a scourge to the children of the Norwood Schools is "no longer regarded with anxiety. Indeed, so mild a form did the affection assume under this mode of treatment, that the children rarely required any medicine beyond a dose of castor-oil."

About eighty-four pages of Dr. Hastings' work are devoted to a consideration of the treatment of hooping-cough.

Dr. Hastings informs us at the outset of this section of his little book, that he has cured 2000 cases of hooping-cough by local treatment alone.

Dr. Hastings has applied to the larynx and trachea of children suffering from hooping-cough 548 different substances. To give a list of these agents would take a larger portion of our Journal than we can spare. We must be content to mention a few of them:—

- A saturated solution of oxalic acid.
- Hydrocyanic acid, 1 part to 3 of water.
- Fluoric acid, 1 part to 7 of water.
- (Glacial) acetic acid, 1 part to 4 of water.
- Lemon-juice, undiluted.
- Liquor potassæ, 1 part to 6 of water.
- Cyanide of potassium, a saturated solution.
- Potassæ arsenitis, a saturated solution.
- Tartar emetic, a saturated solution.
- Nitrate of silver, gr. v. to 3ij. to 3j. of water.
- Arsenite of copper, a saturated solution.
- Aromatic spirits of ammonia, undiluted.
- Sesquicarbonate of ammonia, a saturated solution.
- Bichloride of mercury, a saturated solution.
- Nitrate of lead, a saturated solution.



Lyttæ acet., undiluted.  
 Essence of bitter almonds, undiluted.  
 Croton oil, ditto.  
 Oil of cajeput, ditto.  
 Oil of cloves, ditto.  
 Creosote, ditto.  
 Soft soap, ditto.  
 Aconitine, 1 part to 10 of water.  
 Veratria, 1 part to 20 of water.  
 Atropine, 1 part to 10 of water.  
 Camphor, a saturated solution in spirit.  
 Copaiba, undiluted.  
 Capsicum, a tincture.  
 Burgundy pitch, a saturated solution in spirit.  
 Ficus, a tincture.

We trust there are not many men in the Profession bold enough to follow Dr. Hastings in his, we think, most unjustifiable therapeutic experiments. That many of these agents must have exerted a most deleterious influence on the air-passages of infants, there can be no question. Veratria, Dr. Hastings himself says, produced bronchitis in some cases "difficult to cure." "This seemed to arise from extinction of the nervous power in the bronchial tubes." Aconitine occasioned "violent spasms of the epiglottis and adjacent parts, and, like veratria, gives rise to bronchitis. It not unfrequently occasions spasm of the abdominal muscles." Delphinine "*is VERY LIABLE to produce bronchitis of a severe and unyielding kind;*" strychnine the same.

We cannot use language too strong to express our disapprobation of pauper patients being used for the purposes to which Dr. Hastings has applied them. It would be a melancholy satisfaction to know how many of the 3000 or 4000 children on whose larynges he operated died from the "SEVERE AND UNYIELDING bronchitis" induced by the local application of delphinine.

Undiluted creosote, oil of cajeput, or croton oil, Dr. Hastings introduces into the larynx of a child suffering from whooping-cough just as an experiment. If we had to submit, when ill, to treatment, by Dr. Hastings, or by a thorough-paced homœopath, we should think the latter infinitely the less evil of the two.

The following is the climax of Hastingsism:—

"I, ALSO, BELIEVE THAT THE FREQUENT INTRODUCTION OF THE SPONGE INTO THE LARYNX IS SERVICEABLE TO THE HEALTH OF CHILDREN (*i. e.*, CHILDREN GENERALLY) BY WIDENING THE ORIFICE OF THE WINDPIPE, AND THEREBY AFFORDING A FREER PASSAGE FOR THE INGRESS AND EGRESS OF AIR."—P. 141.

Does Dr. John Hastings mean to state, as his deliberately formed opinion, that all young children have a larynx too small for the purpose of full and perfect respiration? And does he intend further to express his conviction that, by means of a sponge, he can enlarge, with advantage to the little ones, the space left by nature between their chordæ vocales?

We expect, ere long, to have a treatise to review on the advantages to be gained by dilatation of the larynx of young children. Might it not be possible to persuade the public that all persons disposed to phthisis might have their lungs preserved in a healthy state by dilatation of the larynx? We suspect that a sufficient number of the public to pay the propounder of the idea might be persuaded to attend once a-week to have a sponge passed into the larynx.

"Mr. Dilator's bougies for the larynx are prepared of all sizes by Dash Dash, Surgical Instrument Maker, etc.," would make a capital advertisement. Again, "On the Influence of Dilatation of the Larynx in the Prevention of Pulmonary Consumption," would take well with the public. Surely, we say, before long a work of this kind must appear from some new aspirant to fleeting fame and lasting fortune.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### EXTENSION OF THE CHOLERA IN THE SOUTH OF FRANCE.

THE fears which were entertained respecting the spread of the cholera in the suburbs of Marseilles have been well founded. The epidemic has shown itself among the emigrant population, dispersed among the various villages which lie nearest to the centre of its violence. A considerable number of deaths have, moreover, been furnished by the isolated houses in the suburbs which lie nearest to the town, and are in permanent communication with the focus of the epidemic, being inhabited for the

most part by persons who reside in the town during the day, and return to the country in the evening. It appears that Marseilles is in a state of extreme insalubrity, and, at first, no measures whatever were taken by the authorities to arrest the development, or moderate the intensity of the pestilence. M. Melier, who has been consulted respecting the requisite sanitary precautions, insists strongly on the proper ventilation and cleansing of the abandoned or infected houses, and also on the importance of providing, that all persons who enter within the sphere of the epidemic should be in vigorous health.

No precise information has been furnished concerning the manner in which the epidemic has developed itself at Genoa, at Leghorn, Civita Vecchia, Rome, and Naples. These localities, however, are all under ordinary circumstances in incessant communication with the great commercial centre of the south of France, and this year in the Neapolitan ports alone has quarantine been rigorously enforced; and notwithstanding its enforcement, cholera has broken out in Naples itself. It may be fairly presumed, that the progress of the disease from the ports of France to the shores of Italy, in preference to those of Spain, being opposite in direction to the course which it generally pursues, depends in great measure on the number and the nature of the communications which take place between Marseilles and the Levant. If, however, it is alleged, that the cholera has established a sort of residence in the Italian towns which we have mentioned, and that on the occasion of each new epidemic, it develops itself in these localities by spontaneous origination, the same supposition will not hold good for the coast of Greece, which hitherto has almost entirely escaped the infection of previous epidemics. Nor can it be said that cholera has been spontaneously developed at Gallipoli and the Piræus; for on previous occasions, under circumstances more or less analogous, both the Piræus and Gallipoli have remained free from the pestilence. At the present time, however, it prevails with intensity in both these towns. The cholera which, unless proceeding directly from the Levant, as at the period when it broke out in Alexandria, Smyrna, and Constantinople in 1847 and 1848, has remained confined in the basin formed by the shores of Spain, Provence, Italy, and Algeria, this time has manifested itself almost as rapidly at the Piræus and in Gallipoli, as at Genoa, Leghorn, and Naples. This rapid and altogether exceptional course of propagation may be explained in part, by the unusual assemblage of human beings at Gallipoli and the Piræus, and in part by the incessant communications which have taken place between sections of the army and the infected localities in France. In consequence of the war, an almost continual communication has been kept up between Toulon or Marseilles and the different stations of the French oriental army. Now, the sanitary condition of the troops which embarked at the south of France for the East, presented, at the outset of the expedition, peculiar characters. At that period, when the cholera had not as yet made its appearance in the south, the regiments despatched from Paris and its environs, most probably brought with them the germs of the disease, which immediately afterwards appeared. Since then, the principal towns in the south of France having been attacked by cholera, so as to constitute true centres of the epidemic, it will be readily acknowledged, that the greater number of the corps which embarked in Marseilles were unequivocally influenced by the prevailing malady. On this point, however, positive testimony has been furnished. A regiment which arrived from Montpellier, and remained during the month of June twenty days at Marseilles, sent to the Hospital, on the very day of its embarkation, 16 men suffering from choleraic diarrhœa. In the 7th Regiment of Dragoons, which remained sixteen days at Marseilles, the Inspecting Medical Officers discovered more than 60 cases of diarrhœa at the moment of its departure for the East. The outbreak of the cholera at Gallipoli coincided with the arrival of these regiments and of detachments similarly infected.

At the Piræus, the steamer *Alexander*, which arrived on the 2nd of July, having left Marseilles on the 27th of June, discharged into the Hospital 3 cases of diarrhœa, 1 of typhoid fever, and landed the body of a man who had died of cholera in the roadstead. The three men suffering from diarrhœa were fairly cured, and on the 7th of July they departed for Turkey. On the 9th, in the vicinity of the chamber occupied by these patients, some cases of cholera occurred. On the 11th and 12th the number of cases rapidly increased, nearly all whom were suffering from diarrhœa. Nearly all the enfeebled patients under treatment at the Hospital were attacked, and 160 deaths took place between the 12th and 27th of July. The disease carried off, besides two officers of the administrative Hospital depart-



ment, 1 clerk, 4 infirmary wardsmen, and it attacked with considerable severity one of the military Surgeons. The 97th English Regiment of the line remained with impunity ten days in the infected locality. At the same time, some cases declared themselves among the civil population. These facts need no commentary, and the considerations to which they lead us are of the highest importance with reference to the development and propagation of cholera.—*Gazette Médicale de Paris*.

#### LACERATION OF THE EXTERNAL ABDOMINAL RING IN THE REDUCTION OF STRANGULATED INGUINAL HERNIA.

A new method of reducing inguinal hernia has been invented by M. Seutin, of Brussels. He proposes that the external abdominal ring should be enlarged by being lacerated under the skin by the index finger. At first sight, it may appear by no means easy to lacerate at pleasure the external pillar of the ring with the index finger, acting through the thickness of the inverted integuments. Secondly, it may be asked how could the finger be introduced between the border of the pillar and the knuckle of the intestine, when the latter was distended and constricted at its superior part. And, lastly, it cannot be forgotten, that according to the generally accepted doctrine, the external ring is by no means the most frequent agent of strangulation in inguinal hernia, but rather the neck of the sac, or the superior orifice of the canal (internal abdominal ring).

Excellent, however, in theory as these several objections may be, it is impossible to abstain from noticing the particular circumstances which have been collected respecting the practice in question, in addition to the published accounts, and confident declarations of its efficacy put forward by its discoverer.

It has been established beyond a doubt, by experiment on the dead subject, that the external abdominal ring may be easily enlarged without any operation, that is to say, without section of the skin, by means of simple traction by the finger.

Nor does the possibility of reducing strangulated hernia immediately after the rupture of the ring appear any longer doubtful. In 10 cases in which the taxis had failed, M. Seutin ruptured the external pillar of the ring, and immediately the reduction of the protruded intestine was effected. We are unable to say whether the laceration is prolonged through the length of the canal. Certain, however, it is, that the resistance offered by the hernia did not prevent the insinuation of the extremity of the index-finger into the canal, and the laceration effected was sufficient to render reduction of the intestine possible. In face of these incontestable facts, it is impossible to pass over the method in silence, although at present it may be premature to express any opinion in its favour. Evidently it cannot be applicable to all degrees and all periods of hernia, for it would expose an intestine highly inflamed or on the brink of gangrene to the risk of rupture; but, nevertheless, it may have its circle of application, and Surgeons will do well perhaps not to condemn it prematurely.—*Gaz. Hebdom.*

#### APPLICATION OF A CAUSTIC SOLUTION OF IODINE IN CONGESTION, ABRASION, OR ULCERATION OF THE OS UTERI.

Dr. Churchill recommends the application of a solution prepared according to the following formula for the cure of the diseased conditions of the uterus specified above:—

Pure Iodine ...	...	10 drachms.
Iodide of Potassium	} Of each 20 drachms.	
Distilled Water ...		
Rectified Spirit ...		

Dr. Churchill begins his treatment by the application of nitric acid, or of the acid nitrate of mercury. After a few days, he employs the iodine solution, which he smears over the neck of the uterus with a brush. The application is repeated once, or, at most, twice during the week. Under the influence of the solution, the neck of the uterus decreases in size, loses its sensibility, and the abrasions diminish in extent. Two months are generally sufficient to effect a cure, even in cases in which the congestion is very great. Dr. Churchill continues to employ the solution for a certain time, gradually lengthening the time that elapses between each application.—*Repertoire de Pharmacie*.

#### ARSENATE OF IRON IN HERPETIC AND SQUAMOUS ERUPTIONS.

M. Duchesne Dupare has read a memoir on this subject before the Academy, at the conclusion of which he advances the following propositions as the result of his researches:—

1. Arseniate of iron possesses, in common with all other

arsenical preparations, unquestionable remedial properties, applicable to the treatment and cure of herpetic and squamous affections of the skin.

2. The great advantage of that substance is, that it may be administered in sufficient doses without giving rise to any of the consequences with which various other arsenical preparations have been justly reproached.

3. The arseniate of iron, whether given singly or in combination with other substances, ought always to be administered in graduated doses, commencing from  $\frac{1}{20}$ th,  $\frac{1}{10}$ th, or even  $\frac{1}{5}$ th of a grain, according to the age, the constitution, and above all, the state of the digestive organs of the patient.

4. Numerous facts, accurately observed, authorise M. Dupare in concluding, that a daily dose of  $\frac{1}{5}$ th of a grain of arseniate of iron, uninterruptedly repeated during the necessary time is competent in the adult to effect the cure of an herpetic or squamous affection, however extensive or long-established.

5. No absolute rule can be laid down with respect to the duration of the anti-herpetic treatment by arseniate of iron, for this must vary in accordance with the differences of age and constitution, the extent and severity of the disease, and, more than all, perhaps, in proportion to the degree of toleration which the digestive organs manifest for the remedy.

6. An anti-herpetic treatment by arseniate of iron in no degree excludes the employment of topical remedies of acknowledged utility, and it is materially assisted by the internal use of certain non-sulphuretted mineral waters. MM. Serres, Andral, and Rayer have been commissioned to inquire into the merits of this new remedy.—*Gaz. des Hôpitaux*.

#### TWO CÆSARIAN OPERATIONS.

M. Reali has published the particulars of two cases in which he performed the Cæsarian section. In both instances the foetus was dead, and in one the operation was not performed before an effort had been made to accomplish extraction by the forceps. In both cases the superior aperture of the pelvis measured from 54 to 60 millimetres in its antero-posterior diameter. Under these circumstances, and more especially as both foetuses were dead, it is difficult to understand why delivery was accomplished by the assistance of embryotomy. One of the patients died shortly after the operation, and the other recovered after having escaped a multitude of dangers.

#### IMPERFORATE VAGINA SUCCESSFULLY TREATED BY OPERATION.

The following case is related by M. Filippini:—

Marie Fattorini, aged 19½, never having menstruated, suffered during three years from pains in the abdomen, which extended to the kidneys, and were so acute that she was obliged to throw herself on the ground during their continuance. These pains were accustomed to return about every month. The general health of the patient was good, and she was endowed with so hearty a constitution as to be able to support an extreme degree of suffering. "When I visited her," says M. Filippini, "I found the abdomen much distended, and very painful under pressure in its inferior part, presenting a round fluctuating tumour of a foot in diameter, which emitted a dull sound on percussion, and projected between the pubes and umbilicus, after the manner of a five months' pregnancy. By the assistance of a rectal examination, I felt a tumour of the size of a large fist, which was resistant even, and slightly painful. There was difficulty of micturition, and irregular stools. The labia majora were large and pendulous, especially on the right side, while the nymphæ were scarcely at all developed. On making an attentive examination of the other genital organs, I discovered an entire occlusion of the vagina, formed by a very firm and resistant membranous partition; the urethra was contracted, and three lines further back the vagina terminated in a closed pouch. On the 23rd of February, 1853, I operated to remedy this malformation. After having emptied the rectum, I passed the index finger of my left hand as high as possible into the cul-de-sac, and having slid the pharyngotomy canula of Petit along my finger up to the extremity of the pouch, taking care to follow the middle line, I penetrated the cavity of the uterus with the blade of the instrument to the extent of about two inches. There escaped immediately more than four pints of foul black blood, as thick as tar, which I discharged at once, in order that whatever remained should not pass, by the admission of air, into a state of injurious putrefaction. With a similar view, I endeavoured to wash out the uterus by warm and detergent injections. The operation was severe, but the pains in the abdomen completely ceased; but they returned on the third day with symptoms of inflammation in the right ovary and peritonæum. These symptoms, however, under



the employment of suitable treatment, fortunately subsided. Having prevented the agglutination of the wound by the introduction of prepared sponge and charpie, I succeeded in obtaining a sufficiently dilated orifice, and a regular cicatrix.

The girl returned to her family twenty days after the operation in full health, and since she has menstruated regularly for three months.—*Il Raccoglitoro Medico di Fano.*

UPON HYDROCELE OF THE TUNICA VAGINALIS  
AND ENCYSTED HYDROCELE OF THE CHORD.  
By M. GUERSANT,  
(Lecture delivered at Hôpital des Enfants-Malades.)

In many points the differential diagnosis between the two is the same in the infant as in the adult; but certain phenomena appear specially proper to the former. Hydrocele coincides very often with solid tumours of the scrotum, but it is then only a complication, and can be easily recognised. The encysted hydrocele has not a regular contour: it is knobbed, not transparent, fluctuating in certain points, and harder in others; the tuberculous testicle is also knobbed and irregular, but then it communicates to the hand the sense of weight.

Another point connected with hydrocele is the following. Can the Surgeon always recognise whether the sac does or does not communicate with the peritonæum. In the majority of cases there is no difficulty in determining this fact; but it may so happen that the communication is so extremely narrow, but yet permeable, and such cases require the greatest care when treated by injection.

It is impossible to allow an infant to grow up with such an infirmity, which may have an influence on the functions of the testicle; and an operation carefully performed does not usually entail risk. When the tunica vaginalis is obliterated, M. Guersant recommends puncture, injection, or the seton.

Frequent puncture is recommended by Antoine Dubois, and has been practised successfully by M. Guersant; the tunica vaginalis ultimately may become permanently empty.

Injections are required when the simple puncture fails. M. Guersant uses pure wine, warm or cold; tincture of iodine, mixed with water in various proportions; and pure alcohol. The tincture of iodine is preferable when the testicle is engorged; its contact does not entail danger upon the tissues, and a little of it may be left in the tunica vaginalis; it is taken up by the absorbents. The seton consists of two or three fine threads introduced by a common needle. This, however, is not so advisable, as it has been known to bring on violent inflammation and constitutional disturbance.—*L'Union Médicale*, July 20, 1854.

GENERAL CORRESPONDENCE.  
COMMUNICATION OF CHOLERA BY THAMES WATER.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have been engaged, during the last ten days, in an inquiry which promises to yield very conclusive evidence respecting the mode of propagation of cholera. You are, no doubt, aware, that there is an Act of Parliament requiring those Water Companies of the Metropolis which obtain their supply from the River Thames, to procure it at some point above the reach of the tide, and, consequently, free from the sewage of London. A certain time, which is not yet expired, was, however, allowed for the completion of the necessary works. The Lambeth Water Company, which formerly obtained their supply from a point near Hungerford Suspension-bridge, completed their works at Thames Ditton upwards of a year ago, and have ever since distributed water perfectly free from the sewage of London. The Southwark and Vauxhall Water Company, which, along with that just named, supplies the greater number of houses on the south side of the Thames, still obtain their supply from Battersea-fields, near Vauxhall. The mortality from cholera was much less during the epidemic of last autumn, in the districts to which the new supply of water extended, than in those districts which are exclusively supplied by the Southwark and Vauxhall Company. This will be seen on referring to a table in the return of deaths in London, for the week ending the 26th of November, 1853. Soon after the commencement of the present epidemic, the difference in the mortality of the respective sets of districts was equally apparent,—a difference which did not exist in 1849.

In order to ascertain clearly on what this difference in mor-

tality depended, it was necessary to make an inquiry in detail. The only districts which are supplied exclusively with the water from Thames Ditton, are such distant places as Balham, Streatham, Dulwich, and Sydenham, whose freedom from the epidemic might be attributed to other causes than the mere absence of the polluted water. In the districts of Lambeth, Newington, and St. George, Southwark, the customers of the two Companies are so intimately mixed with each other, that two adjoining houses have very often a different supply of water; and it was, therefore, impossible to determine what kind of water was used in the houses in which the deaths from cholera occurred, except by an inquiry on the spot. I consequently resolved to call at each house where there had been a death from cholera; and Mr. Farr has been kind enough to allow me to take a copy of the addresses of those cases which have not been published in the weekly returns. I have gone over the sub-districts of Lambeth, called Kennington, first part, and Kennington, second part, as regards the deaths from cholera which occurred down to August 12; and the sub-districts, Waterloo, first part, and Waterloo, second part, to August 19th. The following are the results I have obtained :—

Kennington, First Part.				No. of Houses.	
Supply.					
Southwark and Vauxhall	...	...	...	27	
Lambeth	...	...	...	2	
Pump-wells on premises	...	...	...	2	
Total	...	...	...	31	

Kennington, Second Part.					
Southwark and Vauxhall	...	...	...	11	
Lambeth	...	...	...	2	
Total	...	...	...	13	

Waterloo, First Part.					
Southwark and Vauxhall	...	...	...	7	
Lambeth	...	...	...	1	
Not yet ascertained	...	...	...	1	
Total	...	...	...	9	

In Waterloo, second part, 27 deaths have occurred in 24 houses, which are supplied as follow :—

				No. of Houses.	
Southwark and Vauxhall	...	...	...	17	
Lambeth	...	...	...	3	
Pump well close to the Thames; water dirty	...	...	...	1	
Wells at the Lion brewery	...	...	...	1	
Not yet ascertained	...	...	...	2	
Total	...	...	...	24	

If the cases are enumerated instead of the houses in this last sub-district, the return is as follows :—

Supply.				Cases.	
Southwark and Vauxhall	...	...	...	19	
Lambeth	...	...	...	3	
Pump wells	...	...	...	3	
Not yet ascertained	...	...	...	2	
Total	...	...	...	27	

According to the returns made by the water companies to Parliament and to the Board of Health, there are quite as many houses supplied by the Lambeth as by the Southwark and Vauxhall Company, in the above districts; and both Companies supply alike all kinds of houses,—those of the rich and the poor indiscriminately. It is evident, therefore, that, in the sub-districts to which the inquiry has extended, the people having the improved water supply enjoy as much immunity from cholera as if they were living at a higher level, on the north side of the Thames; and I ascertained that in two of the instances where the water supply afterwards turned out to be of the improved kind, the cases could be traced to personal communication with previous ones.

I intend to continue the inquiry, extending it to the other sub-districts in which the two water companies are intermixed, and to bring it down to the 26th inst. After this date, I am informed by Mr. Farr that the supply of water at the house in which every fatal attack of cholera may occur, will be returned by the Registrars in all the Districts on the South of the Thames. An amount of information will thus be obtained that will be very conclusive. In the mean time, I have considered that the inquiry, even in its present stage, is too im-



portant to be withheld from the Profession, at a season when every week is adding so much to the mortality from cholera.

I must say a word on the nature of the water supplied by the Southwark and Vauxhall Company. It is not worse, either physically or chemically, than the water that has generally been supplied to town populations. It undergoes a coarse kind of filtration before it is distributed, and it passes with careless observers for being quite clear, though it is not so in reality. It contains organic matter, both in solution and suspension, and deposits a small quantity of whitish flocculent matter on standing. It also contains a much larger quantity of chlorides than Thames water obtained above the reach of the London sewage. As the Chelsea Water Company obtain their supply from almost the same part of the Thames, and have in every epidemic very much less cholera in their district, I may as well explain, that they filter their water much better than the Southwark and Vauxhall Company, and no doubt rid it to a much greater extent of the cholera evacuations which pass down the sewers into the Thames. I am, &c.

18, Sackville-street, Aug., 1854.

JOHN SNOW.

#### COLD AS AN ANÆSTHETIC.

[To the Editor of the Medical Times and Gazette.]

SIR,—Under the idea that you are just now anxious to collect evidence as to the anæsthetic effect of the application of cold according to the plan recommended by Dr. Arnott, I forward you the following for insertion, if you think fit, in your valuable Periodical. I am, &c. NATHANIEL WARD.

1, Broad-street-buildings, Aug. 28, 1854.

"I was consulted a few days back by a gentleman between 30 and 40 years of age, of a highly nervous temperament, concerning a tumour situated over the right clavicle, and which required removal. It was just one of those cases in which a Surgeon, on the one hand, would not have sanctioned the use of chloroform, and on the other, in which the patient would have protested against anything being done unless it could be accomplished without pain. The tumour was of a sebaceous character, as large as a walnut, had been gradually increasing for two or three years, and gave him inconvenience during every movement of the arm. On informing my patient that chloroform (to which he was much averse) would be attended with risk, but that the removal of the tumour could be effected with safety and without pain by the previous application of cold, his nervous anxiety subsided, and he consented to the operation.

"I mixed together two parts of pounded Wenham-lake ice and one part of salt, and put them in a common white pocket-handkerchief, and kept the mixture pressed on and around the tumour during the space of one minute by the watch. The integument that was submitted directly to the action of the cold became remarkably corrugated. It was then cut into, and the tumour removed without the slightest sensation of pain, and much to the astonishment and delight of the patient, who said that the only thing that annoyed him, and that not much, was the burning sensation of the application. No vessel required ligature, the bleeding, in fact, being very trivial, and the wound had healed at the end of the week."

#### ON DR. BECK'S DISSECTIONS OF THE NERVES OF THE UTERUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following statement was made by Dr. Ludovic Hirschfeld, in the *Medical Times and Gazette*, July 23, 1853:—

"Dr. Snow Beck has two specimens, in the preparation of which he employed eight months, removing, from day to day, with forceps and needles, (as he told me himself,) not merely the cellular tissue, but the neurilemma even, so that he has left only the fasciculi of the nervous tubes. It seems to me, that the work of this anatomist ought not to be appealed to, when the subject of the volume of the nerves of the uterus is agitated, for they only present the nerves deprived of one of their constituent parts—the neurilemma."

Is it possible that this statement, which had been made by Dr. Hirschfeld in the *Compte Rendu des Sciences pendant le Mois de Septembre*, 1852, and is here repeated, can have escaped the notice of Dr. Beck; or, as it has not been contradicted, are we to receive it as an undeniable truth? Being anxious to know whether the uterus has ganglia and nerves, as described and

delineated in Dr. Hirschfeld's *Neurologie*, or is almost entirely destitute of nervous structures, I beg leave, through the medium of your Journal, to request that Dr. Beck will at once admit or deny the accuracy of the above statement.

August 30.

I am, &c.

INVESTIGATOR.

#### PERINEAL SECTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—In answer to Professor Syme's assertion, that it is not true that a gentleman had lately died *four days* after the operation of perineal section at his hands, I beg to state, that I have ascertained that my information as to the exact period of death after the operation was incorrect; but I have been told, that the fact is undeniable, that a gentleman has lately died within a *short time* after the operation performed by Mr. Syme; and the source of the information is so trustworthy, that I cannot doubt its correctness, especially after such a vague and unsatisfactory denial as appeared from Mr. Syme in your Journal of last week. I am, &c. HENRY SMITH.

Caroline-street, Bedford-square.

#### DID THE GREEK SURGEONS EXTRACT TEETH?

[To the Editor of the Medical Times and Gazette.]

SIR,—Having, of late, devoted a few leisure hours to several subjects connected with the history of dentistry, the question struck me as interesting, "Whether the oldest Greek Surgeons extracted teeth, and where the first notice thereof is to be found?" That the Egyptians paid much attention to dentistry, I learned from the following passage of Herodotus:—"The art of Medicine is thus divided among them (the Egyptians); each Physician applies himself to one disease only, and no more. All places abound in Physicians; some Physicians are for the eyes, others for the head, others for the teeth, and others for internal disorders."—Herod. ii. 84.

But, as surgical instruments could not have been made but of steel or iron, none of these apparatus have reached us, although the number of various other utensils which have been preserved is very great.

The next which attracted attention were the many passages of Hippocrates (Epidem.), where he speaks of maladies of the teeth, of which the following are a sample:—"With a child suffering under phagedænic affection the teeth fell out, as the bone (jaw) had become hollow." "The wife of Aspasius had violent toothache; the jaw swelled; having used a collutorium of castoreum and pepper she was relieved."—Epidem. v. 67. "Milesamler, the gums being affected, swollen, and very painful, he was bled on the arm; Egyptian alum helps at the outset."—Epidem. v. 69. "At Cardia, the child of Meterodorus, in consequence of toothache, had a sphacelus of the jaw; overgrown flesh on the gums the suppuration was middling; the molar teeth and the jaw fell (off)."—Epidem. v. 100.

Although we perceive that some grave cases of tooth maladies have been mentioned, we find not the least allusion to their having been extracted, for which, however, there was every indication. After much inquiry, I was informed, that there exists a passage bearing on this subject in "*Sprengel's History of Medicine*." It is the reference to the text of *Caelius Aurelianus*, (a) where, speaking of the tablets and presents offered to the Greek temples by patients who have been cured, he says:—"Even surgical instruments were bequeathed by the inventors to those sacred shrines of medicine. Thus, Erasistratus presented to the Delphic temple of Apollo an instrument for extracting teeth." And the passage of Cœl. Aurel. contains some more interesting allusions to that subject.

I am, &c.

GEORGE HAYES.

Conduit-street, August 21.

[Mr. Finney, a dentist, late of Alexandria, found a stuffed tooth in a mummy, and several teeth in other mummies which bore marks of filing.—Ed.]

(a) Cœl. Aurel. de morbis acutis et chronicis. Amstelod. 1709. 4to.

MARGATE.—This town, which has been considered one of the most healthy in England, stands this year pre-eminent. Notwithstanding we have now 20,000 visitors, added to the 11,000 inhabitants, there has been only one funeral during the week at the parish church.—*South Eastern Gazette*.



## UNIVERSITY OF LONDON.

FIRST EXAMINATION FOR THE DEGREE OF  
BACHELOR OF MEDICINE. — 1854.

## EXAMINATION FOR HONOURS.

## ANATOMY AND PHYSIOLOGY.

Blake, J. G., B.A. (Exhibition and Gold Medal) .....	University College.
Maudsley, Henry (Gold Medal) .....	University College.
Ramshotham, Walter Barnett .....	University College.
Brodrigg, Uriah Perrin, B.A. ....	Guy's Hospital.
Andrew, Edwyn .....	University College.
Buzzard, Thomas .....	{ King's College. King's College. St. Thomas's Hosp. Guy's Hospital.
Proper, John Lumsden. } Equal.	
West, James Fitzjames. }	
Giles, Samuel, B.A. ....	

## CHEMISTRY.

Kilroy, A. R. (Exhibition and Gold Medal) .....	London Hospital.
Thorowgood, J. C. (Gold Medal) .....	University College.
Turner, William .....	St. Bartholomew's Hosp.
Maudsley, Henry .....	University College.
Blake, James Gibbs, B.A. ....	University College.

## MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

Turner, William (Exhibition and Gold Medal) .....	St. Bartholomew's Hosp.
Maudsley, Henry (Gold Medal) .....	University College.
Thorowgood, John Charles .....	University College.
Brodrigg, Uriah Perrin, B.A. ....	Guy's Hospital.
Blake, James Gibbs, B.A. } Equal.	{ University College. Guy's Hospital.
Iliff, William Tiffin .....	

## BOTANY.

Blake, James Gibbs, B.A. (Gold Medal) .....	University College.
Andrew, Edwyn .....	{ University College. Guy's Hospital.
Brodrigg, U. P., B.A. ... }	
Newman, William .....	St. Bartholomew's Hosp.

MEDICAL GRADUATES (UNIVERSITY OF  
LONDON).

AN ACT TO EXTEND THE RIGHTS ENJOYED BY THE GRADUATES OF THE UNIVERSITIES OF OXFORD AND CAMBRIDGE IN RESPECT TO THE PRACTICE OF PHYSIC TO THE GRADUATES OF THE UNIVERSITY OF LONDON.

[17 and 18 Vict., cap. cxiv.]

Whereas as body politic and corporate, by the name of the University of London, has been constituted by the Royal Charter of Her present Majesty, with power after examination to confer the several degrees of Bachelor of Medicine and Doctor of Medicine: And whereas it is expedient that such and the same privileges relating to the Practice of Physic as are enjoyed by Graduates in Medicine of either of the Universities of Oxford and Cambridge, by virtue of their degrees, or under any authority or licence now conferred upon them by either of the said last-mentioned Universities, should be enjoyed by the Graduates in Medicine of the University of London: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

I. Every Bachelor of Medicine and Doctor of Medicine of the said University of London shall, by virtue of his degree, and without the necessity of undergoing any further examination, or of obtaining any further authority or licence, be forthwith entitled to practise physick, as fully, effectually, and extensively in all respects as any Bachelor of Medicine or Doctor of Medicine of either of the said Universities of Oxford and Cambridge is entitled to practise by virtue of his degree, or under any power, licence, or authority now conferred by either of the last-mentioned Universities; provided always, that the privileges hereby conferred shall not be construed so as to extend to the practice of surgery, pharmacy, or midwifery.

II. And whereas it is apprehended that divers Graduates in Medicine, of the said University of London are or may become exposed to divers forfeitures, pains, or penalties by reason of their having practised physick, in all or some or one of its branches, or of their having done acts as or under the descrip-

tion of Physicians, or practitioners of physick, in all or some or one of its branches, without any other qualification for so doing than their having studied for and obtained the Medical Degrees of the last-mentioned University, and in particular it is apprehended, that under the Act passed in the Session of Parliament held in the sixteenth and seventeenth years of the Reign of Her present Majesty, chapter ninety-six, and the Lunatic Asylums Act, 1853, any Graduate of the University of London practising as a Physician, if not otherwise answering to the definition of a Physician set forth in the interpretation Clauses to such Acts, who may have signed any certificates under those Acts or either of them, in which he shall have been described as a Physician, is liable to be indicted for a misdemeanor: Be it enacted, that all such Graduates in Medicine of the said University of London who have so practised physick, or have so done any such act, or signed any such certificate as aforesaid, shall be indemnified, freed, and discharged from all such forfeitures, pains, penalties, and disabilities, as they would or might have been exempt from had they taken their several degrees at or obtained authority or licence to practise from either of the said Universities of Oxford and Cambridge, and that all such acts and certificates heretofore done or signed by any Graduate in Medicine of the said University of London shall be deemed to all intents and purposes as valid and effectual as if this Act had passed previously to the doing or signing such acts and certificates respectively.

III. This Act may be cited as "The University of London Medical Graduates Act, 1854."

## CHOLERA.

THE METROPOLIS.—From cholera the deaths in last week were 847, while those from diarrhoea were 214. In the corresponding week of 1849, cholera carried off 1272 persons. In the present summer its weekly progress is traced in the following numbers:—5, 26, 133, 399, 644, 729, and 847; the weekly rate of increase since August 5, has, therefore, been 21, 107, 266, 245, 85, 118. In the first seven weeks of the epidemic of 1849, the deaths were 9, 22, 42, 49, 124, 152, 339. In that year it commenced about the end of May, the healthiest part of the year; it began six weeks earlier than the present epidemic, and its progress was slower; but in the fourth week of August, as has been shown, it had reached a higher rate of mortality than the disease which now prevails has yet attained. 2783 persons have already died of cholera; and 1706 of the number have fallen on the low grounds of London, out of 595,119 people whose dwellings are not 10 feet above the Thames; 705 have died out of 648,619 on the higher ground, extending from 10 to 40 feet above the same level; and only 345 out of the 1,070,372 who live on the ground that has an elevation extending from 40 feet to 350 feet. The mortality from cholera to 100,000 living at the three elevations is 287 at the lowest, 109 at the middle, and 32 at the highest region. The following Table shows the mortality in districts:—

DISTRICTS AND SUB-DISTRICTS.				Elevation above Trinity High-water Mark.	Popula- tion in 1851.	Deaths from Cholera registered	
						in the <i>Five</i> Weeks ending Aug. 19.	in the Week ending Aug. 26.
LONDON	...	...	..	<i>feet</i> 39	2,362,236	1936	847
WEST DISTRICTS	...	..	...	28	376,427	286	179
NORTH DISTRICTS	...	...	...	135	490,396	100	53
CENTRAL DISTRICTS	...	...	...	49	393,256	90	36
EAST DISTRICTS	...	...	...	26	485,522	273	119
SOUTH DISTRICTS	...	...	...	6	616,635	1187	460

THE CITY.—The Medical Officer of the City reports 61 cases of cholera as having occurred during the 4 weeks ending Monday, Aug. 28. The disease had not appeared in a severe form in any of the districts.

THE PROVINCES continue to be but lightly affected. The disease has made its appearance in several populous towns, but not to an extent to cause serious alarm. The reports from Ire-



land, especially from the northern districts, are more favourable.

EDINBURGH.—After several months' cessation, cholera has again made its appearance in Edinburgh. It seems to have arisen from the simultaneous importation of it by persons coming from different infected districts. In consequence of the outbreak, a meeting of the Sanitary Committee, consisting of representatives of the police and parochial boards, was held. Twelve cases were reported as having occurred in Edinburgh, and one in Leith. Of the 12 cases, the 3 that first occurred were imported, and were all fatal. One was a passenger, seized on the way from London on board the steam-ship *Trident*; another was master of a small vessel plying from Alloa or Limekilns to Leith; and a third was a man coming from Airdrie, who had taken lodgings in the Canongate, and whose case was followed by six others in the neighbourhood, three of them proving fatal. In two other spontaneous cases, death had ensued after a few hours' illness. In only four cases were the patients reported as not yet dead, or as likely to recover. The case in Leith was fatal after a brief illness. With regard to the state of the city, the Lord Provost expressed his belief, that the city had, during the past three or four months, been cleaner, externally at least, than it had ever before been in its history. Medical reports as to the very healthy state of the town before this outbreak were also referred to. It was reported, that the Police Board was now engaged, for the third time since last October, when the first symptoms of cholera appeared, in water-washing and lime-washing all the closes, courts, and narrow lanes in the town, and had nearly completed the work. The Lord Provost urged on the parochial Boards the vigorous prosecution of the work of internal cleansing, both of apartments and staircases. Several of the Boards, it was stated, had already taken measures for that end. The Cholera Hospital, beside the Infirmary, was announced as re-opened, the necessary staff and appliances being in readiness.

IN GLASGOW there has been a large number of fatal cases. At Hamilton, Paisley, Kilmarnock, Dunfermline, Montrose, Aberdeen, and Elgin, it had exhibited itself with more or less virulence; and at Perth has been attended with considerable fatality.

CHOLERA IN THE BALTIC FLEET.—We have received two letters from Medical officers in the Baltic fleet, one dated Aug. 17, the other Aug. 19. at 4 p.m., which must be the latest intelligence received up to the hour of our going to press. From the first we learn that the cholera has within the last three days broken out to an alarming extent among the ships of the combined fleets. The *Britannia* has been the greatest sufferer among the British ships, having lost no fewer than 85 men. From 9 a.m., of the 14th inst., she lost 50 men in twenty-four hours; the next day she lost 21 men, and the next, the 16th August, she lost 14 men. The *Albion* has lost 40 men; the *Trafalgar* 35 or 38 men. The *Vengeance* a certain number, and the *London* a few. The only ships of the squadron that have escaped a visitation as yet are the *Queen*, the *Tribune*, and the *Diamond*. The men-of-war stationed at Varna have suffered least of all, although the disease was very prevalent and fatal among the troops in camp. The *Agamemnon* has not lost any men at Varna, but when at Constantinople in the beginning of August, two of the ship's company were carried off by cholera; 1 on the 4th, and the other on the 9th of August. Since then a good many cases of diarrhoea have occurred, but no case of cholera, and her sick-list at present amounts to 45. The *Bellerophon*, also stationed at Varna, has only lost 1 man from cholera, (on the 13th or 14th instant;) and, although she has had two or three other cases of cholera, and many cases of diarrhoea, she is in a very fair state of health. The *Sanspareil* is also comparatively healthy, although she has lost four men from cholera. The *Simoom* lost one man and the *Leander* has not lost any. The *Banshee* has lost one man; the *Triton* has not lost any. The reports from the troops are very favourable; the cholera, which was very fatal among them in July, is now becoming milder, and fewer cases are occurring. A few officers have been carried off, and a good many men. Our Correspondent adds: "I am not in possession of any recent authentic accounts, but I may give you those I received from Dr. Hall, the Inspector-General, several days ago. He informed me that a sporadic case or two of cholera occurred in June; but that the epidemic may be said to have commenced on the 22nd July, a case having been received into the British Hospital at Varna on that day from the camp at Devna. The second case occurred in a patient in the Hospital; after which numerous cases occurred, both at the Hospital and in the camp. Within the first thirty hours, about 27 deaths occurred. Some regiments have suffered more severely than

others. At first, the 77th and 7th suffered; but latterly, I believe, the First Division, consisting of the Guards and Highlanders, have sustained considerable losses. The Rifle Brigade attached to the Light Division has lost about 14 men only. I have heard it said that the loss in the Light Division amounts to about 200. The French troops have suffered much more severely. With them, sporadic cases also occurred here at Varna in June; but it is to be remarked, that cholera prevailed among their troops at Marseilles and Gallipoli some weeks before it appeared here, and that steamers came here from Gallipoli and Marseilles in a sickly state. One of the French Surgeons at the Hospital gave me, without hesitation, the opinion, that they (the French) had imported the disease from Marseilles; and this opinion was also entertained by the Turkish Director of Quarantine,—an intelligent officer, who has been stationed at Varna since 1844, and who informed me that he had not seen Asiatic cholera in this place before, excepting during the prevalence of the epidemic in 1848. Like the English and French, he believed that the first case occurred about the 22nd July; but he had been officially informed by his Government at Constantinople of the appearance of cholera at Gallipoli six weeks before that date. He mentioned to me that he had observed, that, during the last four years, there had been an increase in the number of cases of periodic fevers, namely, intermittents, which he attributed to the waters of the lake not having so free an exit as formerly, and therefore becoming stagnant in some places. At the Turkish Military Hospital I was told that their first case occurred in a Turkish soldier, who was in attendance as a sentry on the French camp; he was brought to the Hospital on the 22nd July. Next day a patient in the same ward was attacked, and on the 24th three fresh cases were brought in from the camp, and afterwards numerous cases occurred. Between the 22nd and 27th there had been 52 cases, and 22 deaths. No cases of cholera had occurred among the Turkish ships till the 31st of July, when 30 cases and 6 deaths occurred in the *Peiki Messiret*: 84 between the 31st of July and 5th of August. Other cases have since occurred, but although there is a large squadron of them here, not to the same extent as among the French and English ships. On the 28th July, the Captain of a French transport at this place, was removed to the French Hospital, and died the same day; a seaman was also sent there from the French Rear-Admiral's ship, the *Valmy*; another seaman, sent the following day, also died. The *Valmy* then went to sea. Although it was very difficult to obtain correct information from the French Hospital, I may give you the numbers obtained by Dr. Hall, the Inspector-General, which he kindly allowed me to copy:—

July 29,	admitted into French Hospital	22 cases—died	27
" 30	" "	77	" " 24
" 31	" "	118	" " 66
Aug. 1	" "	60	" " 20
" 2	" "	158	" " 48

I have been unable to go on shore lately to procure further information, but the number of cases had not decreased; and on the evening of the 9th, an English officer saw as many as forty-five bullock-carts removing the dead from the French Hospital. I mentioned that a sporadic case had occurred in the French camp on the 17th June; another occurred on the 3rd July, and the next case was received on the 11th July, from the *Dauphin*, a man-of-war steamer, which had arrived from Gallipoli. From this date, I was told by one of the Medical Officers, cases occurred daily, and gradually increased, so that between July the 10th and 29th, 430 cases were admitted in Hospital, of which 136 died. On the 15th of August, information was received here that the cholera had broken out among the French ships, and that, up to that date, the deaths from that disease were, in the *Ville de Paris*, 109; *Montebello*, 152; and *Valmy*, 89. Upwards of 500 deaths had occurred in the French fleet up to that date. Between the 22nd of July and 7th of August, 1854, there had occurred 181 deaths from cholera among the inhabitants of Varna. This information I received from the Director of the Quarantine Establishment, who issues the order for the burial of all who die among the inhabitants. An English transport, named the *War Cloud*, lost a man from cholera on Sunday, the 23rd of July; seven days afterwards, another man was attacked, and died, both having been attended by English Medical Officers. Several of her men were suffering from diarrhoea, and were visited by Dr. Brown, Senior Assistant-Surgeon of the *Bellerophon*. She was sent to sea, and anchored afterwards at *Baldjik*, as some of her cases were likely to prove fatal, and Medical Officers were in great request at Varna. On the 24th of July, there were embarked, on board No. 49 trans-



port, about 110 sick soldiers, removed from the British Hospital to make room for the cases of cholera; three days after they were embarked a fatal case of cholera occurred among them; one or two others were attacked, and died, when she was sent off to Constantinople after some delay.

The second letter contains the following:—"I have not given the statements of the loss among the French troops, because we hear so many exaggerated reports; it is difficult to believe them. This morning I was informed, by a letter from the Britannia last evening, that 105 deaths had occurred on board up to the date of my letter. The other ships were, comparatively speaking, improving. The Albion had lost about fifty cases. They are at anchor at Baldjik, and the Britannia is clearing out."

ARMY AT VARNA.—The total deaths among our army of 34,000 men, up to August 14, had amounted to 433. The deaths among the French were much more numerous, but not at all so much so as has been represented.

IN NEW YORK the disease is on the decrease.

MALTA.—The disease had broken out on board the Medway, at Malta.

HOSPITALS OF PARIS.—From the 17th to the 23rd August inclusive, there were 321 cases, 181 deaths. On the 23rd August, there had been treated 5268 cases since November. Of these 2689 had died, 2025 recovered, and 554 remained.

GRANADA.—Cholera has nearly ceased in the West Indian Islands, with the exception of Granada. Of the 34,000 inhabitants of the island, 3000 had died, but there had been no cases in the English garrison since the 28th of July.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following members of the College were admitted Fellows at the last meeting of the Council, viz.:—

ALDRIDGE, JOHN PETTY, Dorchester, diploma of membership dated June 6, 1834.

BOWKER, RICHARD B. S., New South Wales, May 7, 1838.

BURGESS, FREDERICK JOSIAH, Bishops Waltham, May 5, 1834.

COOPER, THOMAS SKANEY, Canterbury, April 24, 1839.

DALRYMPLE, DONALD, Norwich, August 19, 1836.

FURNESS, THOMAS A., Newcastle-upon-Tyne, May 22, 1839.

HILL, SAMUEL, Clifton, Yorkshire, February 5, 1836.

JOHNSON, CHRISTOPHER, Lancaster, February 22, 1839.

LOWES, FREDERICK JOHN, Gosport, May 13, 1839.

MASSY, ISAAC, Nottingham, April 15, 1831.

PURNELL, JOHN JAMES, Charterhouse-square, June 24, 1839.

RUSSELL, GEORGE IRELAND, Gravesend, January 7, 1820.

SLEEMAN, PHILIP ROWLING, Bristol, June 3, 1839.

SLATTER, WILLIAM, Wakefield, February 3, 1829.

TURNER, SAMUEL M., Newcastle-under-Lyne, May 6, 1839.

VART, JAMES, Camden Town, December 7, 1832.

At the same meeting, MESSRS. ISAAC ARTHUR D'OLIER, of Tredegar-square, Bow-road, and THOMAS EASTWOOD, of Oldham, Lancashire, were admitted *ad eundem* members of the College.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 24:—

KERSHAW, BENJAMIN, Rochdale.

KING, DAVID, Ayr, N.B.

MORRIS, WILLIAM WHYTEHEAD, Stalbridge, Dorset.

PHILPOTT, HENRY GRAY, Brighton.

TURNER, THOMAS, Langport, Somerset.

WINDSOR, THOMAS, Manchester.

### APPOINTMENT.

CHELTHENHAM COLLEGE.—William Dalton, Esq., F.R.C.S., has been appointed Surgeon to this College, *vice* J. Fortnam, Esq., resigned.

### TESTIMONIAL.

The following testimonial was presented to Dr. Laycock, by the students of the York Medical School, on Thursday week:—"The students of the York School of Medicine, viewing with interest the approaching election of a Physician, in the room of Dr. Belcombe (who has resigned), desire to convey to Dr. Laycock their wishes for his success in obtaining the vacant office; and to express their unqualified admiration of his talents and acquirements, both as a Physician, a teacher, and an author; and to further express their hope and belief that those talents, which have been hitherto

employed for the furtherance of science and professional utility, may be appreciated in the position which our inclinations tell us he is destined to occupy. The students offer this trifling mark of esteem to one who has officiated for several years as their lecturer on the practice of medicine, and has always given entire satisfaction by his uniformly kind behaviour, and the ability with which he has discharged his duties."

### DEATHS.

CHAMBERS.—Aug. 6, aged 70, Charles Chambers, Esq., Surgeon in the Navy (1807) on the Retired List.

COOPER.—Aug. 22, at Bengeworth, near Evesham, Worcestershire, T. B. Cooper, Esq., M.D., late a magistrate for Worcester and Gloucester, aged 81.

COWLEY.—Aug. 28, in London, after fourteen hours' illness, George Cowley, Esq., of Winslow, Bucks. In life universally respected, in death deeply deplored. M.R.C.S.E. 1832; L.S.A. 1830; Medical Officer of Winslow Union and Workhouse.

FARR.—Aug. 17, at Burton Street, Dr. Wm. Farr, late of Montagu Street, Montagu Square, aged 65.

HELY.—Lately, John J. Hely, Esq., Surgeon, of Ravenstone, near Ashby-de-la-Zouch, from drinking colchicum wine in mistake for unmedicated sherry. M.R.C.S.E. 1843; L.S.A. 1841; L.S.A. Dub. 1836; L.M. Dub. 1835; M.C. Glas. 1850; Medical Officer District No. 2 Ashby Union.

MORRIS.—Aug. 21, at Howslow, David Thomas Morris, Esq., Surgeon, universally respected. M.R.C.S.E. and L.S.A., 1851.

NOBLE.—Aug. 13, aged 32, Robert Robson Noble, Esq., Surgeon, of South Hylton, Sunderland. M.R.C.S.E. 1845; Surgeon to the Shipyard, and formerly Surgeon to the Bensham Lunatic Asylum.

JACKSON.—Aug. 22, aged 40, Matthew Jackson, Esq., Surgeon, Leeds. M.R.C.S.E., 1840.

JENKIN.—Lately, at Varna, E. A. Jenkin, Esq., Assistant-Surgeon 23rd Reg. Royal Welch Fusiliers.

SYMONDS.—On the 21st inst., at Clifton, aged 76, John Symonds, Esq., late of Oxford, for 38 years Surgeon to the Oxford Medical Dispensary and Lying-in-Charity.

TILLEY.—We are sorry to have to record the sudden death from cholera of Charles Watkins Tilley, Esq., Surgeon, aged 34, the resident Medical officer of the Westminster General Dispensary, on Sunday last. It appears that he had visited and remained some hours with a friend who died from the same disease on the day previous at Camberwell, and that on returning to the Dispensary the same evening he was seized with the symptoms, and died in a few hours. The death of this excellent man is deplored alike by the Medical officers of the Institution, by whom he was highly esteemed, and by the numerous poor, in whose cause he had exerted himself so much and so conscientiously.

BRITISH ASSOCIATION.—The next meeting will be held at Liverpool, commencing on September 20, under the Presidency of the Earl of Harrowby, F.R.S.

KING'S COLLEGE HOSPITAL.—On Tuesday the out-patients' department in the new building of King's College Hospital was opened for the reception of patients.

HOSPITAL FOR CONSUMPTION, BROMPTON.—On Monday the Quarterly Court of the Governors was held at the Institution. The Report stated that the bazaar held on the 29th and 30th of June had yielded 700*l*. The Committee had drawn up a very strong Petition against certain provisions in the Mortmain Bill of last session, which they judged was calculated to injure the Charity. But the Bill had been abandoned. The Committee recommended the increase of the Resident Surgeon's salary from 120*l*. to 150*l*. The following legacies had been received:—From the late Mr. George Nelson, 100*l*.; and from the late Mr. William Parley, of Northampton, 50*l*. Number of patients admitted since the 31st of May, 105; discharged (relieved), 86; deaths, 12; remaining in Hospital, 90.

ROYAL ORTHOPÆDIC HOSPITAL.—This institution held its half-yearly general meeting on Monday, in the Board-room of the Hospital. The report for the half-year showed that the number of patients had been 981; an increase over the preceding half-year of 231. Total admitted since opening of Hospital, 16,227. Upwards of 200 are waiting for admission into the wards, who can only be treated as in-patients, so inadequate are the funds to the demands upon them. The building fund, headed by Her Majesty and His Royal Highness Prince Albert,



is progressing, but is still very far short of the required sum. New subscriptions during the year to the building fund, 802*l.* 4*s.* 1*d.*; total amount subscribed to the fund, 2,637*l.* 19*s.* 3*d.*; but the total paid up was 1,573*l.* 4*s.* 6*d.*; of which the sum of 1,479*l.* 11*s.* 10*d.* had been invested, leaving a balance in hand of 93*l.* 12*s.* 8*d.*

**MANCHESTER ROYAL INFIRMARY.**—The annual income of this Institution from ordinary sources, though still inadequate to the wants of the district, is 7432*l.* 13*s.* 4*d.* The ordinary expenditure for the past year has been 9172*l.* 15*s.* 2*d.*, leaving a deficiency of 1740*l.* About two-thirds of the deficiency is accounted for by the rise in provisions. At the annual meeting of the Trustees of this Institution it was stated that there had been subscribed towards the re-building of the Institution the sum of 38,078*l.*, of which Manchester alone, has contributed 36,592*l.* There yet remains a debt of 3000*l.*, towards which Mr. J. C. Harten, the Treasurer, promises a subscription of 500*l.* on condition that the rest of the deficiency is subscribed.

**GATESHEAD DISPENSARY.**—The Building Committee met on Thursday week, at the Town Hall, when reports were made of the progress of the Building-fund. The Chairman and Mr. John Kimpster reported an addition of 200 guineas to the fund, nearly 200*l.* of which they had received. Mr. John Greene also made a gratifying report; and the Committee were satisfied that, if the friends of the Institution who have not yet been seen should follow the example of those who have now subscribed, the necessary amount would be raised.

**SCARLET FEVER.**—This disease is spreading with fearful virulence among the juvenile population in several villages of the Holmfirth district.

**HEALTH OF IRELAND.**—The *Ballina Herald* says:—"At this period of fears and alarms it may be of some advantage to the timid to learn that Dr. Dillon, one of the Medical Inspectors under the Poor-law Commissioners, has stated, that, throughout the wide district of his inspection—embracing nine counties—there never was so small an amount of sickness of any description as that which is to be found at present."

**DISEASE IN SWINE.**—A correspondent of the *Armagh Guardian* states, that the mortality in swine is at present very great in that county, upwards of 150 having died in the island within the last four weeks. This disorder is a new one, in its symptoms resembling cholera. The animal, after taking ill, dies in a very short time, when the carcase immediately turns quite black.

**THE MILLBANK PRISONERS AT DORCHESTER.**—No less than 800 convicts, says the *Sherborne Journal*, with a staff of officers, and a body of the old Chelsea pensioners, to the number of 100 or more, are comfortably installed in the barracks. No case of cholera has occurred.

**ASSISTANT-SURGEON D. J. DUIGAN**, and the other Medical Officers employed before Bomarsund—W. J. Wilson and W. L. Gordon, M.D.—have been recommended by the Commanding Officer of the Brigade to the Commander-in-Chief, as having "evinced the greatest willingness and promptitude in the execution of their duties."

**THE NEW BOARD OF HEALTH.**—Mr. Rawlinson, whose reports on the sanitary condition of Birmingham, Liverpool, and many other large and small towns under the late Board of Health, recommended him so strongly to the new Board, was offered the office of Inspector by the President, Sir Benjamin Hall, at the salary of 800*l.* With the offer, however, was coupled a stipulation which rendered acceptance out of the question, viz., that he should devote his entire time to his official duties, and, accordingly, he declined the post. For similar reasons, we believe, Mr. T. W. Rammell, C.E., declined a like appointment; Mr. W. Ranger, C.E., has been named Superintending Inspector, at 800*l.* a-year; and Mr. Henry Austin, C.E., Consulting Engineer, at 1000*l.* a-year—the same salary as that of the Secretary, Mr. Tom Taylor; the Assistant Secretary, Mr. J. F. Campbell, a barrister, and formerly private secretary to the Duke of Argyll, having 600*l.* Mr. F. Maule, a son of the Solicitor to the Treasury, has been appointed Junior Clerk.

**AMBULANCE WAGONS.**—An inspection took place at the Royal Arsenal this week, of a new plan, by Mr. Glover, for an ambulance or hospital wagon, for conveying the sick or wounded from the battle-field to have medical or surgical attendance. The ambulance wagons already sent to the East were made to carry four sick or wounded—two on the bottom of the wagon, supported by springs over the axle-tree, and two swung, as it were, in cots suspended from a roof thrown over the wagon, the lying position of the persons in the cots being about six feet

from the ground, and the roof of the wagon above eight feet high. Mr. Glover, by his plan, obviates the great height of the position of the bodies in the others, and places the two lowest about two feet from the ground, and the two highest about four feet. He accomplishes his object by making his axletree on a similar principle to those used by the Hansom cabs, the perpendicular portion of the axle being about a foot higher than the centre of the nave of the wheel. When not in use carrying sick or wounded persons, about a foot in length at the head and tail folds up, and the vehicle may be used as a car for the conveyance of persons in good health. The car has the advantage of being light, and the horse is prevented from doing any injury when given to kicking by being enclosed in a manner exactly the same as in the Hansom cabs.

**SANITARY ARRANGEMENTS IN EMIGRANT SHIPS.**—In a second report recently issued by the Committee on Emigrant Ships the conclusions arrived at from the evidence are fully detailed, and the Committee make several recommendations which will be of considerable importance to owners and charterers. With respect to sanitary arrangements, the committee propose that the number of passengers allowed to be carried without a medical officer should be reduced from 500 to 300, even this extent being regarded as improper, since, as a general rule, all ships with passengers should carry Surgeons, and a different practice is only justifiable by the difficulty of finding them. Improved arrangements are at the same time suggested that might induce competent men to offer. Power is also proposed to be given to the Government to prevent emigrant-ships from leaving ports where cholera or other dangerous epidemics prevail, and, in case of any exception being permitted, the vessel is at all events to be required to carry a Surgeon, even though the number of passengers may be below 300.

**THE LAWSON OBSERVATORY.**—At a meeting of the subscribers at Nottingham, on Thursday week, a report was presented recommending the carrying out the objects of the observatory independently of the Government. This was met with some opposition, it being thought that the subscriptions should be returned; but ultimately it was agreed that the Committee be instructed to revise their report, and call an early meeting of the subscribers.

**IMPORTANT TO SURGEONS.**—THE DECISION OF WILLIAM WALKER, ESQ., JUDGE OF THE ROTHERHAM COUNTY COURT, IN THE CASE OF WILKINSON v. HAYWOOD.—"In this case, which was tried at the Court here last month, the items of the plaintiff's charge were for attending defendant, and using the catheter 114 times during a period of above a year, and the amount sued for at the rate of 2*s.* 6*d.* a visit, was 14*l.* 6*s.* The plaintiff, as I have every reason to believe, is an able and perfectly respectable Medical man, and of old-standing and considerable practice in this town and neighbourhood. He has the usual certificate from the Apothecaries' Company, but is not a member of, nor has been examined or licensed by, the College of Surgeons; and it is upon this that Mr. Whitfield, who argued the case for the defendant, grounds his defence; not disputing, as I understood, that the attendances were given and the operations skilfully performed, but urging that a gentleman, however otherwise well qualified, who is not a licentiate or member of the College of Surgeons cannot recover in an action for surgical attendances and operations, which these are admitted to have been. Upon the best consideration I can give to the question, which, of course, is one entirely of law, and not involving the slightest imputation upon Mr. Wilkinson's ability or character, I have come to the conclusion that this objection must prevail. The prohibition against persons practising as Surgeons without a licence is contained originally in Statute 3, Hen. VIII. c. xi., which by section 1 enacts that no person shall do so within the City of London, or seven miles thereof, except he be first examined, approved, and admitted by the Bishop or Dean of St. Paul's, with the assistance of four able Surgeons, under a penalty of 5*l.* for every month, and by section 2 makes a similar enactment against practising in the country. This provision is somewhat qualified by 34 and 35 Hen. VIII., cap. viii., so far as to protect from the penalty persons dressing external sores and wounds, and performing other slight acts of surgery and medicine, but not to the extent of allowing regular surgical operations to be performed by persons unlicensed; and it would seem, moreover, that such exemption from penalty is confined to persons who act gratuitously and from motives of charity. The body granting the license is no longer the bishop of the diocese, but the College of Surgeons. It is hardly necessary to inquire how this transfer took place, but I may say, that it seems to have been effected under the operation of various charters, granted from time to



time by the Crown to the College and of the statute 18 Geo. II., cap. xv., sec. 8, which confirms all liberties, privileges, and authorities before then enjoyed by the College, and expressly enacts that the freemen of the Company (as it is there called) of Surgeons, and all such who already had been, or thereafter 'should be, examined and approved pursuant to the rules of the' said company, should be entitled to practise, freely and without restraint, the art and science of Surgery throughout all and every His Majesty's dominions. With the exception of the changes thus noticed, I cannot find that the prohibitory Act of 3 Hen. VIII. has become obsolete, or has been repealed or altered by any subsequent Acts, so far as respects the penalty against practising Surgery without licence. It is stated in 5 Comyn's Digest, 289, title Physician D., that the statute of 3 Hen. VIII. continues as to Surgeons, though as to Physicians it is varied by subsequent statutes. The Act is also quoted, without any statement of its being no longer in force in most of the modern text books, as for instance, Williams, Saunders, Roscoe's Evidence, Chitty's Law of Contracts, etc. Beyond this fact, which, it must be admitted, is of no great weight, there is a singular dearth of legal authority on the subject. I have been unable to find a single decided case directly bearing upon it, except the one of *Gremaire v. Le Clerk Bois Valor*, 2 Campb., 144, which was cited by the plaintiff, (who, I may remark, had not the benefit of legal assistance,) as being in his favour; and certainly would be so, were it not that subsequent decisions, and especially the opinions of the Court of Exchequer hereinafter referred to, lead strongly to the conclusion, that if a similar case were to be now tried, the decision would be the opposite way. In that case, Lord Ellenborough, at Nisi Prius, in 1809, held, that an action for surgical attendance by an unlicensed Surgeon would lie, not stating precisely on what grounds he so held, but apparently on the grounds urged by the plaintiff's counsel, that the Act of Henry VIII. merely imposed a penalty, and did not directly prohibit such unlicensed Surgeon from recovering compensation for his services. On application to the Court of King's Bench for a new trial it was refused, the Court giving no opinion on the rights of an unlicensed Surgeon; but merely saying, that it had not been proved that the plaintiff was not regularly licensed. If this is to be taken as the ground on which the Court above held Lord Ellenborough to be right, that can in no way assist the present plaintiff, since he admits fairly that he is not licensed. But, whatever may have been the ground of the decision, it cannot, at the present day, be considered as establishing the law, that an unlicensed Surgeon may sue, since it is distinctly stated not to do so by the Court of Exchequer, in *Cope v. Rowlands*, 2 Mees. and W., 149. That was an action by a broker for his commission; and the defence was, that he was not duly licensed as a broker by the Lord Mayor of London. The defence was held as valid on the ground that, though the Act of Parliament merely imposed a penalty on unlicensed persons acting as brokers, and did not expressly provide that they should not recover commission, yet, as such penalty was imposed in order to protect the public from mal-practices, and securing the good conduct of persons admitted as brokers, it must be taken to imply a prohibition, and Parke (Baron) delivered judgment, on which Court, at the close of his remarks, adds these words:—'One other case cited for the plaintiff remains to be noticed; it is that of *Gremaire v. Le Clerk Bois Valor*, in which Lord Ellenborough held that the plaintiff could recover for surgery and medicines, though he had not been admitted pursuant to the statute 3 Hen. VIII. c. xi., s. 1. It is certainly difficult to reconcile this case with the rule above laid down, for the provisions of that statute were clearly meant to secure to the public skilful practitioners in Surgery and Medicines; but, on a motion for a new trial, the Court of King's Bench do not appear to have sanctioned the doctrine of Lord Ellenborough, for they disposed of that case on another ground, viz., that there was no proof that the plaintiff had not been duly licensed. We therefore think that case is not a binding authority.' The general principle laid down in *Cope v. Rowlands* has been recognised by several subsequent cases, and is clearly applicable to the present case; and it is so treated in the last edition of William Saunders, Vol. I., page 309, a work, I need not say, of the highest authority, where the editor, in a note, says:—'The authority of the case of *Gremaire v. Le Clerk Bois Valor* has lately been denied, inasmuch as the provisions of the statute Hen. VIII. being clearly meant to secure to the public skilful Practitioners in Surgery, the clause which imposes the penalty must be taken to imply a prohibition, though there are no prohibitory words; and it cannot be permitted to a person to recover a compensation for an act which the law prohibits

him from doing.' I have only to add, that I feel the difficulty of deciding a case which, in point of principle, is one of general interest and considerable importance, without any direct authority to guide me; and I regret there cannot be an appeal, the more so because I have never known an instance, either in the higher Courts or in the County Court, of a similar objection being taken, and because I understand other persons entertain, and in the first instance I myself was disposed to entertain, a different view from that which, after consideration, I have arrived at. Mr. Wilkinson has sent in the *Lancet* newspaper, containing an opinion of the Editor in his favour; but he gives no reason for it, and I need not say I must deal according to my own opinion, and not that of any one else, except a Judge of a superior Court. The judgment will be a non-suit, so that the plaintiff may have an opportunity of bringing the case again either before this or another Court, if he should be so advised; and, if he likes to sue for above 20*l.* in this Court, he will have a right of appeal against my decision."

**THE BRADFORD CANCER CASE.**—At Judges' Chambers, on Saturday, this case was brought forward in the form of an application made by Mr. Rushworth, the solicitor of Mr. Ward, that a summons should issue, directed to the coroner of the western division of Yorkshire and the next of kin of the deceased, to show cause why he should not be bailed, and the writ of certiorari issued to return the depositions. The solicitor stated, the defendant, in his affidavit, admits that, although practising as a surgeon, he had no diploma. In the affidavit of Mr. Ward, he sets forth, "That his business or profession is the extirpating of cancers and other tumours, without the aid of a knife." He also goes on to say, that the deceased, Mary Lambert, when she first consulted him, was, and had been for some time previously, afflicted with cancer in a most virulent form; and that he had, after a great deal of perseverance, succeeded in removing the greater part of the cancerous substance, and used the utmost skill and care in doing so; but the cancerous action pervaded the whole system to such an extent as to defy all the remedial agents, that nothing could be found to arrest its progress; the result being, that general debility of constitution ensued, which caused speedy dissolution. Mr. Ward goes on to say, that he has effected cure in upwards of 100 cases upon the same principles and the same treatment adopted by him in the case of Mrs. Lambert, and never had a charge of unskilfulness been preferred against him. He formerly resided at Salford, where he practised with great credit, and he had now (so it is stated in his affidavit) several cases under his care; and the most lamentable consequence might result from his being absent. Mr. Baron Martin having read through the affidavits, and heard the argument of the learned solicitor who appeared for Mr. Ward, thought the writ ought to issue. Certiorari granted accordingly.

**MORTALITY NOTABILIA.**—In the week that ended last Saturday the number of deaths from all causes was 2039, average 1114, but raised for increase of population, 1225. The prevailing epidemic has produced an excess, amounting to 814, above the corrected average. In the thirty-fourth week of 1849, which ended August 25, the total number of deaths registered was 2456. In that week the mean temperature was 62·9°; last week it was 61·2°.

**Births.**—The births of 856 boys and 782 girls,—1638 children, were registered. Average 1367. Deaths over births, 401.

**Meteorology.**—The mean height of the barometer in the week was 29·915 in. The mean readings on Friday and Saturday were above 30 in. The mean temperature of the week was 61·2°, which is 1·1° above the average of 38 years. The highest temperature occurred on Sunday, 78·8°; the lowest on Saturday, 44·7°. Mean dew-point temperature, 51·8°; difference between this and the mean temperature of the air, 9·4°. Temperature of the water of the Thames, above 65° on first four days. Wind south-west. Rain, 0·13 in. Horizontal movement of air, 835 miles. Electrical apparatus *still* under repair.

**MORTALITY IN PUBLIC INSTITUTIONS** for the week ending August 26:—

	Males.	Females.	Total.
Workhouses...	86	76	162
Military and Naval Asylums	7	...	7
General Hospitals	42	32	74
Hospitals for Special Diseases	4	...	4
Lying-in Hospitals	...	1	1
Lunatic Asylums	8	6	14
Military and Naval Hospitals	14	...	14
Hospitals for Foreigners, etc.	...	...	...
Prisons	...	...	...
	161	115	276



DEATHS REGISTERED in the Metropolis for the Week ending  
Saturday, August 26, 1854.

CAUSES OF DEATH.	AUG. 26.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	965	775	298	2039	11144
SPECIFIED CAUSES .. .. .	965	775	298	2039	11088
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	625	520	150	1296	4414
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Di- seases of uncertain or variable seat .. .. .	5	25	15	45	459
3. Tubercular Diseases .. .. .	76	102	5	183	1783
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	54	25	22	101	1023
5. Diseases of the Heart and Blood- vessels .. .. .	2	16	13	31	314
6. Diseases of the Lungs and of the other Organs of Respiration ..	63	30	20	113	764
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	32	27	16	75	697
8. Diseases of the Kidneys, etc. ..	2	7	5	14	96
9. Childbirth, Diseases of the Uterus .. .. .	..	5	3	8	91
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	2	4	1	7	69
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	1	3	1	5	14
12. Malformations .. .. .	2	..	..	2	22
13. Premature Birth and Debility ..	39	1	..	40	259
14. Atrophy .. .. .	41	2	9	52	335
15. Age .. .. .	..	..	34	34	418
16. Sudden .. .. .	2	2	2	6	61
17. Violence, Privation, Cold, and In- temperance .. .. .	19	6	2	27	259
CAUSES NOT SPECIFIED .. .. .	..	..	..	..	56

## TO CORRESPONDENTS.

### DISQUALIFICATIONS FOR FELLOWSHIPS AT ST. THOMAS'S.

[To the Editor of the Medical Times and Gazette.]

SIR,—In June last, I saw the Medical Secretary of St. Thomas's Hospital relative to the Matriculation Scholarship. I had been given to understand that there was some doubt whether a B.A. of any University could obtain it. In 1852, however, a B.A. did obtain it, which seems to have been the cause of some dissatisfaction to the one disappointed candidate. The Medical Secretary said he would refer my question to the Board, and that I should hear the result through a friend at the Hospital. On consideration, I was not quite content with this; so I wrote to the authorities of the Hospital, hoping to obtain an official answer. The Board has met, and decided the point; but I have waited in vain for an official communication of the result. Their decision I understand to be, that B.A.'s of any University shall not be allowed to stand as candidates for the Matriculation Scholarship.

From this it may be reasonably inferred, that University men will never enter at St. Thomas's, for such an encroachment must be regarded as the precursor of more sweeping measures.

Others besides me will, I suppose, wish to know by what right or authority the Board does these things. In 1852, a B.A. of Oxford was elected to the Matriculation Scholarship; in 1854, a B.A. of Cambridge is not allowed even to stand for it. If these scholarships have been left to the Hospital, I imagine that, unless the Governors act up to the founder's will, the law can interfere. If, on the other hand, these scholarships are given by the Hospital annually, the Board can, of course, make whatever alterations they please; but it seems pretty obvious, that, instead of raising the standard of general education in the profession, they are doing all in their power to reduce it.

The absurdity of such procedure is manifest. For example, I might have resided the usual time at the University, and, without taking a degree, might have obtained the highest honours, and then have stood for this Scholarship. I leave the Governors, at least to say, which excludes—the B.A. or the merit which it is supposed to represent. In my simple judgment, so long as a man shows himself fit for the Scholarship, the Board has no business to ask whence he obtained his information.

I am, &c.

B.A. Cambridge.

### TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—In Dr. Mouat's work on "Epidemic Diseases which occurred at Bangalore during the Year 1833," he thus speaks of the treatment of cholera:—"In the first stage give him a scruple of calomel and two grains of opium. This alone, in the slighter cases, at the very commencement, has cured the patient."

This, Sir, in my opinion, is the treatment to be adopted in the present epidemic. Should the symptoms not improve, the calomel must be repeated in 10 gr. doses every hour. I first saw the above treatment in May, 1853, at the new Medical College Hospital at Calcutta. The Physicians there told me their average mortality from cholera was only 6 per cent. I soon had opportunity of trying it myself, and out of twenty-two cases occurring among Europeans, only one died. In addition to Dr. Mouat's treatment, powdered ginger was rubbed well over the surface, and ice freely supplied. In two cases I have lately attended the same plan has been adopted, and both recovered. Large doses of calomel are my sheet-anchor, being well retained, and rarely producing pyalism.

Now, Sir, as there must be many who are acquainted with the treatment of cholera in India at the present day, I think it would be useful if some of them would confirm or otherwise the treatment above referred to.

I am, &c.

GEORGE BRITTON HALFORD, M.D.,

Late Surgeon R.M.S. "Queen of the South."

60, Stamford-street.

### MR. HENRY SMITH ON NITRIC ACID.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal of the 19th I observe a useful paper on the use of nitric acid in hæmorrhoids, by Mr. Henry Smith. In concluding, he says:—"The acid should be quite pure, and should be applied by means of a stick of wood."

Pray what is the object of having the acid "quite pure," unless Mr. Henry Smith wishes to inform his Professional brethren how he prepares gun-cotton, but to more effectually cauterize the parts. Is, then, nitric acid more efficacious after it has acted on wood, than it would be if applied by a glass-rod?

Although Mr. Henry Smith may think lightly of the internal administration of drugs, he should not forget the action of powerful acids, etc., on his tools.

I am, Sir, &c.

CHEMIST.

August 28, 1854.

### HOT-WATER CUSHIONS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The treatment of cholera by Dr. G. Johnson at King's College Hospital, by the administration of castor-oil and the application of heat, induces me to beg your insertion of this note, inasmuch as I have for some time given my attention to a suitable appliance for the application of heat; and I have succeeded in making a cushion or pillow of prepared India-rubber, that will resist the temperature of boiling water, and is so constructed as to dispense with the necessity of being removed from the body to alter the temperature. It may be applied wet or dry, so as to be equal to a warm bath, or dry air or vapour bath, with a cataplasm or blister, or alone. Should any one be sceptical on the points adduced, I should be willing to send one free of expense to remove all doubt.

I am, &c.

WILLIAM HOOPER.

7, Pall-mall East, August 29, 1854.

### REVEREND QUACKERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—It will be satisfactory to your readers, and the Profession generally, to know, that the medical friend of the Reverend Douglass, who so kindly and disinterestedly dispenses the ignatia amara pills in such hyper-allopathic doses, is none of us, but an homœopath, with a shop having an immense bust of Hahnemann in the window.

Clapham-road.

I am, &c.

GEORGE P. RUGG.

Mr. Prescott Hewett's paper on Hernia shall appear next week if possible.

J. W. C., Edinburgh.—Any qualified Edinburgh Surgeon could treat the case efficiently.

A. Z., Norfolk.—A drachm of the diluted sulphuric acid in a tumblerful of water ever half-hour until urgent symptoms cease, and then every four or six hours. We cannot answer the other question of our Correspondent, as we have never adopted the calomel treatment in any form.

Papers by Dr. Robert Lee, Mr. Lizars, and Dr. Macewan are in type, but are unavoidably postponed.

Mr. Wigglesworth's cases shall be inserted.

Dr. C. F. M.'s letter contains no new fact. Many thanks for it nevertheless.

Disinfectant.—In the printed report of 11th October, 1848, of Mr. Herapath, of Bristol, it is stated, after numerous experiments, that the cause of cholera is a putrid animal poison, and that he considers the only effectual neutraliser of this poison is chlorine gas, which he kept escaping in his house during the continuance of cholera in 1832; also, that after the gratuitous distribution of 1,200 quantities of the material in Bristol during 3 days, with instructions for use, the deaths fell from 10 to 1 per day! He prepared it thus: Black oxide of manganese, 1 part, say 1 oz., 2d. per lb., common salt, 3 parts, say 3 oz. (mix), oil of vitriol, 2 or 3 teaspoonsful—stir with a stick—in a gallipot, placed in room, passage, or on stairs, or in yard close to back door, so that the fumes may pervade the whole house—three times a-day.

Dr. M.—Lord Jocelyn was attended by Dr. Southwood Smith and Dr. Tweedie. He had had premonitory diarrhoea for fourteen hours before the attack. He was first treated by calomel and opium, and afterwards by Dr. Stevens' salines.

Mr. Tatham's letter shall receive due attention.

COMMUNICATIONS have been received from—

Mr. W. D. MOORE; Dr. WOLSELEY; Mr. SMITH; Mr. DALTON, Cheltenham; Dr. TYERMAN; Mr. HOPLEY; Dr. RIGBY; Dr. SPENCE; Dr. R. LEE; Dr. WALLER LEWIS; Mr. C. M. JESSOP; Dr. MOORE; Mr. PRESCOTT HEWETT; Mr. LIZARS; Mr. CLAPTON; Dr. SNOW; B. A. Cambridge; Mr. HALFORD; CHEMIST; J. W. C.; A. Z.; Mr. WIGLESWORTH; Dr. C. F. M. DISINFECTANT; Dr. M.; Mr. TUCKER; Dr. RANKING; Dr. MACKAY; Mr. NOEL; Mr. HAINWORTH; Mr. HADWEN; Mr. TATHAM; Mr. HOOPER; Mr. HAYNES WALTON; Mr. CURLING; Mr. WATERS; Mr. RUGG.



ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

LECTURE IX.

WE were speaking, at the termination of our last Lecture, upon the connexion between fever and tubercular deposits; and I showed you, that, in certain cases, we had positive proof of the deposition of tubercle in the lung, where the secondary bronchial affection of fever was distinctly developed. In one case a great quantity of tubercular matter was manifestly secreted during the existence of the typhous state itself, and in the first attack of the disease, the patient having been previously in the best health. In another set of cases there was reason to believe that a small quantity of tubercular matter had been secreted; and, although neither the symptoms nor signs of the disease ever led to a suspicion of its existence, yet the expectoration of calculi at periods of different duration after the convalescence, furnished a strong proof that the lesion had actually occurred. And, looking at the entire subject, I think it more than probable that, in many cases, even where this proof of the actual deposit of tubercle has not occurred, the patient has gone through the processes of deposition and of cure of a tubercular disease. The cure may be effected either by absorption, or by suppuration at a number of points, so minute as to elude detection by physical means, the signs being lost, or confounded with those of ordinary bronchial disease. I think that this is likely to occur in many cases in which we have a doubtful convalescence, with a quick pulse and a hectic state, in patients who have had typhus, with severe bronchial disease.

How are we to look on this tubercular secretion as a result of the typhous state? Were these patients already subjects of the tubercular diathesis, although no actual deposit had taken place at the time of their being attacked with fever? Or, are we to enumerate tubercular matter as in itself one of the secondary secretions of typhus? I strongly incline to the latter view. This much, at all events, is certain, that, in a large number of cases there were, previous to the attack of contagious typhus, no existing symptoms or physical signs of phthisis, nor did the patients present those constitutional characteristics which indicate a proclivity to tubercle. Tubercular matter, as one of the secondary products of fever, is probably to be looked upon as among the more rare consequences of the disease; for, although we have seen many instances of it, yet, in the great majority of cases of typhus with bronchial disease, there is no evidence of its having ever occurred. Why it should occur in one case, and not in another, we do not know; but it is very probable that there are great varieties in the nature of the typhous deposit in different patients and in different epidemics. It is not unreasonable to believe that the inconstancy which we observe with respect to the seat, the amount, the periods, and the complications of the secondary diseases of typhus, should be also repeated as to their chemico-pathological characters. And thus one patient may have a secretion or deposit which is not tubercular, while another exhibits this alteration to a greater or less degree. All this, you will see, bears strongly on the question of the specific or non-specific nature of tubercle; and the facts which we have just now been examining seem to point to to the conclusion, that the doctrine of tubercle being a purely heterologous product resulting from a specific contamination of the system, is one which we must be cautious in accepting. But there are other circumstances in relation to this matter with which you should be acquainted.

Hitherto we have been dealing with cases in which the tubercular formation seemed to be, as it were, an accident in the chain of typhous phenomena; cases in the majority of which, at all events, the actual amount of the secretion was probably inconsiderable. I spoke, at our last lecture, of one case in which a great quantity of tubercular matter was formed during the existence of a genuine and well-marked typhous fever; but in the instances hitherto under consideration, we may hold that the tubercular deposit was but a superaddition to the ordinary secondary bronchial disease. Let us now inquire whether there

is any evidence of the existence of a fever closely allied to, if not identical with, typhus or typhoid fever, and in which the secondary lesion is purely the deposit of tubercle, the tubercular matter and the fever standing in the same relation one to the other as the matter of the small-pox pustule does to the essential disease of variola. I do not pretend to give you any extended information on this point, but the following circumstances are worthy of your careful consideration.

In the epidemic of typhus fever of 1827 and 1828, the two most remarkable circumstances were, the great prevalence of the follicular disease of the intestines, and the liability to relapse. In a good many instances, it was found that the fever in the relapse was of a more severe character than in the first seizure. You may have observed something of the same sort during the present season; for we have had several instances in which, while the first attack only ran a period of from five to eight days, with the comparatively mild symptoms of what is called typhoid fever; the patients, on relapsing, had severe, long-continued, and maculated fever. In some of them, too, the bronchial system, which had escaped during the first illness, was profoundly engaged during the more severe attack. I may observe here, that the difference in the character of the fever during the first and second seizures is one of the many circumstances which make us dissent from the doctrine, that what is called the typhoid fever is really distinct from typhus; for we see short typhoid fever relapsing into well-marked typhus, and conversely, typhus relapsing into the typhoid form. But this is a digression. It was found that in several instances in which the patients had gone through the first attack of fever, and relapsed, that the relapse presented a group of symptoms very different from those in the primary illness. The fever was much more violent, the sufferings greater, and the local symptoms more numerous and decided. One case I shall never forget. A young woman had gone through the usual primary attack of fever, and recovered satisfactorily. There was nothing either in her previous history, or in the symptoms of her fever, to distinguish this case from that of hundreds that had passed through our wards. After remaining a few days in a state of convalescence, this girl was reported to me as having relapsed. As there was nothing unusual in this, we merely directed the usual expectant and cooling treatment; but on the second or third day of the relapse it was plain that the disease was taking on a new character. The patient had symptoms of local suffering, or irritation, if you will, in all the cavities. The head was hot and painful, and she was delirious; the heart was excited, and the pulse was rapid and wiry; the skin was burning hot, and the general symptoms were those of the most severe ataxic fever, with the greatest agitation and distress.

But I have not yet enumerated all the symptoms of this singular case. We have seen that there were high fever and cerebral excitement; in addition, the patient suffered from unceasing dyspnoea, running into the worst orthopnoea. The countenance was swollen and livid. There was a constant cough, with a scanty bronchitic expectoration, and pain of both sides. Then the symptoms of irritation in the belly were as well marked. It was greatly swollen, tympanitic, and painful on pressure. The tongue was red, dry, and cracked; the thirst immoderate, and she had frequent diarrhoea. Now observe, that no effort of ours produced the slightest alleviation of any of her symptoms; and under this storm of disease she sank on the seventh day from the commencement of the relapse. We found, on dissection, an almost universal deposit of miliary and granular tubercle. I never saw anything like it before, nor have I ever met anything like it since. The lungs, the liver, the spleen, the uterus, the kidneys, and all the serous membranes, were implicated; and the amount of the deposit, particularly in the lungs, liver, spleen, and arachnoid, was beyond anything that you can imagine. The tubercular deposit was of the same character everywhere. It was the disseminated tubercle, not the infiltrated. In the lungs no one portion was less engaged than another. The little tubercles, some semi-transparent, others white and opaque, were so closely placed that they all but touched one another; yet each was distinct. There was no inosculation, or running of one into the other; nor was there one among these myriads of deposits that showed any appearance of suppuration. The bronchial membrane was of a deep red colour, and the pulmonary structure, which was nowhere hepatised, presented a bright scarlet hue. In the spleen, which was enlarged, the deposits were nearly as abundant as in the lung; a few of them had attained a larger size and a more granular structure. The pericardium, peritonæum, and arachnoid, were all studded as closely as possible with the miliary tubercles.

Now, reflect on this case. Who can doubt that this extraor-



dinary deposit was the result of the second attack? The very quantity of it is sufficient to prove this; for, if we even take the lung, no one would believe that this amount of disease could have existed, either before the first attack, or during the period of convalescence, when there was apyrexia and quiet breathing; and, again, remember that all these deposits were in the same, or very nearly the same degree of development; and, again, that this disease occurred in a patient who had gone through her first fever without any remarkable symptoms, and during an epidemic, when relapse was so frequent as to be considered the rule.

Gentlemen, this might be called a tubercular fever. Call it, however, what you will, it was a fever, with secondary lesion, of a peculiar kind. This change, or local disease, was in one sense anatomical, no doubt, in that there was tangible visible alteration; but it set the anatomical divisions of fever at naught, from the fact of its being universal. The disease was as universal, or as essential, as the parent malady or fever which produced it. Why tubercular matter was produced here in such incredible quantities, and in so short a time, we do not know. Why, in the same epidemic, this patient, in common with many others, suffered in this way, while the great majority of the sick recovered, we cannot tell, any more than why one patient in fever, and in the same epidemic, shall have disease in the mucous glands of his intestine; another, congestion, and typhoid deposit in his lungs; another, an enlargement of his spleen; another, a soft heart; another presenting all these changes combined; and so on, with an endless variety. See how all this points to the doctrine of essentialism in fever, no matter where, or to what amount, or under what complications, the local anatomical changes may be found.

In this case, it is probable that the immediate cause of death was asphyxia, for the lungs were almost completely filled with the deposits; but there was so much local disease of the same kind elsewhere that it is difficult to say how much or how little the local deposit in the lungs acted in causing death, especially when we recollect that the fever alone, from its very virulence and malignity, might have destroyed the patient. Had there been a smaller amount of tubercle in the lungs, she might have thrown off the fever, and afterwards died with the symptoms of rapid phthisis. This occurrence was observed by us in several instances during that very epidemic; and in some the period which elapsed between the cessation of the fever and death, with all the symptoms and physical signs of suppurative tubercle, was not more than from ten days to a fortnight. On dissection the lungs were found everywhere filled with softened tubercle, which in many places had formed small anfractuositities.

The observations which I have now made to you refer to the connexion between typhus fever and the occasional production of tubercular matter, as one of its secondary effects; and I think I have said enough to show you, that tubercular deposit and the typhous state frequently stand to one another in the relation of effect and cause. We might now inquire whether there are other forms of essential fevers in which the tubercular deposit is a necessary consequence, in which, to use the language at present in vogue, it becomes the anatomical character of the fever. You know that I am not fond of discussing the distinctions of fever. The cases which I have laid before you were examples of tubercular deposit developed in the relapsed period of fever; and although in this relapse certain anatomical characters were developed, we are not on that account to say that the essence of the fever in its relapse was different from that in its first period. You all know that typhous fever may relapse into typhoid fever, and typhoid into typhus. I am compelled to use the expression of one fever relapsing into another, which is an inaccurate one, for want of a better, and you all must know my meaning; but is there any form of fever in which the tendency to produce tubercle, or the actual production of it, is from the very commencement a distinctive character. The following circumstances occurred in the practice of one of the most eminent Surgeons in this country, and, as far as they go, they seem to prove that there may be a true, essential, and tubercular fever, which also may be contagious, affecting many members of one family.

An infant at the breast, eight weeks old, was attacked with fever. The principal local symptoms were oppression of breathing and fullness of the abdomen. The child refused its food, and death took place at the end of the third week. On dissection, the lungs were found filled with miliary tubercle, and the same deposit was extensively exhibited upon both pleuræ and peritonæum.

The next case, which occurred in this family, was that of a girl, 7 years of age. She took ill just at the period of the death of her sister, and her symptoms were closely similar to those of

the infant just spoken of. She had fever, oppression of breathing, and the swelling of the abdomen. It was thought that the origin of this disease might be from malaria, and on this account she was removed to the country; but she died within six weeks from the invasion of the fever. On dissection, a precisely similar state of parts was discovered; the viscera being extensively filled with disseminated tubercle, and yet without any suppuration of the deposit.

Now comes the most important fact connected with this history. The two brothers of this girl, who had been at school, arrived to spend their vacation just at the time of her death. They came to the country house in which she had died. Their ages were respectively 8 and 9 years. Within the first week the elder sickened; he had fever; oppression of breathing, soon followed by cerebral symptoms; he also died with signs of effusion on the brain; and, on dissection, the pia mater, arachnoid, lungs, and peritonæum, all presented the tubercular deposit, with the same character as in the preceding cases. Upon his death, his younger brother sickened; in this case, in addition to the symptoms of fever, the local suffering was principally referred to the head. The child, after going through a tedious illness, recovered without showing any symptoms of phthisis. During his illness, the eldest sister, aged 12, became affected with fever having the same general character as that which was presented in the other cases, but without any decided local symptoms; she also recovered.

It might, perhaps, be better were I to leave these facts before you without comment; but I cannot avoid expressing my opinion, that they go far to establish not only the existence of a form of fever, of which the anatomical result is tubercle, but also that this fever may be, under certain circumstances, a contagious fever. Were we to confine ourselves to the division of the continued fevers into the typhous and typhoid types or forms, these cases should be placed in the latter category. Some might suppose, that the opinion which I have ventured to give as to the contagion in these cases is inconsistent with the doctrine of their being forms of so-called typhoid fever; but you will recollect, that I have impressed upon you to be very cautious in admitting the lines of distinction which Authors have drawn between these forms of disease, and you may depend upon it, that the number of diseases propagated by contagion is much greater than what is generally admitted. We can find no distinction between typhus and typhoid, and even other forms of fever upon the circumstance that one of these fevers, as, for instance, typhus, is contagious, and the other not. I have long believed in the contagion of the non-petechial, or, if you will, the typhoid fever of this country. In the epidemic of 1827-28, to which I have before referred, which was essentially an epidemic with the anatomical characters of the typhoid disease, we had abundant proofs of contagion; and in this very Hospital many of our most zealous students were at that time attacked with fever.

It may be here observed, that although this epidemic was one essentially of the so-called typhoid form, characterised by absence of the symptoms of putrescence, frequent relapses, recovery by crisis, and in almost all cases evidence of disease of the intestinal glands; yet the attendants on the sick, when they were themselves attacked, presented in more cases than one the symptoms of genuine typhus. It was during this epidemic that I contracted typhus fever; and shortly afterwards one of my clinical clerks, who had been distinguished for his zeal in his attendance on the sick, fell ill. We both had bad maculated typhus without the symptoms of dothineritis; in my case the disease ran a course of fourteen days; and in neither instance was there any relapse.

A movement in connexion with the Early Closing Association is making among the assistants to the chemists in London and its suburbs. Having failed in attempts to obtain a general meeting of this class of persons in the evening, on account of the interference of the usual hours of business, which are "seven days in the week, from 7 a.m. until 11 p.m.," the experiment was tried of a meeting at Freemasons' Hall at five o'clock in the morning. This answered completely. Two such meetings have been held, and subscriptions are solicited for the printing of a detailed statement of the circumstances on which this class ground their complaints. What they seek is the entire closing of chemists' shops at eight o'clock of an evening, and during the whole of Sundays, arrangements still being made to supply the public with medicines at all times in cases of emergency.



## ORIGINAL COMMUNICATIONS.

AN ACCOUNT OF  
SEVENTEEN CASES OF PARTURITION,  
IN WHICH  
CHLOROFORM WAS INHALED WITH PERNICIOUS  
EFFECTS.

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[Presented to the Royal Medical and Chirurgical Society,  
Nov. 21, 1853.]

*Case 1.*—On the 30th of March, 1848, at three a.m., I was requested to see a young lady, whose first labour had commenced twenty-four hours before, with rupture of the membranes, and feeble, irregular pains at long intervals. The face was flushed, the pulse was rapid and feeble; and, when the pains occurred, she threw herself about the bed in a wild, incoherent manner, and screamed violently. The os uteri was thick, rigid, high up in the pelvis, and not half dilated. The head of the child presented. I was informed that, late in the evening, she had complained of headache, and that chloroform had been repeatedly exhibited, but not in such quantities as to produce complete insensibility. I requested that the windows might be opened, and the curtains of the bed drawn back, that cool pure air might be admitted. Vinegar and water were applied to the face and hands; but the incoherence and restlessness continued during the whole day, and great apprehensions were felt that convulsions would take place. At nine o'clock in the evening her condition had become so alarming, that I resolved, after a consultation had been held with two eminent Physicians, who entirely concurred in the opinion, that the delivery should be immediately completed with the perforator and crotchet. The os uteri being still imperfectly dilated, and the head above the brim of the pelvis, it was impossible to deliver with the forceps; but the restless and uncontrollable state of the patient rendered the application of the forceps in such circumstances altogether unjustifiable. Considerable time and force were required to extract the head with the crotchet, but the soft parts sustained no injury. Several days elapsed before the patient was restored completely to the possession of her mental faculties.

This patient has since been safely delivered of a living child, after an easy and natural labour, without the "soothing influence" of chloroform.

*Case 2.*—On the 2nd of May, 1848, I saw a lady in consultation who had been forty hours in labour with her first child. Chloroform had been repeatedly given by her Medical attendant, so as to render her completely insensible. The mental faculties of the patient had been restored before I saw her, but the contractions of the uterus had not returned. The pulse was rapid and feeble; tongue furred; lips dry and parched; urgent thirst; abdomen tender; the labia, perinæum, and vagina, swollen and œdematous; the discharge fetid; the bladder partially distended, though the catheter had been employed. The os uteri was imperfectly dilated, and the head of the child had not entered the brim of the pelvis. Immediate delivery was effected with the perforator and crotchet. It was ascertained before the operation that the child was dead.

*Case 3.*—Soon after the occurrence of the foregoing cases I was requested to see a lady in consultation, who was suffering from an attack of violent puerperal mania. She had been delivered a few days before of her second child, while in a state of complete insensibility from chloroform. This agent had been administered to her freely, contrary to the wish of her Medical attendant, by the advice of a celebrated scientific chemist, whose attention has never been directed to the investigation of the structure and functions of the human body. Consciousness never properly returned in this patient, and she soon became maniacal. After remaining twelve months in a private lunatic asylum, she returned home, but with her mental faculties so disordered, that she was incompetent to the discharge of her domestic duties, and she was sent back to the lunatic asylum, where she long remained, with her intellectual powers greatly enfeebled.

*Case 4.*—In 1850 I saw, in consultation, a young married lady, suffering from puerperal mania, who had been delivered of her first child about ten days before in a state of complete insensibility from chloroform. The inhalation in this case had been carried on for many hours, so that a considerable quantity

of the soporific agent had been consumed. The loss of consciousness produced by it was speedily followed by the total abolition of reason and a state of excitement, for which I believe a strait-waistcoat afterwards became necessary.

*Case 5.*—On the 3rd March, 1849, I was consulted by a lady from the country, who gave the following history of her case:—"My first confinement took place four months ago. I was in good health during the whole period of my pregnancy. My labour commenced at two o'clock in the morning, and was attended with a great deal of suffering. About eight chloroform was sprinkled on a handkerchief, which I inhaled, and continued to inhale between the pains, but was not wholly insensible, till my labour was nearly over, but was completely so at the time my child was born. Soon after I recovered my consciousness and heard my child cry. The after-birth soon came away. The first three days I seemed to recover favourably, and then was seized with acute pain of the head, which I thought was rheumatism, although I had never suffered from rheumatism before; the room was darkened, and camphor given. The pains continued with interruptions during two weeks, but I had no sleep during that time, at least no proper sleep, and had the most horrible dreams. There was no sickness, and not much fever, but great thirst at this time. At the end of three weeks I was in a state which I can neither describe nor explain. I had a most singular attack, my mind went from me for a time, and I seemed to be in the state of an infant. I knew people, but could not pronounce their names; the power of speech being in a great degree lost. Numbness and loss of the power of moving then took place in one of my limbs. I could not put my tongue out, and could not ask for what I wanted. A large blister was put between my shoulders, and, in three days, I was somewhat better. From the size of the bottle in which the chloroform had been contained, I believe that more than three ounces had been inhaled."

Although four months had elapsed since the exhibition of the agent in this case, to the time when my patient came under my observation, the brain and nervous system were still much disordered. Some nights she enjoyed sound sleep, but at other times it was disturbed with the most frightful dreams. She thought she was with a madman, from whom all her efforts to escape were vain. The tongue was clean; the bowels regular; the pulse about 80. This lady, whose moral and intellectual powers are of the highest order, and whose love of truth is not surpassed by any member of the Medical Profession with whom I am acquainted, had never suffered from hysteria; and she attributed all the distressing symptoms under which she was labouring to the narcotic poison which had been administered during her labour. I recommended all the means which seemed likely to promote the removal of the deleterious agent from the system, which had been introduced into it so incautiously. Two months more elapsed before any diminution of the intensity of the symptoms took place.

*Case 6.*—In the year 1850 I was requested to take charge of Lady —, during her first confinement, and, at the same time, was informed that she had resolved to be delivered under the influence of chloroform. Having refused to come under any obligation to exhibit this agent during the labour, or to allow this to be done by others, another Practitioner, who had no such scruples, undertook the care of the patient. I was afterwards informed by the nurse, who is a very truthful and honest woman, that the labour lasted more than thirty hours, during nearly fifteen of which the lady was kept more or less under the influence of the narcotic agent, and did not possess the use of her "mental faculties," but appeared half inebriated during a great part of the time. The labour pains having gradually become more and more feeble, it became, or it was thought necessary, to have recourse to the forceps, and the delivery was not completed without great difficulty, and the recovery of the patient was not satisfactory.

*Case 7.*—On the 3rd of October, 1851, I was requested to see a lady in consultation, who, at the commencement of labour, in opposition to the wish of her Medical attendant, had inhaled chloroform, but not in quantity sufficient to induce complete insensibility. The nates presented, and we had great difficulty in bringing down the superior extremities and extracting the head. The placenta not having been expelled at the usual period, it became requisite to pass the hand into the cavity of the uterus, and this could not be done without the employment of considerable force. The uterus did not subsequently remain contracted in the ordinary manner; peritoneal inflammation, complicated with a peculiar train of nervous symptoms succeeded, and the case terminated fatally in the course of a few days.

*Case 8.*—In the month of September, 1851, I was requested to



see Lady —, whose labour had commenced ten hours before, and as it was not her first labour, the Medical attendant expected, from the condition of the parts and strength and regularity of the pains that the process would be safely and speedily completed. In opposition to his wish, the patient inhaled chloroform, and soon fell into a state of profound insensibility. The sensitive and contractile powers of the uterus were immediately suspended. This happened at four o'clock in the morning, and at eleven the condition of the patient was such as to justify, in the opinion of her Medical attendant, an attempt being made to deliver with the forceps. The os uteri being imperfectly dilated, and the greater part of the head being above the brim, the attempt necessarily failed. About mid-day, when I first saw the patient, she was in a half insensible state as if intoxicated; the os uteri was soft and dilatable, but only imperfectly dilated, and the head had not begun to enter the brim of the pelvis. It was impossible to deliver with the forceps, and the condition of the patient was not so alarming as to justify perforating the head and extracting it with the crotchet, and her Medical attendant fully coincided in this opinion. The windows were all thrown open, and vinegar and water assiduously applied to the forehead, temples, face, and hands. About five o'clock in the afternoon the insensibility had diminished, and the uterine contractions recommenced, and in no long time the child was born alive. Three days after I was again requested to see this lady, who was suffering from great constitutional disturbance, without any of the symptoms which characterise any one of the varieties of uterine inflammation I had ever seen. The functions of the brain were much disordered; the pulse was rapid. The uterus formed a large uncontracted mass in the hypogastrium, but was not tender upon pressure. Symptoms of uterine phlebitis, I was informed, took place some days after, abscesses formed in the course of some weeks in various parts of her body, and I have recently been told that this lady has not yet recovered from the effects of this dangerous illness, manifestly induced by the poisonous narcotic she had inhaled.

*Case 9.*—In the course of the current year, I was requested to see a young married lady in her first confinement, for the purpose of immediately terminating the labour with the forceps. The head of the child had very nearly passed through the external parts, and it appeared to me as if one or two pains of ordinary strength would suffice for its total expulsion without any artificial assistance. I recommended leaving the case to nature, but the child was not expelled for some hours afterwards. The Medical attendant informed me that about two ounces of chloroform had been inhaled by the patient during the progress of the labour, which had lasted upwards of twenty-four hours, and that at different times complete insensibility had been induced. In proportion to the degree of unconsciousness of the patient, the pains had diminished in strength, and the progress of the labour had been interrupted.

*Case 10.*—In the month of June last, chloroform was cautiously administered to a lady in her first labour twelve hours after its commencement. The pains were soon wholly suspended, and it became necessary to deliver with the forceps. Eight days after, violent cerebral disturbance ensued, and she has continued till a very recent period insane.

*Case 11.*—About the same time, chloroform was exhibited to another patient, a lady in her first labour. The contractile powers of the uterus were soon wholly suspended, and the delivery was completed with the forceps. Fatal peritonitis, with peculiar nervous symptoms, soon supervened.

*Case 12.*—Another lady, about the same time, had nearly the same quantity of chloroform administered to her in her first labour. The uterine contractions were likewise speedily arrested, and it was considered necessary to deliver with the forceps. No unfavourable consequences ensued.

*Case 13.*—On the 3rd of July, 1853, I was requested to see, in consultation, a lady dangerously ill from puerperal peritonitis, and some very peculiar nervous symptoms of an anomalous character. She had been delivered with the forceps five days before, after the inhalation of three drachms of chloroform. This was done in direct opposition to the opinion and advice of her Medical attendant, who was uncourteously told, that, if he refused to allow it to be given, his services would be immediately dispensed with, and another Practitioner, who was named, called in to take charge of the case. The pulse was more rapid, and the abdomen more distended and tympanitic in this case than I had ever before witnessed in an individual in the puerperal state who recovered.

*Case 14.*—A lady who had been two years married had chloroform given in her last confinement. She stated to Dr. Copland, the learned President of this Society, that, to the best of

her belief, she had a fit of convulsions immediately after the delivery of her child, and that she has ever since (about two years) had frequent attacks of loss of consciousness, followed by convulsions and sopor. She had never before taking chloroform suffered from such attacks, and she attributes their origin to this subtle and deleterious agent.

*Case 15.*—Some time ago I attended a lady in two confinements, both of which were perfectly natural. When advanced in her third pregnancy, she removed to a short distance from London, and by my advice placed herself under the care of a very respectable Practitioner. She resolved during her labour to inhale chloroform, contrary to his wishes and mine, strongly expressed. During the greater part of the process, she was in the state which has been termed by a recent obstetric writer, "a scientific form of intoxication;" and in that scientific state expressed herself in an indecorous manner. A few months after her delivery, she called upon me, and described, in the most glowing poetical language, the felicity she had enjoyed while under the influence of chloroform. Her manner was somewhat incoherent, and I had a strong suspicion that she was either on the verge of insanity, or under the influence of chloroform, or some other intoxicating agent. The scenes of violence with her domestics which afterwards took place and became too notorious to all who resided in the neighbourhood, proved that she was labouring under madness. A considerable period after this, I was called by her husband to see her dying from an attack of acute pericarditis, during which she rejected all ordinary remedies, but swallowed great numbers of homœopathic globules.

*Case 16.*—On the 9th of June, 1853, I was consulted by a lady who had been delivered of her first child six weeks before. The labour commenced at three a.m. of the 14th of April. At two a.m. of the 15th a considerable quantity of chloroform was poured into a tumbler by the Physician (Dr. C.) who attended her, which was held up to her mouth and nose till she became insensible. The feeling she experienced, to use her own words, was, "that the top of her head was blown off." When the child was born, she knew nobody. Her sufferings she did not consider to have been materially diminished by the chloroform; and ever since its use she has been in a highly nervous state, and has suffered from horrid dreams in the night. Her child was apparently still-born, and respiration was established with difficulty. She was unable to suckle it. Several wet-nurses had been provided, but it had vomited everything, and presented a most wretched appearance, the legs looking like sticks of sealing-wax. It remained long in this miserable condition, but gradually recovered.

*Case 17.*—The following letter contains the details of a case which has recently occurred at a short distance from London:—  
"Nov. 15, 1853.

"My dear Dr. Lee,—To the lady whose case you refer to in your note I was summoned in a great hurry about twelve days ago. I found her pale, and with a most anxious and distressed countenance, with a small and rapid pulse at the wrist, and a very tumultuous action of the heart. She was overwhelmed with a stifling and sinking sensation about the precordia, and felt as if every moment must be her last. I attempted to lower her head and shoulders, for she was sitting propped up in bed, on the presumption that the attack was one of syncope; but she could not bear the recumbent position, and I had quickly to restore her to the attitude in which I found her. She called out for fresh air and for more brandy, which she was taking when I arrived, and which she declared was the only thing that did good. She was quite collected. I administered a large quantity of brandy, nearly three-quarters of a pint, in successive doses of about two drachms, mixed with twice as much water. I also gave at two different times ten minims of Battley's sedative solution of opium. By and by the violence of the paroxysms abated, and at the same time there appeared symptoms of the spirit having got into the head, but within some half hour she became sick, and threw off the contents of the stomach, when the symptoms of intoxication subsided. The lady had more than one return of the fit at the same time, but none of them of the same degree of violence as that which I witnessed first. Now she seems out of all danger, and I presume will get well. Mr. —, who attended the patient in her confinement, and who administered the chloroform to her is a relative. The chloroform was administered at the patient's own urgent desire. The child was a very large one; dressed, it weighed 12lb. 4oz. The quantity of chloroform used was about five drachms, according to Mr. —'s account. Now I think I have told you all I know either from observation or report. I thought mischief was done by all depressing agencies, such as the action of purgative medicines and



saline effervescing draughts. The night Mr. S.— and I were summoned to meet Mr. — (I had seen the patient in the state I have described the day before), she had had a purged motion from the action of a couple of compound colocynth pills; and two days afterwards, when there was rather a formidable recurrence of the paroxysm, the patient had indulged too freely, as I thought, in saline effervescing draughts. I got them to substitute soda-water and milk, and to be very careful of purgatives; and since then they have gone on well. If I can satisfy you on any other point write to me, and I shall do my best in your behalf.— Always yours, my dear Dr. Lee, very sincerely, “R. W.”

One other circumstance which I noticed I ought to put on record,—viz., that the patient found relief from putting the hands in the coldest water that could be obtained from the pump; and having this also applied to her head and the nape of the neck. Nor had this very cold water any influence in chilling the patient; her hands never got cold; mine were soon chilled, hers I always felt communicating warmth to mine. She could breathe deeply and freely, and did frequently draw long and deep breaths.

On the 22nd November, 1853, I received from Mr. —, who had attended this lady in her confinement, and administered the chloroform, the following history of the case from the commencement:—

Mrs. —, aged 37, delivered of a female child on Thursday morning at 3.30, October 20, 1853, under chloroform. Child weighed 12½ lbs. with its clothes. Had looked forward to her confinement with more than usual dread, and suffered much pain and inconvenience during the last months of pregnancy, expecting daily during the last month, as in all her previous pregnancies, three, the period of gestation only extended over eight months. On my arrival at three o'clock a.m., found the head in the cavity of the pelvis presenting naturally, and os uteri well dilated. At her request administered chloroform, and was under its influence for half an hour, bore it well, and was not conscious of the birth of the child till five minutes afterwards, when she heard me say it was a girl. Pulse regular and natural; no unpleasant symptom; all appeared well; no flooding nor faintness. The placenta detached naturally; but she experienced very great pain on its being removed from the vagina; and she was afterwards greatly disturbed with after-pains, which, from their violence, made her think that there was another child to be expelled. Quite an hour and a quarter after the birth, and having expressed herself as being comfortable, except when under the paroxysms of after-pains, and a second time requested me to go to bed, as being no longer required, she suddenly exclaimed, “that she felt very faint.” I immediately gave her pure brandy by tea-spoonsful, and she took about three-quarters of a pint before she was quite restored; and I did not leave her till nine o'clock. The attack came on between half-past four and five o'clock, an hour and a quarter after delivery. The pulse during the attack never fluttered, nor was hurried, as in fainting from hæmorrhage. After 9 a.m. she was very comfortable, and remained so throughout the day, and slept well at night.

Friday, 21st.—Comfortable; pulse 80, regular. Saturday morning, at four o'clock, she took castor-oil. When I saw her, at 9 a.m., bowels had not acted; pain in the abdomen. Pil. hydr. c. colocynth. ii. statim; olei ricini at 11 a.m. Bowels acted at two, and at three she felt better. At five pain returned, with flatulency and tympanitis. 7.30: cal. and opium, turpentine stupes, enemata, mist. sennæ comp. Bowels well moved during night, and on Sunday morning, 23rd, was much better. From this time she went on uninterruptedly well, and, on the following Sunday, Oct. 30, was on the sofa in her bed-room, and, on Monday, Tuesday, and Wednesday. On the Wednesday, Nov. 2nd, her spirits were low, and, on returning to her bed, she felt chilled, and a pain in her left breast. In the night she was disturbed by dreams, and awoke in the morning, 3rd, with headache, and at 11 a.m. was seized with a feeling of faintness, and a sense of suffocation, which prevented her from lying down in the bed. The region of the heart felt to her cold, and the extremities seemed numbed, and required to be rubbed, and she thought she must have died before her husband, who was in the house, and was sent for, could arrive in the room. Dr. — was sent for. I arrived at three o'clock p.m., and found her under the influence of stimuli, she having called loudly for brandy, which was liberally given to her. She fancied she was dying, but the pulse was good, and such an event did not seem likely to happen. She was quite intoxicated with brandy, and in the evening she unconsciously vomited, and brought up a very large quantity from the stomach.

On the following morning she was much recovered, but was poorly, and continued so on the 4th, 5th, and 6th.

On the evening of the 6th I left her with the pulse 120. At 1.30 a.m., on the 7th, I was sent for, another attack having come on, when I sent for Mr. — and Dr. —.

On the 8th another attack came on in the morning, and great alarm was produced; but, on arriving, I found no immediate danger.

She went on fluctuating, but without any formidable attack, up to Friday 11th, when I opened a mammary abscess left side, and 3ii. pus was discharged. After that, till the 17th, she had very slight occasional nervous attacks.

18th.—No more discharge from the abscess, and the wound nearly healed. Sleeps well.

19th.—Sat up, and felt very comfortable.

22nd.—Quite convalescent. Much stronger; no attack; and that only a very slight one since the 17th.

The eminent London Practitioner consulted in this case has expressed to me, in the strongest manner, his conviction, that the dangerous symptoms observed could only have arisen from the introduction of a subtle and noxious poison into the system.

In the first and second of these cases, the contractions of the uterus were arrested by the chloroform, and delivery was completed by craniotomy. Insanity and great disturbance of the functions of the brain followed its use in *Cases 3, 4, 5, 10, 14, 15, and 16*. It became necessary to deliver with the forceps in *Cases 6, 8, 11, 12, and 13*. Dangerous or fatal peritonitis or phlebitis ensued after the exhibition of chloroform in *Cases 7, 8, 11, and 13*. Epilepsy followed in *Case 14*, and dangerous fits of syncope in *Case 17*.

Were I to add those cases which the reports of my Medical friends have confided to me, and the still greater number which public rumour has brought to my knowledge, I should appal the Society by the amount of mischief which chloroform given to parturient women has already inflicted on individuals and families. The details of unfortunate cases, indeed, are generally studiously concealed; but the annals of Surgery contain conclusive proofs of the mischievous and dangerous effects of this poison. However much the disasters of operations performed in private may be hushed up, the practice of Hospitals cannot be concealed; and we have now a long list of calamitous cases in which the imbibition of a very small quantity of chloroform into the blood was sufficient to extinguish life in individuals of a robust habit and perfectly sound constitution. Were our knowledge of chloroform confined to this fact alone, it would suffice to remove all doubt from the mind of every intelligent Practitioner as to its use in midwifery.

It might have been expected that a contemplation of the subtle action of this poison on the nervous system would alone have induced caution in its application to practice, till its influence on the system was more thoroughly understood. But we have been compelled, on the contrary, to witness the most reckless levity. Very soon after the discovery of its physiological effects I was confounded by the announcement of its application to midwifery. It was not difficult for me to foresee that such rashness, as it could not then at least have a safe foundation, would lead to deplorable results; and I regret to say I have not been mistaken. Yet then, as now, we were confidently assured of the perfect innocence of the remedy. The value of present boasts may be judged of by the past.

It was not wonderful that women, doomed to bring forth their offspring in pain and sorrow, should seek to escape from one of the troubles of our race by means of this treacherous poison, particularly when presented to them with such flattering assurances; neither can we feel surprised that the instances of women who were reported to have been saved from the grievous pains of child-bearing without bad consequences should have for a time reduced to silence those unwelcome monitors who pointed to the possible evils of this new agent, and induced the honest but enthusiastic pursuers of novelty to turn away their eyes from the contemplation of those dropping cases of disaster which soon showed themselves, to disturb the general jubilation. But it does seem to me strange, that amid so wide-spread an experience as I am convinced now exists of the noxious and dangerous effects of chloroform, it should be necessary for me to assemble the proofs of the havoc it has made. Daily reports, however, convince me that this work is called for; and I have not shrunk from so sacred a duty.

Setting aside the mechanical difficulties of labour, the dangers to which parturient and puerperal women are most exposed may be said to be four-fold:—1, Exhaustion; 2, hæmorrhage; 3, fever and inflammation; and 4, cerebral disturbance. The great cause of flooding is languid or deficient contraction of the uterus. We are assured by many that the contractility of the womb is in no degree diminished by the action of chloroform. But of



this important position we have as yet received not a jot of proof; nay, there are innumerable proofs to the contrary. It is expected that we should be satisfied with bare assertion; and, considering that it was made at a very early period, when not a score of women had yet been delivered under the influence of chloroform, and, moreover, that it is made by those who continue, in the face of the most painful contradiction of facts, to affirm the perfect innocence of this poison, we may be permitted to set aside this evidence without further notice. But I rely not upon *a priori* reasoning, but on the direct testimony of my own senses, and maintain, with this unerring guide, that the action of chloroform does very manifestly impede the uterine contractions, and, in some cases, put a stop to them altogether.

The wise and skilful Practitioner will hardly require my evidence to satisfy him that so disturbing an agent must add greatly to the risks which arise from inflammation and fever. But they who doubt will find reason enough in the cases I have cited to pause and reflect; while the history here given of severe cerebral affection must surely satisfy the most stolid, that all the nervous accidents which attend the puerperal condition, and complicate its risks, must be largely increased by this very active poison.

Much reflection on the physiological effects and observation of the pathological mischief of chloroform, leave no doubt on my mind that it ought to be altogether expelled from the practice of midwifery. There are no circumstances in which it can be with utility, none in which it can be with safety, employed. I am confirmed in this opinion by conversation with the most discreet and experienced Practitioners around me; yet I cannot but entertain grave doubts of the result of my present appeal to the good sense of my Profession, when I consider the arts used to propagate a faith in this practice. It has become almost an extra-professional question, while there is a systematic concealment of truth by Physicians. Appeals are made by others to the natural timidity of women, and the most fallacious promises of perfect safety are boldly held out. Conceited and ignorant women of fashion make a pastime of this, as of other quackeries, especially the speculum, and the cause of science and humanity is placed in the hands of the most presumptuous and frivolous part of the community, while young inexperienced mothers are decoyed to their destruction. It is no unfrequent occurrence that an accoucheur should be selected to attend a given woman, but previously told that he must use chloroform. This grave question of Medical science has been predetermined by a quorum of old women, instigated, perhaps, by an itinerant Duchess. There are men to whom such propositions are not at all insulting. They are quite ready to steal a march on their wiser and more manly brothers, by the adoption of any humiliating fashion. Thus the health and lives of patients are sacrificed, and Medical science is dishonoured.

If I have helped to rescue the Medical Profession from the dominion of a great and dangerous error, I have placed some restraint on ignominious and disgraceful practice, I shall rest satisfied that this essay has not been written in vain.

4, Savile Row, Burlington Gardens.

## WHAT ARE THE BEST MEANS OF RESUSCITATION FROM AN OVER-DOSE OF CHLOROFORM?

By JOHN LIZARS, Esq.

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DEATH from the employment of chloroform, as an anæsthetic, is a consequence which has long admitted neither of doubt nor denial. Hospital reports and coroners' inquests have, indeed, furnished such frequent occurrences of that kind as to have rendered the subject one of painful and public animadversion. But although fatal effects from the anæsthetic are more to be apprehended, and will, I believe, be found more frequently to occur in individuals subjected to its influence, in whom structural lesions in the heart, blood-vessels, or lungs, exist, nevertheless, *post-mortem* examinations have shown, that chloroform has proved suddenly fatal, where no trace of disease could be detected in the cerebral or circulating systems. It appears, indeed, to be very satisfactorily established, that chloroform ought not to be indiscriminately used; that there are morbid conditions of the body in which it is inadmissible; and that in every case in which it is resorted to, the greatest care is required in its administration, and the most vigilant attention in watching its effects.

One great cause of danger cannot be too strongly enforced, and is the more deserving of notice, that it can be easily avoided,—viz., *never to induce too suddenly unconsciousness*. It is absolutely necessary for its safe inhalation, that the anæsthetic vapour be mixed with a large quantity of atmospheric air. The cessation of the pulse, after a few gasping inspirations, is the first symptom indicating immediate danger. This effect upon the circulating medium is simply the paralysis of the action of the heart, produced by the rapid inhalation of the chloroform vapour in a concentrated form, and undiluted with common air. The employment, therefore, of all kinds of apparatus or bottles, by which the pure anæsthetic fumes are only inhaled, ought to be abandoned. (a) The simplest and safest mode of administering chloroform is by the application to the nostrils and mouth of a pocket-handkerchief or small napkin, into the folds of which two or three drachms of the anæsthetic have been poured. These can be speedily removed when symptoms of insensibility threaten, or supervene too suddenly or severely. But such symptoms will be prevented by a proper adjustment of the handkerchief, and the safe and full effects of the narcotic agent will be produced by its gradual diminution or increase, according to circumstances. Dr. Snow's plan of mixing equal parts of spirits of wine with chloroform will prevent the danger arising from chloroform too concentrated, and seems well adapted to sensitive and irritable persons.

While rapid anæsthesia from pure chloroform vapour should be avoided as being highly dangerous, the opposite extreme must not be fallen into, of keeping the patient too long under its influence. In Hospital practice, I have been informed of very distressing instances of this kind. An unnecessary greater quantity of chloroform must be given, and the patient kept unsafely longer under it, if administered before the patient is brought into the operating theatre. Consequent sickness and vomiting, as remarked by Professor Miller, are more likely to ensue under such circumstances. The time and place of inducing anæsthesia should be unquestionably the operating-table, and the exceptional administration of chloroform in bed ought to be limited to those patients who are timid and apprehensive.

I am decidedly of opinion, that chloroform should be exclusively entrusted in its administration to individuals, having great practical experience in its inhalation; and I have nothing to add to the following observations contained in my communication on this important subject, which appeared in the *Medical Gazette* for 8th June, 1849:—"An experienced assistant is required to administer the chloroform, and to do nothing else. He must watch its effects, allowing fresh atmospheric air to enter the nostrils and mouth occasionally during its administration and influence, otherwise the blood may become too greatly carbonised, and death ensue." Previous to the administration of chloroform, the state of the stomach should be carefully attended to. It should not be allowed to be overloaded, and, indeed, the patient, for several hours before being operated on, should have little or no food.

I have stated, that the primary effect which is produced on the circulation, by a sudden overdose of chloroform, is paralyzing the action of the heart. In consequence of the blood becoming abnormally carbonised, the heart, lungs, and brain, are deprived of the natural stimulus of that fluid, and life is thus rapidly extinguished. After death, little or no blood is found in the left auricle or ventricle—what of it is contained there is in a fluid state, and not liable to coagulate, when exposed to the atmospheric air. It has been observed to be of a purple brown colour, like that found in the spleen, and not of the ordinary dark blood colour of venous blood.

Many and various are the remedial means recommended for resuscitating from an overdose of chloroform, from the simple application of errhines to the more than questionable operation of tracheotomy. Dr. Snow considers, that "artificial respiration is the best means." We presume that that process is to be effected by means of the bellows. Dr. Herapath, of Bristol, has published a paper, recommending galvanism as affording "the only chance" of recovery. He says, "keep up a current of electricity through the fifth nerve, medulla oblongata, phrenic nerves, and diaphragm, as long as respiratory movements can be produced; and let the patient have plenty of fresh air or oxygen gas, and the case must do well, for the blood will remain fluid for a long time,

(a) I must exempt from this objection, the very ingenious instrument invented by the late Mr. Ramsay, of Barnton, constructed so as to admit of the admixture of an equal proportion of atmospheric air with the chloroform vapour when inhaled. It was frequently and most successfully used in all operations required to be performed on the horse. For an account and drawing of this instrument see *Scottish Agricultural Journal* for 17th July, 1849.



and the circulation will go on, as long as respiration continues to be carried on artificially. The blood and the air-cells throw off their load, and in proportion as the pneumo-gastric, medulla oblongata, and motor nerves, resume their functions, so respiration begins to assume a less artificial character; at length the cerebrum aids us, and respiratory movements, both voluntary and involuntary, keep up the functions of life unaided."

Professor Rigaud advocates a method, by which he says life has been on various occasions saved, and is detailed in the following case, extracted from the *Abeille Médicale*, of 3rd November, 1851:—"Professor Rigaud was on the point of removing a tumour from the chest of a female patient. After a few inspirations of chloroform the pulse stopped suddenly, and the woman did not give any signs of life. The chloroform was at once removed, and water dashed on the face, and frictions made all over the body. These means in a couple of minutes produced a few weak pulsations of the heart, which, however, ceased almost immediately, and were not accompanied by any respiratory act. Professor Rigaud now thought of using the method which had been advocated by Dr. Escalier, and passed his index finger along the dorsum of the patient's tongue, and raised the epiglottis, and drew the former out of the mouth. This had the effect of producing an inspiration, which circumstance was taken advantage of to make the patient inhale ammonia. As soon, however, as the tongue was lost hold of, it glided back again into the mouth, and respiration ceased again. The same manœuvre was now repeated, but this time Professor Rigaud kept the patient's tongue out of the mouth; the respiration then set in again, and the woman quickly recovered. The operation was then performed without chloroform, and Professor Rigaud considers Escalier's method saved the patient." The history of this case would justify the conclusion, whatever good effects were produced by the means employed, that the anæsthetic, as the operation was afterwards performed without chloroform, must have been considered unsafe to the patient.(a)

Professor Miller, of this University, considers the suspended respiration in such cases to depend upon "spasm of the glottis," and he recommends opening the external jugular vein, if there be no bleeding wound, along with "hooking up the epiglottis." He says:—"With every care there is a chance of asphyxia threatening from another cause, during the passage into deep stupor, or during emergence from it,—I mean (says he) spasm of the glottis. The remedy, however, is simple. Force the finger into the throat, and hook up the epiglottis with its point; have artificial respiration maintained by thoracic pressure, and if there be no bleeding wound, open the jugular."(b) Professor Miller must be deceived in pronouncing this state of the glottis, or rather epiglottis, as spasm; it must be paralysis of the epiglottis, from the over dose of the anæsthetic.

The opening of the external jugular vein appears only to be applicable to cases of decided asphyxia, and even in such will scarcely ever be required, as, in nine cases out of ten, there is a bleeding wound. A similar respiratory obstruction as that occasioned by palsy of the epiglottis, or spasm of the glottis, may be produced by a relaxed and elongated state of the uvula peculiar to some persons. Most Practitioners must be familiar with instances of suddenly-threatened suffocation from such a cause. The application in mild cases of a stimulus or escharotic is sufficient to contract the organ; but obstinate elongations of the uvula occasionally occur, which require to be removed by the scissors. A gentleman lately consulted me, who held the uvula between his teeth, and would not open his mouth until he wrote down an account of his sufferings. Perceiving at once the nature of his complaint, I seized the elongated uvula with a pair of toothed forceps, and clipped it off close to the velum.

In addition to these means, all of which can be without loss of time and almost simultaneously employed—for, without promptitude in their application, the patient will be irrecoverably lost—I would suggest the following processes for stimulating to renewed action the paralysed organ of the circulation.

When we see fatal results occurring without any previous form of disease, and the heart with vain efforts struggling to resume its powers, no means should be left unattempted to assist and revive its prostrated vital action. And from the beneficial results which, I have been informed, have been produced by the introduction of diffusible stimulants into the stomach, by the stomach-pump, and by venous injection in analogous conditions of the body, viz., in cholera asphyxia, which in many particulars resembles the poisonous collapse caused by chloroform, I have

been induced to request a place in your Journal for this communication, in order that the proposals may be brought, through its widely-circulated columns, under the notice of the Profession. The first proposal I have to offer was suggested to me by a friend who had considerable experience in the treatment of cholera. He informs me that his usual practice with patients of sober habits, affected with malignant cholera, who in a few hours were reduced from good health to a state of collapse, with the blue face, cold extremities, and without pulse, to pump into the stomach a large quantity of hot water mixed with spirits, and to administer large enemata of hot water and turpentine. The influence of the stimulants is rapidly diffused through the system, and he has had the satisfaction of restoring circulation and heat of the body on many occasions when the powers of life were all but exhausted. He thinks the same benefit might attend the employment of the practice in the hopeless condition to which a person is reduced by an over-dose of chloroform; and he justly adds, it can be safely and speedily resorted to, as the stomach can at once and without danger be reached after the powers of deglutition are gone, and when the introduction of fluids into the fauces is, not to say hazardous in the extreme, but impracticable. In illustration of the practical bearing of my friend's remarks, I may refer to Mr. Lloyd's case of aneurism under operation in St. Bartholomew's Hospital, March 17, 1852, in which chloroform proved rapidly fatal. The warm bath and artificial respiration were used with "no avail." The resuscitating measures had been continued for more than an hour, ammonia had been applied to the nostrils, but no attempt was made to introduce stimuli into the stomach, as Mr. Lloyd feared any liquid placed in the mouth might pass into the larynx, and occasion instant suffocation. I may here ask, how is the stomach of the drunkard cleansed, when his life is in jeopardy?

The influence of a stimulus in the stomach is almost immediately imparted to the cerebrum. It is well known, that individuals employed in bottling spirits, from the inhalation of the spirituous evaporation, suddenly fall down in a state of insensibility, an effect which seldom, if ever, happens if a glass of the stimulant be taken previously to commencing the operation. When all other means fail, I would try, as a last resource, injecting the veins with a saline solution, a practice so successfully employed in 1832, by the late Dr. Latta, of Leith, Dr. Sibson, now of London, and Dr. Robertson, of the First Royals. Delpech justly observed, that the blood in cholera "ceases to be arterialised;" and the state of the blood of a patient labouring under this disease is nearly similar to that in an individual rendered insensible by chloroform, the symptoms in both cases being, a death-like countenance, imperceptible breathing, and a pulseless circulation. In such a state, "*melius anceps quam nullum remedium.*" In my treatise on cholera asphyxia, at page 73, I have stated, "when the patient is unable to drink, decomposition of the blood has either commenced, or is on the verge of undergoing that process, and in such a desperate state, nothing can save the patient but injecting the veins with a saline solution. It should be done as follows:—Let a solution be properly prepared, consisting of 10 lbs. of hot water, at the temperature of 110°, in which is dissolved a drachm and a-half of bicarbonate of soda, and half an ounce of the muriate of soda. This solution is to be strained through chamois leather. One of the veins at the bend of the arm is then to be opened, as in phlebotomy, into which is inserted a common injecting-pipe of the dissecting-room, and then the elbow-joint put in a basin of warm water, to exclude the atmospheric air. The common enema apparatus was employed, the tube extremity of which was adapted to the small dissecting-room pipe, and now held under the water in the basin. The syringe was now plunged into the saline solution, and two or three syringefuls pumped out at the extremity of the tube, still held under the warm water. The tube was carefully inserted in the nozzle of the injecting-pipe, and the pumping begun and performed slowly. During the injecting this solution, the dissecting-room pipe should be carefully held by one assistant while another slowly works the syringe, holding it perpendicularly and steadily, watching the extremity of the tube inserted in the injecting pipe. After a few ounces were injected, the pulse became perceptible, the breathing stronger, the skin warm, the countenance natural, the eye lost its ghastly, sunken appearance, the face became full and plump, and even rosy,—old age assumed the expression of youth. The cramps, the restlessness, and the thirst disappeared."(a)

(a) Dr. Storer, of Boston, U.S., informs me, that the use of chloroform, from its pernicious effects, has been long abandoned in that city, and that when an anæsthetic is required, sulphuric ether has been substituted.

(b) See "Miller's Principles of Surgery." 1850. Page 765.

(a) See the investigations regarding Cholera Asphyxia in 1832. By Delpech and Lizars. Second Edition.



It is almost unnecessary for me to advise (for the advantage of having the necessary remedial re-agents ready, when dangerous symptoms demand their immediate application, is so apparent), that the saline solution, and the instruments necessary to be used in the two modes of treating patients which I suggest, labouring under an overdose of chloroform, should be prepared, and always kept at hand in every Hospital, whenever an important surgical operation is to be undertaken, and the patient put and kept in an unconscious state, under anæsthetic influence, during its performance.

Although I have not had an opportunity of proving the utility of venous infusion under the circumstances for which I have recommended it, yet I consider it my duty to direct attention to it, the more especially that death from chloroform appears to be on the increase; and it will form a necessary subject of grave deliberation, if the lamentable occurrence of so many fatal cases among persons otherwise in good health cannot be prevented, by the greatest caution having been taken in its administration, and after every possible means have been speedily, actively, and perseveringly employed, to effect resuscitation, whether the use of chloroform as an anæsthetic should not be greatly curtailed.

For a considerable time past I have declined to urge upon parties, before being operated upon, the advantage of taking chloroform, and have lately performed several capital operations, such as lithotomy, without it. Indeed, the operative rule which I have lately adopted in all cases, except when structural diseases in the heart or other vital organs, or in the lips, nostrils, and fauces, render its application unsafe, is to leave the matter entirely in the choice of the patient, who is best able to decide, whether he is willing to submit to the unavoidable pain of the operation, or to be reduced to a state of unconsciousness during its performance.

15, South Charlotte Street, Edinburgh, August 4, 1854.

## PRACTICAL ESSAYS ON PLASTIC SURGERY.

By T. SPENCER WELLS, F.R.C.S.

Surgeon to the Samaritan Hospital.

(Continued from page 212.)

AFTER a flap has been dissected away from its normal situation a series of interesting phenomena are observed. If its connexion be kept up by a peduncle considerably narrower than the flap itself, say from four to seven lines in breadth, the flap first becomes quite white. After a few moments it begins to acquire some fleeting tints of colour, varying in situation. Light bluish spots are seen at one moment at the edges, at another in the centre. The central part of the flap is raised, and the edges contract towards the cellular surface, rolling up the flap so that its circumference is diminished in varying proportion according to the firmness of the skin. The peduncle retains its sensibility, but there is none in the flap itself.

After complete and close approximation has been effected between the edges of a flap and those of the part to which it is proposed to unite it, the adhesive process commences immediately. Dieffenbach describes the succeeding phenomena very accurately, as follows:—

“After some hours a tolerably firm union is found to have taken place, and it requires a real tearing apart in order to break up the attachment, when a smart flow of blood occurs, both from the stump and the flap, in consequence of augmented vascular activity.

“The active kind of this congestion, which is seen in young, powerful individuals is to be distinguished from the passive stagnation of blood in the flap in old, weak subjects; often the true over-filling of the flap is entirely wanting; the flap becomes full, thick, of a bluish colour; is then withered to the touch. The veins are here especially overfilled, and their activity is so much diminished that the arterial blood pouring in cannot be carried on by them. Slight scarification with the point of the lancet is followed by a slow oozing of black venous blood, or red blood in strong persons when the flap appears reddish, or pale and turgid.

“In the latter case, if the flap, becoming more and more filled, is not brought back by emptying and cold, it is lost either by gangrene, or by suppuration commencing at the edges. If the overfilling by venous blood is not obviated by the immediate application of leeches, and then a stimulating treatment commenced, the blood soon becomes perfectly stagnant, and the dead flap appears at its death black from the venous blood accumulated in it without preceding inflammation.

“Taking away blood from the circumference of the flap does

not diminish the venous congestion; but in active congestion it is beneficial.

“When the circulation has been completely established between the flap and the part to which it has been united, the *gêne* which the sutures cause ceases, and the flap begins gradually to lose its turgescence and colour, and acquire that of the surrounding skin. It becomes more compact and thicker, draws itself inwards at the edges, and forms a sort of furrow there, when not prevented by a bony substratum. Between the 8th and 14th day, the epidermis becomes parchment-like, desquamates, and shows a new white outer skin. Hairs rooted in the flap partly fall with the desquamation, or, half dried up, are easily pulled out, growing again afterwards, though sparingly. On the other hand, hairs sometimes form on skin not generally hairy.”

M. Jobert has made a great number of experiments with regard to the sensibility of flaps, and the manner in which it is re-established. The results he has arrived at would lead to the conclusion that the re-establishment of nervous influence in the flap is effected without new formation of nervous substance. It is a curious question, whether, when union takes place, a portion of lost nerve is reproduced, or a divided nerve is restored to its former integrity. Is the nervous power restored beyond the solution of continuity? If so, how is the restoration effected? Jobert quotes a case in which a flap restored an eyelid in a patient who took variola ten days after the operation. The pustules did not appear on the flap until after the rest of the body was covered. In one case, sensibility was lost in the flap after division of the peduncle, but returned afterwards with the vascularity, and increased with it. Jobert denies that hairs growing from flaps fall off. He says, they may do so at first, but that afterwards they grow even larger than before. In one case, where he made careful dissection nine years after operation, the nervous branches divided could not be traced. It is presumed that they had become atrophied. One branch, which had not been injured, and passed beneath the flap, sent some twigs towards the latter; but these also stopped short at the seat of cicatrix, and terminated in a slight swelling, without arriving in the flap itself. Twigs from other branches surrounded the flap, without penetrating it. One branch, which had been divided at the edge of the flap, terminated suddenly close to the cicatrix. No trace of nervous substance could be found on the cicatrix tissue. These observations were confirmed by experiments on animals.

M. Jobert's conclusions are as follow:—

1. Immediately after plastic operations sensibility is enfeebled or lost in the flaps. The loss is in direct ratio with the flow of blood and the narrowness of the peduncle.
2. Before the section of the peduncle, the sensibility in it is preserved, in part at least.
3. At a certain time after this section vascularity and sensibility re-appear together, and increase in the same proportions.
4. In many cases vascularity in the flaps is exaggerated, and the sensibility then is proportionally developed.

The anatomical conclusions are:—

1. The flaps, after the section of the peduncle, are isolated from all the rest of the economy by a layer of cicatrix tissue.
2. There is no other means of communication between the flap and the rest of the organism than the vessels more or less developed which traverse the layer of cicatrix tissue, for we have never found small nervous twigs.
3. The nerves which previously existed in the flap are atrophied, and at length may disappear.
4. The nerves of the surrounding parts are stopped at the seat of the cicatrix. Sometimes they stop suddenly, presenting a sort of swelling of the neurilemma; sometimes they are lost in the cicatrix tissue, without ever being traceable into the flap.

Thus physiological observation shows us that sensibility is reproduced in the flaps. Anatomical observation teaches us that nervous continuity is not re-established. It is a curious question, therefore, how sensations are transmitted from the flap to the nervous centres. Various explanations might be offered, but none very satisfactory. The subject, therefore, is one for further study.

It is only in some rare cases that a patient feels pain in the spot from whence a flap has been removed. Indeed, perception there is dull and uncertain. If a prick be made with a needle the sensation is obtuse, but becomes acute and piercing in the neighbourhood of the peduncle.

Dieffenbach observes, with regard to the condition of the blood in flaps, that it “varies in the first days after the operation with the degree of vitality of the flap. When all re-action in it has ceased, and it has completely united, the blood in it is pale



and thin, like the blood of chlorotic persons; coagulated it forms a thin watery serum, and little fibrin or crassamentum. Fresh wounds in it heal without the slightest inflammation; the wounded edges unite to each other immediately; their appearance is pale yellow. If a piece be cut out of the flap, and no union attempted, the defective part is reformed by a process of regeneration similar to that which is peculiar to birds, the wounded surfaces being covered by a crust of blood and lymph, after the separation of which, the new-formed skin shows itself similar to the old, but somewhat denser and darker. If the formation of the crust is hindered by water and the application of ointments, the wounded surface is not covered with pus, but with an adhesive moisture; it acquires fine, scarcely visible irregularities, becomes pale red, and then covers itself with epidermis.

"If the surface be exposed to a glowing heat, vesicles with clear water form, while the part becomes red and white, and healing goes on rapidly. Under the immediate influence of the cautery, the slough which is formed separates quickly, and a weak secretive process carries the surface to rapid cicatrization. Burning is an indistinct guide to the perception of pain when the part is not sensible to mechanical stimulants.

"Heat reddens the part less quickly than cold. Cold is perceived as heat.

"The new part enters with difficulty into new connexions with the skin, as may be seen when the boundary between the new and the old is extirpated. While the old inflames, the new remains inactive; they very seldom unite together, but separate from each other; the old begins to suppurate, and the new becomes polished, and covers itself with skin in a few days.

"All these peculiarities, however, disappear partially or entirely when the nervous connexion has been completely re-established, and a needle puncture is perceived as at another part. The blood then appears natural in colour and consistence, and the plastic processes go on in the flap as in other parts of the skin.

"In diseases of the general system, the flap is not so soon affected as the parts immediately surrounding it. Acute and chronic exanthemata, roseola, boils, and lupus, I never saw extend to a flap, while the remaining skin of the face was affected by them; and, in a case of intense jaundice, the nose of a man I had replaced remained of a chalky whiteness, while the face appeared dark yellow. After a long time, these strict lines of demarcation disappear, and affections extend from the foundation over the new part, which formerly they did not.

"The chief effort of the new formed part is directed to separation and isolation. The transplanted level flap draws itself together concentrically from the borders, and forms a rounded hillock.

"The degree of raising of the middle and furrowing of the edges depend on the tightness or yielding of surrounding parts. The elevation is level in transplantations of firm skin. It almost resembles a ball in the yielding skin of the eyelids, and remains perfectly flat when thin skin is transplanted and stretched over a flat bone.

"When a raised flap forms a sort of roof over an opening, its under surface does not become covered by skin, but either the two sides adhere together, or they approach each other and fill out by granulation, so that the nose becomes massive, and only the entrances remain open, the skin turning itself up inwards.

"If the flap be laid upon a flat fresh wound, it unites both externally with the edges and also with the base.

"If the flap be laid over a part covered with skin, for example over the stump of the nose, so that the wounded cellular tissue of the flap comes to lie on the sound epidermis, the following occurs after the union of the edges. The cellular surface does not cover itself with skin subcutaneously, but becomes polished and pale, and acquires a fine smooth transparent exhaling covering. The epidermis-covered surface of the stump turned towards the flap acquires a similar moist separating surface, and both surfaces remain for a long time like two opposed serous surfaces, for example, like the pleural surfaces of the lungs and thorax, and are kept separated by the exhalation. The air being entirely kept out, no suppuration follows, but the two surfaces unite after they have become completely similar to each other. Improvements undertaken upon artificial noses give us frequent opportunities for these researches.

"If two epidermis surfaces be turned towards each other, and the air excluded, they begin to exhale, and to resemble serous membranes, but they afterwards unite.

"If a serous membrane be turned outwards and exposed to the air, it is placed in circumstances of continual irritation, and becomes changed with difficulty into a dry membrane like epidermis.

"If a mucous membrane be turned from within outwards, it

frequently acquires in a few weeks the properties of the skin, and becomes pale and dry.

"If a flap be completely reversed, so that the cellular surface is turned outwards, and the epidermis towards the wounded surface, the following phenomena are observed:—At first, the flap suppurates, but the discharge is sanious; the surfaces become smaller; the edges approach each other; the flap raises itself like a tumour; both the inner surfaces proceed as before described, exhale, remain long separated, until the cellular and epidermis surfaces afterwards unite together. A contracting process of cicatrization cures the outer wound, and draws the surrounding borders so strongly together that the cicatrix is scarcely a fourth of the circumference of the wound, and the flap lays like a ball in the hollow; but where a bone forms the substratum, it is more level below, while the cellular surface arches itself strongly outwards, and appears as a projecting hump covered with skin."

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE LONDON, ROYAL OPHTHALMIC, HOSPITAL FOR DISEASES OF THE SKIN, ETC.

#### SHORT NOTICES OF HOSPITAL THERAPEUTICS.

*Decoction of Oats as a Diuretic.*—Many years ago Dr. Thémont called the attention of Medical men to the remarkable diuretic properties of decoction of oats. Although the paper announcing his observation contained the narrative of a case of cardiac dropsy cured by the sole use of this remedy, yet he did not succeed in exciting much interest on the part of the Profession in his discovery. We have seen the oat-tea tried pretty frequently of late in cases of dropsy, in most of them in combination with other treatment, but unassisted in a sufficient number to fairly test its virtues. That it does really possess diuretic properties there can be no doubt. Its powers are probably not at all superior to those of the decoction of broom; and as a good alternating remedy with the latter its proper place in therapeutics would perhaps be assigned. Its simplicity and freedom from injurious qualities are great recommendations, since it may without risk be entrusted as a domestic remedy to patients not under regular care. In several cases of slight œdema of the extremities consequent on heart disease, the patients succeeded by its use alone in getting rid of that symptom. The mode of preparation is to take two handfuls of common oats (not in any way prepared), and boil them in three quarts of water for about a quarter of an hour. Of the strained decoction a tea-cupful should be given frequently as an ordinary drink.

*Treatment of Eczema of the Legs in the Aged.*—The following prescription was ordered by Mr. Startin at the Hospital for Skin Diseases in the case of a man aged 78, who applied on account of severe eczema of both legs (eczema rubrum, the "red" or "weeping leg.") The man was not in ill health, but for his age florid and robust; he had suffered from rheumatism. The treatment is that ordinarily pursued in similar cases, which are very common. Mr. Startin remarked, that in younger patients he generally preferred small doses of the bichloride of mercury; but that the tonic and diuretic method seemed the one especially adapted to the aged. *R Magnes. sulph. ʒi., ferri sulph. gr. iss., acid. sulph. dil. ℥v., vin. colch. ℥vi., infus. quassie ʒss. Ft. haust. ter indies sumend. R Hydrarg. nitrico-oxydi levig. gr. xv., unguent. hydrarg. ʒss. creasoti ℥iil., adipis recentis ʒi.* The mixture is the *mistura ferri acida* of the Pharmacopœia, with the addition of arsenic and colchicum, (page 24,) and the ointment the *unguentum creasoti*, (page 41).

*Chloroform Inhalations for Extraction of Cataract.*—During the last month or two, in the practice of the Royal London Ophthalmic Hospital, chloroform has been frequently employed prior to the operations for cataract by extraction. Hitherto, the rule had been to abstain from doing so, in fear that the subsequent sickness, which so frequently follows, might disturb the eye, and perhaps occasion extrusion of the vitreous. Mr. Bowman was, we believe, the first at this Hospital to employ it, the case selected being one in which the patient was of so irritable a temperament, that the operation seemed scarcely practicable without anaesthesia. The operation was performed, under its influence, with great ease, and the precaution being taken to support the globe afterwards by straps of adhesive plaster crossing the lids, no ill consequences ensued. It has now been



employed in nearly twenty cases, and in none has there been any reason to regret its use. In some, vomiting has not followed, but in others it has been severe, without in any way occasioning damage to the eye. The performance of the steps of the operation are much facilitated by the perfect quietude of the eyeball which it secures. A case will be found in another part of our reports (See page 266) illustrating at once the usefulness of chloroform in certain cases, and the occurrence of violent delirium after an extraction, without the healing processes being in any way hindered. In it, also, the precaution of supporting the eye by strips of plaster closing the lids was carefully attended to.

*Treatment of Diarrhoea in Phthisis.*—Among the out-patients attending at the City Hospital for Chest Diseases, cases of diarrhoea have been unusually frequent during the last two months, in consequence, no doubt, of the epidemic influence now prevailing. Those occurring to the subjects of phthisical disease have, in many instances, been more difficult to control than usual. The cases not being of the acute or choleraic type, the sulphuric acid treatment has been tried in but few instances. The remedy chiefly relied upon has been opium, exhibited in one or other of the following forms:—In mild cases of relaxed bowels, attended with much irritability of the stomach, the diarrhoea being liable to be set up again by every slight dietetic cause, R Bism. trisnitr. gr. x., mucilaginis ʒij., vini opii ℥x., acid. hydrocy. dil. ℥ij., aq. pur. ʒj. Ft. haust. ter die sumend. This mixture, continued for a week or two, has often sufficed to relieve the condition alluded to, and to enable the stomach to tolerate, not only ordinary plain food, but even the cod-liver oil. In more severe, suddenly occurring cases, R Pulv. kino co. gr. x., o. n. vel o. n. et m. sum. Patients liable to attacks of sudden and severe diarrhoea have been directed to keep these powders on hand, and take them at once on a re-appearance of the symptom. In many cases of the latter class, Dr. Peacock prefers to the kino a pill containing the acetate of lead and opium (gr. ii., and gr. ss.) given either every night or twice in the day, as circumstances indicate. The employment of the emulsion of mutton suet and milk in cases of irritable bowels is a very favourite practice at this Hospital, and, in the milder class, frequently suffices without resort to other remedies. The patient is directed to procure fresh mutton suet, cut it very fine, tie it loosely in a coarse muslin bag, and let it gently simmer in milk for a few minutes, after which a quantity of the best cinnamon is to be grated in. The quantity taken may depend upon the patient's palate, and it is generally well relished. The cinnamon probably exerts, as an astringent, an important influence, and should never be omitted.

*To Arrest Hemorrhage from a Burst Varix.*—At the bedside of a patient now under his care in the London Hospital, on account of a ruptured varix in the leg, Mr. Adams took occasion a few days ago to point the attention of his class to the practice which should always be resorted to in such accidents. The bleeding was, he remarked, from the *proximal* end of the vein. There often existed either none or very imperfect valves between the injured spot and the heart. In such a state the only propelling force would be the mechanical pressure of the column of blood above the laceration, the effect of which might be in a moment reversed by the simple measure of *elevating the leg*. On referring to several Surgical works, all of which mention cases of death from hæmorrhage under these circumstances, and correctly explain its cause, we do not find any allusion to the method of arresting it recommended by Mr. Adams, and have, therefore, esteemed it worthy of mention here. None who have seen cases of burst varix will ever forget the fearful way in which they sometimes bleed, and most will doubtless have encountered some difficulty in securing arrest by pressure, as is usually attempted.

*Cancrum Oris Treated by the Application of Nitric Acid.*—A case of cancrum oris has just occurred in St. Bartholomew's Hospital, under the care of Dr. Baly, which has well illustrated the usefulness of the application of the strong nitric acid. The patient was a boy, in whose left cheek the phagedenic ulceration commenced during recovery after scarlet fever. The internal use of chlorate of potass was first tried and persisted with in ten-grain doses for several days, the disease meanwhile being unchecked. A single free application of the concentrated acid was then made to the part, and with the effect of completely arresting the morbid action. The induration of the surrounding part has since gradually subsided, and the sore is now almost healed. The case, although not one of the most acute class, was yet of a character sufficiently alarming.

*Treatment of Wounds of the Eye.*—Modern ophthalmic surgery has very considerably deviated from what used to be the usual

practice in cases of wounds, either incised or punctured, of the eye. In a large majority of cases it was formerly considered necessary to employ pretty active antiphlogistic measures in order to obviate the much-dreaded effects of inflammation. As a consequence of this habit, frequent examinations of the organ, in order to watch what was going on, became necessary. It is now known that, in all such cases, there must of necessity follow considerable inflammation. A degree of congestion and the effusion about the injured parts of much soft lymph are, therefore, looked upon as matters of course, and as stages of the healing process not to be interfered with. The great principle of the treatment which we see pursued at the Royal London Ophthalmic Hospital is to keep the injured organ completely at rest. Almost every one is experimentally familiar with the degree of comfort, in cases of slight scratches of the eye, or when dust has got into it, which is afforded by gently supporting the closed lids with the hand. So long as the lids are kept close and still, the pain is absent, but the moment any movement is attempted a sharp stab of pain is caused. By extending the knowledge thus gained to the more severe injuries, we arrive at the principle alluded to. The following is the detail of the measures usually adopted at the Institution named:—On the patient's first application, the eye is carefully inspected; if any foreign matters are discovered, they are removed; if any portion of the front of the cornea have been partially detached, or if any considerable portion of iris have been protruded so as to be irreducible, the piece is snipped away by means of small scissors. It is rare that anything can be done in improving the position of the edges of the wound, or in returning protruded structures; and the next step is, therefore, to close the lids, and, having carefully padded them with layers of cotton-wool, the whole is confined by strips of adhesive plaster. A mild dose of aperient medicine is generally given, and the patient directed to live carefully on a rather less stimulating diet than ordinary. Unless urgent symptoms make it necessary earlier, which is very rare, the eye is not again inspected for several days, or perhaps a week, when the dressings are cautiously removed and replaced. It is very infrequent indeed for any depletory measures, either topical or general, to be deemed necessary. The symptoms which would excite alarm, and be held to indicate the necessity for further examination, are severe tensive or throbbing pain in the globe, or general fever; and, in the absence of both these, it is judged certain that interference cannot be needed, and that frequent inspections of the organ could but be productive of injury.

We may remark, that the plan of padding the lids and keeping the eye closed is by far the best which can be pursued, after the removal of dirt, etc., from the eye, or after slight injuries to it from blows or scratches. Under such circumstances it is rarely required more than a day or two.

## ST. GEORGE'S HOSPITAL.

### IMPACTION OF THE NECK OF A GLASS BOTTLE IN THE VAGINA. — VESICO-VAGINAL FISTULA AND LARGE CALCULUS IN THE BLADDER.—OPERATION.—RECOVERY.

[Under the care of Mr. PRESCOTT HEWETT.]

On the 15th of July, 1854, —, aged 29, was sent to Mr. Prescott Hewett, with a letter from Mr. Bowling, of Hammer-smith, stating that she was suffering from a foreign body impacted in the vagina. Mr. Bowling having detected the foreign body, had endeavoured, on the evening previous, to dislodge it, but finding that all his endeavours, however carefully made, gave rise to agonising pains, he had abandoned all further proceedings.

On examination, a large, irregular, and very hard substance was found firmly wedged high up in the vagina. The only history which could be obtained was, that the foreign body had been introduced eleven years ago, and that for a long time past she had been suffering very much from it, but had never ventured to mention the subject until she was forced to do so by the great and constant irritation which existed about the bladder.

She was at once put under the influence of chloroform, and, after some little time, Mr. Prescott Hewett succeeded in bringing away an irregular mass from the vagina. The substance thus removed proved to be the neck and shoulder of a broken phial, of a large size, completely encrusted with calcareous matter. On further examination, another mass was found blocking up the os uteri. This was removed, and proved to be



the cork also extensively coated with calcareous deposit. A round opening, of the size of the thumb, was subsequently discovered in the fundus of the bladder, and on examining the interior of this viscus, a large calculus was found completely filling up its cavity. No further proceedings were adopted, as the patient had made up her mind not to remain in the Hospital that day.

She applied for admission on the 17th, complaining of great pain in the region of the bladder, and a constant desire to pass her water. The inflammation of the bladder increased, and, in a few days, became intense, with discharge of thick, ropy mucus, and, at times, violent hæmorrhage. These symptoms having subsided under proper treatment, the patient was again put under the influence of chloroform on the 29th, and a pair of lithotomy-forceps having been introduced through the vesico-vaginal opening, the calculus was easily seized, but it broke into pieces when it was being extracted. The fragments were therefore crushed, and gradually brought away, and enough to fill the palm of the hand was thus removed. A careful examination showed that all that was left could be readily passed. The operation gave rise to a good deal of inflammation, and during the first few days a large quantity of thick, ropy mucus, mixed with the detritus of the stone, was passed, but these symptoms gradually subsided, and she lost all irritation about the bladder. As she complained, however, of great pain in the sacral region, the bladder and vagina were again examined, but no fragments could be detected. She was therefore allowed to get up, but when she began to go about the ward she found that the water escaped from the vesico-vaginal opening. This incontinence, which she had not been troubled with before, had most probably been prevented by the stone, which, from its position and its large size, had blocked up the opening. Being, however, anxious to return to her situation, she declined having anything done for this, and she was discharged from the Hospital on the 16th of August.

In this case, a pointed fragment of the neck of a broken bottle having penetrated through the coats of the vagina and bladder, had become fixed there, and given rise to the formation of a calculus. The portion of the bottle which was thus firmly wedged in its position required great care for its removal. This was, however, ultimately effected without any further laceration of the tissues.

## THE METROPOLITAN FREE HOSPITAL.

### RHINO-PLASTIC OPERATION.

[Under the care of Mr. G. B. CHILDS.]

MARY ANN JOHNSON, aged 35, was admitted into the Metropolitan Free Hospital, June 12, 1854. She states that she has been married twelve years, and has had five children, only two being now alive, (the others having died during infancy.) She always enjoyed excellent health till eight years ago, when she first experienced a severe shooting pain, extending from the root of the nose into the forehead. About the same period she observed a small pustule, forming at the inner angle of the orbit, which increased in size, ulcerated, and extended down along the borders of the nose, destroying all the tissues in its course till it carried away the whole organ. During the time the destructive process was going on she suffered extreme pain in the part, with sore throat and difficulty of swallowing. With this exception she had no symptoms of secondary syphilis. No history of any primary affection could be obtained.

She applied for relief at St. Bartholomew's Hospital, and was afterwards under Mr. Childs' care. All measures to stay the disease were ineffectual, and the entire nose was destroyed. All active disease ceased about two years ago, when the ulceration healed and left the patient free from pain and in excellent health, but with a horrible chasm opening into the nares, which gave her a most repulsive appearance. Since then she has continued well in general health, and there has been no return of the disease.

June 14.—The patient being placed on the table, with her shoulders raised and her head thrown back, an outline of the proposed flap was first traced in ink upon her forehead. This flap was of the usual form and measurement, extending quite up to the roots of the hair, a portion, about half an inch, being prolonged from the upper part to form the septum. Chloroform was then administered, and having taken effect a piece of sponge was placed in the opening to the pharynx to prevent blood trickling down, and the operation commenced by Mr. Childs first freely paring the edges of the opening to the distance of three quarters of an inch all round, and dissecting a small piece

of skin off the upper lip in the mesian line. This being completed, the knife was carried around the ink lines on the forehead, and the flap so marked off dissected from above downwards; at the lower part, over the transverse suture, the incision was made of sufficient depth to include all the tissues down to the pericranium. On the left side it was carried through, and so made continuous with the pared edge of the opening. On the right side, however, it stopped about half an inch above the internal angular process, so that a pedicle of an inch in breadth was left for the circulation in the new nose.

There was considerable general bleeding, but no vessel requiring ligature was wounded. A few minutes having been allowed to elapse for the oozing to subside, the cut surfaces of the flap and the edges of the opening were then cleansed, and the flap itself brought down and twisted on the right side, in such a way that the edge, which in the forehead was on the left, when brought to the face was on the right side. The septum was first fixed in the mesian line by a fine hare-lip needle passed through it, and a portion of the upper lip on each side; the edges were then carefully adjusted. On the right side a curved needle with twisted suture were used, together with the interrupted suture; on the left only the latter. A piece of quill, encircled with oiled lint, was placed on each side the septum to support the flap.

The edges of the wound in the forehead were drawn towards each other by suture, and the whole covered with warm water dressing and oil silk.

Four hours after the operation the patient expressed herself as free from pain. She had slight nausea, but no vomiting. The new nose was paler and felt cooler than the surrounding structures.

To have four ounces of port wine, and beef tea.

15th.—She passed a good night; has slight smarting pain in forehead, but little in the nose, which is now of a natural colour, and has regained the temperature of the rest of the face.

She continued to progress without a bad symptom. The needles were removed on the fourth day, the sutures being allowed to remain a few days longer, the plugs being changed every day or two.

The flap united by the first intention, the wound in forehead granulated healthily, and contracting, soon became reduced to the size of a shilling.

The twisted pedicle at the root formed so good a bridge that no secondary operation was required, and the patient left the Hospital on the 14th July, with the wound of the forehead almost healed, and in possession of a very respectable nose.

## CENTRAL LONDON OPHTHALMIC HOSPITAL.

### CYST IN THE ANTERIOR CHAMBER OF THE EYE.

[Under the care of Mr. HAYNES WALTON.]

WE are fortunately enabled to supply the termination of this case, of which a report appeared in our impression for August 5, 1854. On the 9th of the same month the patient again applied to Mr. Walton, and expressed her desire to submit to the operation he had suggested a fortnight previously. She was literally brought to the Hospital, for now the left eye had become, as Mr. Walton foretold it would, sympathetically influenced; and not by intolerance of light to a slight degree, but with that exaggerated irritability of the retina, which prevented her from using the eye at all. Now, too, it was invaded by paroxysmal pain. The subjective symptoms of the other eye were also much aggravated.

On the 10th (Thursday,) the operating day of the week, Mr. Walton decided that he would endeavour to remove the cyst from the right eye. He said that this practice might be cited in evidence of the advance made in ophthalmic surgery; not, however, as a specialty; for the mere oculist who was not conversant with general pathology, with the practice of medicine or of surgery, had contributed nothing to science; but as a part of the general system of surgery; that he did not intend to take blood, and adopt other so-called anti-phlogistic remedies, in the hope of subduing the sympathetic disease, for that would be worse than useless, and valuable time would be lost. On the contrary, he should act on the broad rule, so well recognised in surgery, and which was, to endeavour to check all sympathetic or secondary affections, by removing the primary cause of evil. The cyst in the right eye must be regarded as a foreign body, which was the sole cause of the suffering in both eyes. That the sympathetic influence which one eye can exert over the other, notwithstanding what was said or written about it was but partially appreciated,



being regarded in too circumscribed a view, and hardly recognised beyond the range of inflammatory diseases. That sympathetic implication having its origin in cretaceous, osseous, or other changes in certain parts within the eye, or in the development of a tumour, as the present case, or in the introduction of substances from without, has not received sufficient attention, and, consequently, the treatment has not been generally appropriate.

Mr. Walton proceeded to make the upper section of the cornea, as if he were about to extract a cataract, passing the knife through the body of the cyst. Along with the aqueous humour, which was small in quantity, there escaped a transparent jelly-like substance, that was evidently the cyst contents. The flap of the cornea was now held down by an assistant, and the cyst seized with a pair of tenaculum forceps, and after a little trial drawn away without any difficulty. The iris separated, or rent, at the part where it was rendered thin by distension. No vitreous humour was lost. The crystalline lens was supposed to be absent. The cut surfaces of the cornea were adjusted, and the eyelids retained together by adhesive plaster.

Dr. Taylor, a colleague of Mr. Walton's, who subsequently made an examination of the cyst, reported that it sprang apparently from a small whitish cicatrix on the iris; the cicatrix itself being composed of delicate fibrous tissue.

The wound healed in about a week, sight being, of course, quite lost. Mr. Walton said, that such a result was inevitable, from the condition of the iris. There was no trace of pupil. Already had the woman received benefit, for she could use the left eye with scarcely any discomfort, and after the third day of the operation she had not felt pain in the right; only a sense of soreness was present. On the 18th she was discharged.

#### DELIRIUM TREMENS AFTER THE EXTRACTION OF A CATARACT.—RECOVERY.

[Under the care of Mr. HAYNES WALTON.]

A man, 65 years of age, with hard cataract in each eye, was brought up to the operating room for extraction to be performed on one of his eyes; but so great was his fright and agitation, that he could not be induced to keep quiet enough to allow his eye to be sufficiently open for the operation. He almost fainted when ascending the stairs, and required to be lifted by the porter. This was from sheer mental emotion, for he was neither feeble nor infirm. As there was no probability of his ever having self-command enough, Mr. Walton determined to give him chloroform. It was decided, however, not to do it on that day, for he had recently taken food, but on the following, when his stomach should be empty. This was carried into effect on Friday, and the operation was then easily and successfully performed. On the Saturday following, delirium set in, and continued with violence till the Monday, when it began to yield to remedies. On the Wednesday he had recovered. With the exception of a few hours, when the delirium first came on, the eyes were kept closed by plasters; a nurse was, however, constantly at his side, to prevent him from tearing them off. Eleven days after the operation, the eye was found, contrary to all expectation, to be proceeding well, the corneal section having united, there being no prolapse of the iris, and the pupil being quite circular. He did not at any time complain of pain. At the present date, three weeks from the time of operation, he sees as well as possible after the removal of the lens.

We have, in the above case, a good illustration of the usefulness of support of the eye after operations. The man suffered for three days immediately following an extraction from violent delirium, during which the head was tossed about in all imaginable positions, yet no accident to the eye occurred.

#### NOTICE.

September 6, 1854.

MR. CHURCHILL having removed his Publishing business to more extensive and commodious premises, the MEDICAL TIMES AND GAZETTE will from this date be published by him at No. 11, NEW BURLINGTON STREET, where it is requested that advertisements, communications, and books for review, may be directed.

THE STUDENT'S NUMBER of the "Medical Times and Gazette" will be published on Saturday next, the 16th inst. Registrars of Universities and Colleges, and Secretaries of Schools, are requested to forward Prospectuses and necessary information without delay.

## Medical Times & Gazette.

SATURDAY, SEPTEMBER 9.

#### THE NEW MEDICAL INDIA BOARD.

A great experiment is about to be tried, involving interests of the highest importance to the Profession of Medicine. Assistant Surgeonships in the East India Company's service are henceforth to be given to those who possess the best knowledge of their Profession, if a scheme can be devised by which the best men can be determined. We need not say that the experiment will succeed or fail according to the fitness of the members of the Board of Examiners for their post, and the confidence reposed in them by the Public and the Profession. The appointment of the Examiners rested in the hands of Sir Charles Wood, and most admirably has he performed his trust. He selected men so well qualified for the honourable and important duties that will devolve on them, that we believed their appointment would meet with unanimous approval. It seems that we had given a contemporary credit for an amount of public spirit which it does not possess. We did think that the good to be conferred on the Profession by the efficient working of the measure in question, would have led that Journal for once to act as if animated by zeal for the welfare of the Profession generally, instead of the interests of a Clique; but we were mistaken, and therefore it becomes necessary to recur to the subject. Sir Charles Wood, in making these appointments, had two courses open to him, viz., to make a selection from the old retired Indian Surgeons, or from the members of the Profession generally. We think he acted wisely in adopting the latter course, and for these reasons. Men of the age of retired Indian Surgeons, who have spent a large portion of their life in active service, are very unlikely to be qualified to test the knowledge of students just fresh from the schools. The knowledge possessed by the class of men in question must necessarily be in a great degree that which is ordinarily designated practical. They can have had little time to devote to the more recent advances in physiology and pathology; and even though it could be shown that there were among the older Indian practitioners some few men who were qualified in all respects for the appointments, still it would be wrong to limit the selection to one class of the Profession, unless that class could be shown to be alone fitted for the posts. Now, a practical examination in the diseases peculiar to the climate of India can only have for its object to test the candidate's practical knowledge of the diseases in question; the candidate having been educated in England, can have no such practical knowledge: hence, we maintain, that the Indian Surgeon's practical knowledge would be of comparatively little use to him in determining the knowledge of candidates.

The men best qualified to conduct the examination of young candidates for professional appointments, be they in the north, the south, the east, or the west, are, we maintain, those who are best qualified to determine the candidate's amount of knowledge of the general principles of his profession. Students in this country cannot study practically the few diseases peculiar to the East; and they are but few. What is to be learned of those diseases by sight and touch only, must be learned after he arrives in another land. Here he ought to learn the principles of his Profession, and, so far as may be, the practical application of those principles. At his examination he should be made to show that he is acquainted with the principles of auscultation, and can apply those principles at the bed-side,—that he is acquainted



with the principles of Surgery, and can practically apply those principles,—that he can describe the appearance presented by pathological specimens to the unaided eye, and when seen by the aid of the microscope; and not only so, but that he knows them when placed before him, or in the field of the object-glass.

To make the Examinerships of the India Medical Board posts to which retired Indian Surgeons might feel they had a claim, in virtue of their Indian service, would appear to us a certain mode of making the examinations altogether valueless. Let us not be misunderstood: we hold that the gentlemen mentioned by our Contemporary are worthy of the highest honours and the noblest rewards in the power of the Government to bestow; but we cannot think it necessary to sacrifice the public good for their advancement. That Sir Charles Wood acted wisely in selecting the Examiners for the India Medical Board from the Profession generally, and not from a section of it, is then beyond doubt.

Now, supposing it to be granted that the President of the Board of Control did act wisely in refusing to appoint Examiners on any other grounds than their fitness for their duties, do the men chosen for these important offices enjoy the confidence of the Profession? Are they men of the highest professional attainments? Could better men for the posts have been obtained? These questions will be best answered by a review of the position in the Profession occupied by the newly-appointed Examiners.

Dr. Parkes obtained an appointment in the Queen's army in India some years since. And how did he obtain it? By interest? No. The University of London had an Assistant-Surgeonship in the Service placed at its disposal by the Government. It was solely because of the general abilities displayed by Dr. Parkes at the examination for his degree of M.B. that the appointment was offered to him by the Senate of the University. He won his appointment by *concours*. He spent between three and four years in India; and during that time he collected materials for two of the best works on Cholera and Dysentery that have appeared for several years. Those works were published after he had obtained the degree of Doctor of Medicine on his return from the East. In the course of the following year, Dr. Parkes was appointed Assistant-Physician to University College Hospital; and as soon as the special Professorship of Clinical Medicine in University College and a Physicianship to the Hospital became vacant, Dr. Parkes was so highly esteemed by his colleagues that he was unanimously recommended by them to the Council of the College for the appointments. Dr. Parkes, after his return to this country, contributed to the *British and Foreign Review* the majority of the very able articles on tropical diseases that appeared from time to time in that Journal. For five years Dr. Parkes has been engaged in clinical teaching, and our readers are familiar with the many able Clinical Lectures by him that have appeared in this Journal. Of his Original Articles, in various Periodicals, on the Cholera of 1849, etc., we shall merely observe, that their merit is universally recognised. Dr. Parkes, then, seems to us pre-eminently qualified for the post to which he has been appointed. Acquainted with diseases of India practically and by extensive reading; his writings and the appointments he has held in this country prove that he is acquainted with Medicine as a science and an art in the most extended senses of those words, while his age entitles us to believe that he will display the energy and zeal necessary to secure the efficient working of the new Board.

Can it be necessary to speak of the high merits of Mr. Paget? We blush to think that a Medical Journal should have called them in question. After having exhibited the highest order of talent in numerous contributions to the science of Surgery, Mr. Paget was appointed, by the Council of the Royal College of

Surgeons, their Professor of Surgery. There were men at that time foolish enough to anticipate that his lectures would be a failure. Who can forget the brilliant courses which, year after year, astonished and delighted the distinguished audience that thronged the College theatre; an audience comprising, be it remembered, a large number of men who were themselves lecturers on the very subject on which he was discoursing. Those Lectures have been published, and fully justify the opinion formed of them at the time they were delivered. The publication of "Paget's Surgical Pathology" forms an era in the history of Surgical science in this country. Like Dr. Parkes, Mr. Paget is of that age which justifies the belief that he will be uncramped by prejudices and unrestrained by lethargy.

Mr. Busk's qualifications for the appointment he holds are as high as those of Dr. Parkes and Mr. Paget. He is Surgeon to the Dreadnought Hospital-ship moored in the Thames, into which are received large numbers of sailors returning home from distant parts with damaged health. He has been for many years President of the Microscopical Society; he is one of the Editors of the *Microscopical Journal*. He is now, in conjunction with Mr. Huxley, bringing out, for the Sydenham Society, an edition of Köliker's celebrated "Manual of Human Histology," with notes. His contributions to the science of our Profession are numerous; he has proved that his knowledge of anatomy, both human and comparative, and of zoology, is as extensive as it is profound.

With reference to Dr. Hooker, it suffices to say, that he passed two years in India so diligently, that his two volumes on the "Botany of the Himalayas," of the existence of which our Contemporary is probably ignorant, have won for their author a European reputation. He accompanied Sir J. C. Ross to the South Pole, and published a botanical account of the voyage. His writings prove him to be an accomplished botanist, and that he is well acquainted with the sciences of geology, palæontology, and zoology. He was appointed Botanist to the Geological Survey, and has lately had the very high and rare distinction conferred upon him of election as Member of the Academy of Berlin.

Our accurate Contemporary has "good authority" for stating, that it was on Dr. Scott's recommendation that Sir Charles Wood appointed Dr. Parkes, and Messrs. Paget, Busk, and Hooker, to be the New Board of Medical Examiners to the East India Company. Like most other things stated on "good authority" by that Journal, the statement is absolutely false. Dr. Scott had as little to do with the nomination of the gentlemen in question as the Editor of the *Lancet* himself. This much we may moreover state,—as Sir Charles Wood could not rely on his own judgment, he would naturally take counsel of some one in whose judgment he had confidence; and it is clear that the selection he has made shows that he has been well advised. We may add, that not one of these four gentlemen knew of their appointments until they had been made.

The appointments, we repeat, reflect the highest credit on Sir Charles Wood, and all others concerned in making them; and for the pains he took to secure good men to fill the posts, the President of the Board of Control has established a claim on the gratitude of all well-wishers of the Science of Medicine.

#### THE VACCINATION ACT AND THE UNIONS.

WE have frequently had occasion to regret that the working of the Vaccination Act should be left to the discretion of the Guardians of the Poor Law Unions. These persons are, for the most part, wholly unable, from their position in life and their previous education, to regulate the operations of the Act in question, either with justice to the community or with fairness to the Profession. The Legislature, in a niggardly spirit of



economy, unchecked by the presence of a sufficient number of medical representatives, has fixed the remuneration for Vaccination at the lowest minimum; but the Guardians have sought, in most instances, to find, if possible, a lower still. Under the latest of these provisions, an apparent boon has been offered to the Medical Profession, by fixing upon the sum of 2s. 6d. for each case of successful vaccination where the operation was necessarily performed at a greater distance than two miles from the residence of the surgeon, instead of 1s. 6d., which was the sum originally fixed in all cases. The Guardians have, however, in innumerable instances endeavoured to evade the fulfilment of this very reasonable provision of the Act of Parliament, and the consequence has been that the Profession has gained little or nothing by the change.

An instance in illustration of the manner in which the members of our Profession are cheated by the Poor Law Boards has lately occurred at Huddersfield.

The Guardians of that Union, in October 1853, intimated to Mr. Tatham, one of their district Medical Officers, their desire that he should appoint another station, besides his own residence, for the purpose of vaccinating persons at a distance from his own house. Mr. Tatham, having a district which extended four miles in a straight line, accordingly fixed upon a station, which he considered convenient for the purpose; and, as it was upwards of two miles from his residence, he very properly pointed out the provisions of the Vaccination Act recently passed, which entitled him to the extra fee fixed in such cases, and requested that a new contract to that effect should be drawn up by the Guardians. The allowance of the munificent sum of 2s. 6d. a case, however, appears to have startled the Huddersfield Board, and they therefore passed a Resolution in reply, that Mr. Tatham should be requested to fix upon a station *within two miles distance of his residence*; the object, of course, being to deprive him of his claim to the extra fee. Mr. Tatham thereupon pointed out to the Guardians the nature of the district, and the inconvenience which would result to the poor if he was compelled to remove the station from the point originally fixed upon. To these arguments, however, the Board of Guardians were entirely deaf, and we read, without any surprise, an extract from the *Huddersfield Chronicle*, which reports the meeting of the Board, and states, that "if Mr. Tatham was not willing to carry out the arrangements of the Board he might resign."

Mr. Tatham, nothing daunted by the ill-success of these attempts to obtain justice for himself and for his Profession, now writes to the Poor Law Board at Whitehall, and in a short time receives an answer, which is even more curt and evasive than official communications usually are, and which appears to blink the main question altogether, and to leave it to be settled between Mr. Tatham and the Board.

This little drama which has been enacted by Mr. Tatham, the Huddersfield Board of Guardians, and the Poor-Law Board, is, unhappily, a correct representation of the manner in which the members of our Profession are systematically treated by their tyrannical taskmasters. The Union Surgeon experiences manifest injustice, and complains; his complaint is unheeded, and he remonstrates; and then the Board tells him that if he is dissatisfied *he may resign!* He complains, in the last resort, to the Central Board at Whitehall, and he receives an evasive answer, couched in polite terms, leaving the matter precisely where it was.

We are really disgusted with the numerous instances of Poor-Law tyranny to the Profession which fall under our notice, and we shall be most happy to expose these iniquitous proceedings, whenever they occur, in the hope that the publicity afforded may perchance induce Guardians to act with more justice and more honesty than in many cases they seem inclined to display.

## A QUESTION OF IDENTITY.

A poor man north of the Tweed has a child deaf and dumb. He learns by advertisement that in London there lives a doctor who cures deafness. He had tried the powers of the Surgeons residing near him: they gave him no hope of his child's recovery; the case was beyond the reach of the healing art. The anxious father thinks, it may be, that the London doctor knows more than the country Surgeons. At any rate, there will be no harm in asking him whether he can do anything for his child. He wrote; and here is the answer he received:—

### "INSTITUTION FOR THE CURE OF DEAFNESS AND NERVOUS COMPLAINTS.

9, SUFFOLK PLACE, PALL MALL, LONDON.

*Hours of Consultation, 12 till 4 daily.*

FRANCIS HOGHTON, M.D.

Consulting Surgeon to the above Institution,  
Member of the Royal College of Surgeons, May 2, 1845; and  
Licentiate of the Apothecaries' Company, April 30, 1846.

"July 31, 1854.

"I have given your answer due consideration.

"It is my candid opinion that your case will speedily yield to the curative principle lately discovered and practised only by myself. It is one that I am daily—I may say hourly—in the habit of curing, and in such not one instance has occurred of failure.

"The majority being much more extreme sufferers than the one described.

"The treatment is easy, and can be applied by the most nervous or timid person without assistance, and the benefit is great, as it enables persons extremely deaf to hear the usual toned conversation at a great distance. My charge for forwarding the means of cure in the case described will be 10s. On receipt of that sum, by money-order or postage-stamps, the same will be sent free of further charge, and the name remain on the patients' book until a cure is effected.

"I am, yours, &c.

"FRANCIS HOGHTON.

"P.S.—If the means are applied as I will direct, a perfect cure will be effected, and all noises in head instantly removed.

"Every applicant must enclose a directed envelope, with the name and address distinctly written on it, to send the doctor's answer in, and each envelope must have a stamp affixed on it."

When this letter was forwarded to us, we applied to the Secretary of the College of Surgeons, and to the Clerk to the Society of Apothecaries, and from them received the following information:—A person named Francis Robert Houghton, of Lewisham, was admitted a member of the College of Surgeons, on the 2nd of May, 1845, and received the certificate of the Court of Examiners of the Society of Apothecaries, April 30, 1846.

In the "Medical Directory" we find only one person of the name of Houghton, and he is described thus—

"Houghton, Francis Robert, 42, Somerset-street, Portman-square, Lond.—M.R.C.S.E. 1845; L.S.A. 1846."

We cannot for an instant suppose that the Dr. Francis Houghton, of 9, Suffolk-place, Pall-mall, the author of the ignorant epistle we have printed above, the man who cures deaf and dumb people every hour in the day, and Mr. Francis Robert Houghton, Member of the Royal College of Surgeons and Licentiate of the Apothecaries' Company, of 42, Somerset-street, Portman-square, are one and the same person; and yet, from the authorities of the College and Hall, we learn there is only one person of the name of Houghton belonging to those institutions, and he joined them, as Dr. Houghton professes to have done, in 1845 and 1846. We have, then, a case before us of the most disgraceful imposition—a quack professing to be what he is not, viz., M.R.C.S.E. and L.S.A.—or a legally qualified Practitioner has placed himself on a level with the lowest order of those who extract money from the ignorant by playing on their credulity. It will afford us the highest pleasure to be able to give Mr. F. R. Houghton's repudiation of all identity with Dr. F. Houghton a place in the most prominent part of our Journal.



## THE GENERAL BOARD OF HEALTH.

THE following is the list of the members of the Medical Council appointed by the President of the General Board of Health:—

1. John Ayrton Paris, M.D., F.R.S., President of the Royal College of Physicians.
2. Sir B. Collins Brodie, Bart., F.R.S., Sergeant Surgeon to the Queen, Consulting Surgeon to St. George's Hospital.
3. Sir James Clark, Bart., M.D., F.R.S., Physician in Ordinary to the Queen and to His Royal Highness Prince Albert.
4. James Alderson, M.D., F.R.S., Fellow and Treasurer of the Royal College of Physicians, Physician to St. Mary's Hospital.
5. Benjamin Guy Babington, M.D., F.R.S., Fellow of the Royal College of Physicians, late Physician to Guy's Hospital.
6. Alexander Tweedie, M.D., F.R.S., Fellow of the Royal College of Physicians, Physician to the Fever Hospital, Examiner in Medicine in the University of London.
7. William Baly, M.D., F.R.S., Assistant Physician to St. Bartholomew's Hospital, Physician to the Milbank Penitentiary.
8. William Lawrence, F.R.S., Vice-President of the Royal College of Surgeons, Surgeon to St. Bartholomew's Hospital, Surgeon Extraordinary to the Queen.
9. John Simon, F.R.S., Surgeon to St. Thomas's Hospital, Officer of Health in the City of London.
10. Richard Owen, F.R.S., Professor of Zoology in the Royal College of Surgeons.
11. Nathaniel B. Ward, Master of the Society of Apothecaries.
12. John Bacot, Inspector of Anatomy, Member of the Senate of the University of London.
13. William Farr, M.D., Registrar-General's Office.

These gentlemen, with the exception of Sir B. Brodie (who, being out of town, had not sent in his answer) and Mr. Green, (who has stated his inability to attend, in consequence of his other avocations,) met yesterday at the office of the General Board of Health.

The appointment of this Council is a very judicious proceeding on the part of Sir Benjamin Hall. Considering his avowed belief in mesmerism and homœopathy, however, it is surprising that these gentlemen have been preferred to Dr. Elliotson and Mademoiselle Julie, or to Messrs. Epps and Laurie.

## REVIEWS.

*Clinical Handbook of Auscultation and Percussion; an Exposition, from First Principles, of the Method of Investigating Diseases of the Respiratory and Circulatory Organs. From the German of Weber. By JOHN COCKLE, A.M., M.D., F.R.C.S. 8vo. Pp. 157. London. 1854.*

IN his Preface, Dr. Weber remarks:—"At present two schools may be distinguished, the old or French school, and the new or German school. The first observes the signs, reckons the diseases in which they occur, and obtains by means of this calculation a 'pathognomonic' sign; the latter school investigates the observed phenomena by means of the application of physical laws, and by observing their necessary dependence upon definite anatomical conditions (extent of space, density of surrounding parts, etc.) and does not connect any one sign with a definite species of disease. The former may be termed the empirical, the latter the rational school."—P. 3.

Weber's work belongs essentially to the German school. It is full of the faults of that school,—viz., *à priori* deductions and over-refined distinctions.

In the chapter on percussion, Dr. Weber distinguishes the following varieties of sound:—Full, empty, dull, clear, tympanic, amphoric, Bruit de Pôt Féfé.

"*Full or Empty Sound.*—To become acquainted with scales, percussion should be performed upon a stomach containing air, and a portion of small intestine similarly circumstanced; the former yield a full, the latter, a comparatively empty sound.

"By percussion over the upper and anterior portion of the thorax in healthy individuals, a full sound is obtained; over the region of the heart, an entirely empty one."—P. 13.

"*Clear, or Dull (dead) Sound.*—Character.—If a portion of intestine containing air be plunged into water, the percussion sound will be clear upon the portions not immersed; but if the plessimeter be placed on the water, corresponding to the submerged portion, percussion yields a duller sound, in proportion to the depth of the intestine from the surface.

"The anterior part of the chest, in a healthy condition of the lungs, yields a clear sound, the region of the scapula a dull one.

"The sound is, notwithstanding, full in both places, while in the preceding section an example was adduced, of a clear yet empty sound. Over the region of the heart the sound is altogether dull, and at the same time altogether empty."—P. 15.

These extracts illustrate our meaning, when we say that Dr. Weber's work is over-refined; the distinction between a dull full and a dull empty sound, must require for its appreciation an ear much finer than nine-tenths of English Physicians possess.

To those, however, who desire to be acquainted with the most recent German opinions on auscultation, Dr. Weber's work will be found invaluable.

*On Some Diseases of Women Admitting of Surgical Treatment.* By I. B. BROWN, F.R.C.S., Surgeon-Accoucheur to St. Mary's Hospital, etc. 8vo. Pp. 288. London. 1854.

THE subjects treated in this work are divided by the author into two sections:—

I. Diseases or accidents which result directly or indirectly from parturition.

II. Diseases or accidents of the female organs occurring independently of pregnancy.

1. Under the first section are classed operations for—

- (1) Rupture of the peritonæum.
- (2) Prolapsus vagina.
- (3) Prolapsus and procidentia uteri.
- (4) Vesico-vaginal fistula.
- (5) Recto-vaginal fistula.
- (6) Lacerated vagina.

2. Under the second section are classed operations for—

- (1) Polypus uteri.
- (2) Stone in the female bladder.
- (3) Vascular tumour of the meatus urinarius.
- (4) Imperforate hymen.
- (5) Encysted tumours of the labia.
- (6) Diseases of the rectum resulting from certain conditions of the uterus.
- (7) Ovarian tumours."—P. 1.

The improvements Mr. Brown has introduced in the treatment of ruptured perinæum, and of vaginal cystocele and rectocele, have secured for him an honourable position in every future history of English Surgery. He has also done good service by protesting against the employment of pessaries in the treatment of prolapsed uterus, the prevalent custom of leaving a polypus to putrify in the vagina after it has been tied, by describing certain affections of the rectum dependent on uterine displacement, and by his contributions to the surgical treatment of ovarian tumours. Having witnessed many of the operations described in this work, both in the private and Hospital practice of Mr. Brown, we can bear willing testimony to the thorough truthfulness of his reports; and can state, that in none of the patients we have seen have the beneficial results of the operations practised been in any way exaggerated.

As such very full reports of the peculiar modes of treatment adopted by Mr. Brown have appeared in this Journal, we need not enter into any analysis of his book; but can recommend it most strongly to all those who are called upon to treat the diseases peculiar to women, as a work in which they will find a great deal of really valuable practical information. In the event of a future edition, however, we must remark, that the coloured engravings might be improved. The 2nd, 3rd, and 4th, are very bad.

*Moffat, its Walks and Wells; with Incidental Notices of its Botany and Geology.* By WILLIAM KEDDIE. And Report on, and Chemical Analysis of, its Mineral Wells. By JOHN MACADAM, F.R.S.S.A. Pp. 163. Glasgow, Edinburgh, and London, 1854.

THIS is a very well written little book upon a village which is much visited for its picturesque beauties and the salubrity of its situation. The first part contains an excellent description of the village and its neighbourhood, and is interspersed with references to its geological features and botanical productions. The second part contains an elaborate Treatise upon Mineral Waters generally, and those of Moffat in particular. The common water is described as being particularly pure, but sulphurous and chalybeate springs are found in certain localities.

The present description of Moffat will prove very interesting to our northern friends and others who resort there for health or pleasure, and will not be found destitute of attraction for the general reader.



*Harrogate and its Resources; Chemical Analysis of its Medicinal Waters.* Report Addressed to the Chairman of the Harrogate Water Committee. By A. W. HOFMANN, F.R.S. Pp. 54. 1854.

THOSE who are anxious to connect the medicinal properties of the Harrogate waters with their chemical constitution, will derive profit and pleasure from the perusal of Dr. Hofmann's Report; while the student of chemistry will receive a great amount of useful instruction from the accurate methods of analysis employed and described.

*Asiatic Cholera: its Cause and Cure Discovered and Demonstrated.* By THOMAS HARVEY, Esq. Second Edition. Pp. 44. London: 1854.

WE expressed our opinions upon this pamphlet when the first edition appeared, and we have found no reason to alter the views then expressed.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### RADICAL CURE OF HERNIA BY IODINE INJECTIONS.

M. JOBERT has presented to the Academy an account of three cases of inguinal hernia which were radically cured by injection of the tincture of iodine into the hernial sac.

The first case was that of a young man, aged 18, who was affected with a complete inguinal hernia of the left side. It did not, however, descend to the bottom of the scrotum, and below was separated from the testicle by an elongated constriction. The bowel was readily reducible by the taxis, but immediately the patient coughed or stood on his feet it was again extruded. The patient stated, that his disorder in no way interfered with his ordinary occupations, but he was extremely desirous to be completely cured of it, as he was judged unfit for military service in consequence of its existence.

In compliance with the patient's wishes, M. Jobert determined to accomplish, if possible, a radical cure by injecting the tincture of iodine. On the 12th of May, therefore, having made an incision over the inguinal canal, he introduced a fine trocar, and injected through it 5 drachms of pure tincture of iodine. The patient suffered some little pain in consequence of the proceeding, and, upon its completion, the wound was united by the twisted suture, and dressed with simple ointment. In the evening, there was slight swelling in the inguinal region, but no constitutional disturbance.

On the 14th the swelling and redness were considerable, and, on removing the sutures, the wound was found imperfectly united. After some days, however, the redness and swelling disappeared, and cicatrization was accomplished. On the 5th June the patient left his bed, walked about, and coughed without causing the least unnatural impulse of the abdominal viscera, or the slightest re-appearance of an external tumour. The left testicle (that on the affected side) remained of the same size as the right. He was directed to wear a suspensory bandage for some time, as a precautionary measure.

In the second case the patient, aged 33, was admitted into Hôtel-Dieu on the 18th of November, 1853, with a hydrocele and a congenital inguinal hernia of the same side, and the two swellings being separated from each other by a kind of hour-glass contraction of the tunica vaginalis, the upper part of the sac being occupied with intestine, and the lower with serous fluid and the testicle. M. Jobert resolved, if possible, to obliterate the tunica vaginalis, and so to cure at the same time both the hernia and the hydrocele. With this view, having first interrupted the communication between the tunica vaginalis and the peritoneum by means of pressure applied to the inguinal canal, he passed a trocar into the lower portion of the constricted sac, and, after having let out the contents of the hydrocele, injected a small quantity of the pure tincture of iodine. On the following day the scrotum was red and slightly tender, and the affected tunica vaginalis distended with effusion of serum. The patient, however, manifested no constitutional disturbance, and complained of no pain. Day by day the swelling and redness diminished, and within seventeen days after the operation the scrotum had regained its ordinary dimensions; but, on the affected side, both it and the spermatic cord were firmer than natu-

ral. A cylindrical cord existed through the whole of the inguinal canal, and extended along the course of the spermatic vessels to the testicle. A complete cure was obtained, and the patient left the Hospital, able to walk without fatigue, and exhibiting no re-appearance of the hernia, in whatever position he occupied. No serious local inflammation, nor any constitutional disorder resulted from the injection.

The third case was that of a congenital hernia of the left side, quite reducible, and equal in size to a large pear. The patient was twenty-seven years of age, and had been ruptured eight years. He had worn various bandages, in order to counteract his infirmity, only one of which had at all answered the purpose. As the patient ardently desired to be cured of his disorder, M. Jobert, in the presence of his colleagues, punctured the hernial sac, and injected into it a small quantity of the pure tincture of iodine. The patient was then placed on his back, with his legs flexed slightly on the thighs, in which position they were maintained by a bolster. Almost immediately after the injection the hernial sac began to swell, and in fifteen hours the sac had become as large as if filled with intestine, and communicated a fluctuating half-solid character to the finger. The parts remained in this condition for eight days, after which the swelling rapidly diminished. Twenty-eight days after the operation the track of the spermatic cord was occupied by a cylindrical substance so compact and hard, that the patient was able to rise from his bed, to walk about, and to sit down, without the smallest appearance of an intestinal protrusion exhibiting itself.

The cure remained complete four months after the operation, the testicle had not atrophied, and the inguinal canal was occupied by a firm, solid cord, into which the vaginal process had become converted by its obliteration.

M. Jobert does not allow the tincture to remain permanently in the sac, but withdraws it by means of the syringe. In all cases of congenital hernia, or whenever the sac is distended with fluid, or is thickened and condensed, and has become adherent to the surrounding structures, M. Jobert penetrates it at once with a trocar, without first dividing the skin with a scalpel; but whenever the sac is thin, moveable, and easily displaced by pressure, he prefers to divide the skin with a scalpel, and expose the sac before puncturing it.

The superiority which the method by injection offers to all other proceedings which have been devised for the radical cure of hernia, depends, says M. Jobert, on its harmlessness and simplicity; and M. Velpeau deserves the credit of having, in his "*Annales de Chirurgie*," published ten years ago, first noticed the advantages of iodine injections for effecting the radical cure of herniæ.—*Gazette des Hôpitaux*.

#### ON THE CEREBRAL RADICLES OF THE OPTIC NERVE.

M. Gratiolet has discovered, that the fibres of the optic nerve begin at the corpora geniculata externa to radiate from the external borders of the optic tracts. In the grey substance of the corpora geniculata, these fibres appear to be considerably multiplied; at all events, they are expanded, and their bundles diverge and radiate in a fan-like manner, dispersing themselves externally to the posterior horns of the lateral ventricles, and finally uniting to the cortical layers of the hemisphere in the whole length of their superior borders, from the upper extremity of the occipital lobes to the summit of the parietal.

Thus far, the fibrous radiation is plainly perceptible; but at this spot, towards the anterior division of the expanded fibres, small intervals are observable between them, occupied by fibres which originate exterior to the roots of the optic nerves, and pass between them, in order to arrive at the corpus callosum, and opposite side of the brain.

At first these fibres are very fine and very scarce, considerably inferior in number to the expanding radicles of the optic nerves, so that the latter can be followed with the greatest exactitude; but as the investigation is continued, the root-fibres of the corpus callosum augment in numbers and in thickness, so that it is necessary to use continually increasing precautions in order to follow between their intervals the slender and infinitely delicate fibres of the optic nerves; indeed, towards the anterior parts of the brain, the research becomes by degrees absolutely impossible. It may, nevertheless, be presumed that the whole extent of the external borders of the laminae that surround the optic thalami springs from cerebral fibres; that these fibres pass between those of the corpus callosum, and terminate successively in the whole length of the superior border of each hemisphere. This wide expansion can, however, only be clearly demonstrated towards those parts of this border which are posterior



to the corpus callosum, so that in animals in which the posterior cerebral lobes are scarcely at all developed, the course of these fibres is extremely difficult of detection. They are present, nevertheless, although much reduced in size, and may be discovered in dogs, sheep, and cats, by a very careful dissection. "This," observes M. Gratiolet, "is the first well-ascertained example of a nerve terminating not only in the centrum ovale, but in a determinate region of the cortical substance of the hemispheres.—*Gazette Medicale*.

#### SUCCESSFUL REMOVAL OF A LARGE FIBROUS TUMOUR FROM THE NECK.

M. Maisonneuve has, by the employment of the method which he calls "*morcellement*," division into pieces, accomplished the removal of an enormous tumour from the neck of a woman, aged 35, who had in vain solicited other Surgeons to operate for her relief.

The tumour had been growing for more than two years, and latterly had become so large as to render respiration difficult. It occupied the whole left side of the neck, extending vertically from the mastoid process to below the clavicle, and transversely from the spinous processes of the vertebræ to behind the larynx and trachea, which were strongly pushed to the right side. Its surface was slightly nodulated, and it had the firm, resistant character of fibrous tissue. It was not movable on the deep-seated textures, but the skin glided easily over its surface. The patient suffered no pain, even when the tumour was pressed upon, neither was there any pain or numbness in the left arm.

M. Maisonneuve concluded that it was a fibrous tumour attached to the transverse processes of the vertebræ, and determined to attempt its removal. This he accomplished after a long and laborious dissection, in the course of which the carotid artery, internal jugular vein, and pneumogastric nerve were exposed, as well the cervical and brachial plexuses of nerves. It was found necessary to divide the tumour first into two equal portions, and then to halve the upper portion. By this means the removal of the mass was greatly facilitated, and the numerous vessels and nerves which passed through the tumour were preserved from injury. Portions of the scaleni and of other muscles which had become entangled in the substance of the tumour, were, however, unavoidably removed.

The operation was attended with but slight loss of blood, and was completed in three-quarters of an hour, during the whole of which the patient was kept under the influence of chloroform.

The wound left by the operation was enormous. At the bottom of it the last six cervical vertebræ, the first rib, the cervical and brachial plexuses, the carotid and subclavian arteries, the internal jugular vein, pneumogastric nerve, trachea and œsophagus, larynx and pharynx, were exposed to view. However, by the skilful application of dressings, and the judicious employment of pressure, in three days four-fifths of this extensive wound had closed in, and that which remained open was covered with healthy granulations. The patient was quite well by the end of a month. All the deranged structures had recovered their natural position, nor had she received the least apparent injury from the operation.

The tumour was of a purely fibrous nature, and weighed nearly eight pounds.—*L'Union Médicale*.

### GENERAL CORRESPONDENCE.

#### TREATMENT OF CHOLERA BY CASTOR OIL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall feel obliged if you will permit me to make your Journal the means of publishing the results of our recent experience, at King's College Hospital, in the treatment of cholera by castor oil. I have no desire to rush hastily into print, or to deal in therapeutical novelties; my own inclination would lead me to collect facts now, and to defer the publication of results to a time of more leisure, and less anxiety; but I cannot reconcile myself to the adoption of this cautious mode of procedure, when I consider that cholera is daily sweeping off hundreds of victims, and, therefore, that any method of treatment which promises a more than ordinary amount of success ought as speedily as possible to be made known.

All the cases of cholera which have come under my care in the Hospital have been treated by castor oil, administered in a mode which I shall presently explain. We have called no case "cholera"

which has not presented well marked symptoms of collapse. Fifteen of these cases, most of them in the very extremity of collapse, (a) have been under treatment, and the result has been 12 recoveries and 3 deaths. One of the fatal cases was a child, six years of age, who died half an-hour after admission, in consequence, as I believe, of a large dose of brandy which had been previously administered by his mother. In a second fatal case, the oil had been given for some hours, and the patient was rallying, when the oil was discontinued in consequence of the intestinal discharges appearing to be tinged with blood. I was absent when this case occurred, and although I impute no blame, yet I think that with the discontinuance of the oil the patient's chance of recovery was taken away. In the third fatal case, a night nurse disregarded her instructions, and we have good reason for the belief that during several hours the patient had very little, if any, of the medicine. Admitting, however, that the fatal result in these three cases was inevitable, the proportion of recoveries yet remains four-fifths of the whole. The number of cases is small, but my hopes from this plan of treatment do not rest merely upon my own individual experience. I have carefully studied the results of the various modes of treating cholera which have been advocated and practised by different members of our Profession, and I have arrived at the conclusion, that those methods of treatment which have been attended with the largest amount of success have been essentially eliminative in their tendency. I allude especially to the saline treatment of Dr. Stevens, the treatment by small and repeated doses of calomel as practised by Dr. Ayre, and the emetic plan of treatment. While, on the other hand, the largest amount of mortality has occurred in the practice of those who have given freely either opium or alcoholic stimulants,—a practice long since characterised by Dr. Stevens as that of adding one poison to another. For what reasonable explanation can we suggest for the phenomena of cholera except this,—that some mysterious poison enters the blood, which, while it exerts a powerful depressing and narcotic influence on the entire nervous system, in most cases excites a copious secretion into the stomach and intestines, whereby the poison is separated from the blood and thus ejected from the body? And if this be the rational pathology of cholera, what treatment is so likely to be injurious as that which attempts, by narcotics and astringents, to arrest the discharges? What procedure so full of promise as that which has for its object to favour and assist the elimination of the poison?

I have not time, even if you could afford me the space, to detail the numerous facts and arguments which favour that view of the pathology and the treatment of cholera which I advocate. I may, however, remark in passing, that there is no relation between the degree of collapse and the amount of fluid which is lost by purging; that in many cases there is rather an inverse ratio between the collapse and the diarrhœa, and that the former often decreases and disappears while the latter continues with unabated rapidity.

Assuming, therefore, that it is desirable to encourage rather than to suppress the diarrhœa, the agent best adapted to accomplish this result appears to be castor oil—the mildest, least irritating, and yet withal the quickest purgative which we possess. Our plan has been to give the oil in doses of half an ounce every half hour, and to continue these doses until the bowels are very freely acted on, when we give it at longer intervals, and discontinue it altogether as soon as reaction is fairly established. It is usually given in cold water. A patient with a cold tongue has not a very delicate sense of taste, and we have had no difficulty in administering the medicine. It sometimes excites vomiting, and we have had such decided evidence that the effort of vomiting is beneficial, that we are rather gratified than otherwise with this result. In every case we give cold water *ad libitum*. We put mustard poultices over the stomach, to relieve the pain which is usually complained of in that situation; we apply dry heat to the cold extremities, and friction to the cramped muscles; we most carefully avoid opium and brandy until the period of collapse is safely passed; and we have not as yet had one case of secondary fever. It may be well to observe, that the success of the plan depends upon a steady, persevering, watchful attention to every case, at every period of its progress. Let no one imagine that he has done all that is required, when he has ordered a nurse to give half an ounce of castor oil at certain intervals. He must be quite sure that his directions are fully carried out.

I must not omit to mention that one or two of our patients have been rescued from an almost fatal lethargy by an emetic of mustard and salt; and that in one case the addition of two

(a) Four of these cases are still in the Hospital, but quite convalescent.



drachms of oil of turpentine to one dose of castor oil appeared to act as a wholesome stimulant during the stage of icy coldness. As to the quantity of castor oil which may be given with impunity, I may state that more than one patient has had as much as a pint in the course of forty-eight hours, and that in several cases in which, with extreme collapse, there has been a torpid condition of the bowels, we have given the oil in doses of a full ounce.

And now a few words as to the treatment of epidemic diarrhoea, characterised by vomiting, purging, and cramp. There appears little reason to doubt that the unaided efforts of nature will suffice for the cure of by far the greater number of these cases, and that it is a matter of comparative indifference whether the patient is dosed with sulphuric acid or with carbonate of soda, except that the sulphuric acid in large doses must irritate the mucous membrane, and thus act as an aperient. I am persuaded, however, that the plan of attempting to check these excretory efforts by opium and astringents is as hazardous as it is unreasonable; and I trust that the time is not far distant when the Profession will be unanimous as to this important point of practice. We have recently, at the Hospital, cured hundreds of these cases by one or two doses of castor oil. Several of our nurses, and one pupil in attendance on the cholera patients, have been seized with severe premonitory symptoms of cholera. They have all been quickly cured by castor oil, and not one has passed into the stage of collapse. On the other hand I have known, in the year 1849, an attack of vomiting and purging quickly converted into one of fatal collapse by one or two small doses of opium; and some of the worst cases of cholera that we have recently had under our care have been those in which, previous to their admission, medicines had been given for the purpose of checking the diarrhoea.

At some future time I shall probably publish a full account of all my cases; in the mean time, I trust that the brief and necessarily hurried remarks which I have now made may be of service to those who are willing to adopt a mode of treatment which appears to promise results so favourable.

I am, &c. GEORGE JOHNSON.

3, Woburn Square, Sept. 6.

#### PURGATIVES AND CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—At page 39 of the pamphlet published by me on the "Result of an Inquiry into the Existence of a Premonitory Diarrhoea in Cholera," is a case reported of a child, in perfect health, to whom a dose of rhubarb was given, which acted smartly on her bowels four times; the fifth time was followed by vomiting, cramps, and collapse, by an attack of malignant cholera, which carried off the child in a few hours.

As the correctness of my conclusions in that case was questioned by gentlemen who have a right to have an opinion on pathological points generally, but who have not specially attended to the pathology of cholera, permit me, in the interest of Medical science, to put before them, through your paper, the four following cases where purgatives were administered to patients labouring under other diseases, but whose bowels were confined, and the administration of a purgative was followed, in each, by an attack of true malignant cholera.

A few days ago I visited St. George's Hospital, where the Medical gentlemen are second to none in their knowledge of their Profession, or in their zeal and tact at the bed-side. There I was shown three cases of cholera following immediately after the administration and action of a purgative.

The first was a man with icterus, whose bowels had not been relieved for four days. He had had a dose of salts and senna, and six hours after the bowels began to act he was seized with cramps, vomiting, and with all the symptoms of malignant cholera.

The second is a man with incipient phthisis. His bowels had not been acted on for four days. He had half an ounce of castor-oil, which acted copiously four or five times, and after the last evacuation he was seized with all the symptoms of malignant cholera.

A third case, who had also an incipient disease of the chest, took the same dose of castor-oil with the same result, but he had left the Hospital before my arrival.

A fourth case, a woman, in perfect health, and her husband had supped on a lobster which was not quite fresh. They both were sick at the stomach during the night. The husband went to his work in the morning, and returned in the evening quite well. His wife said she did not feel quite comfortable, and that

she felt she wanted a dose of medicine, and went for a pill and black draught. The pill she took at bed time, slept all night apparently quite comfortably; in the morning she took the draught; after it had acted four or five times she suddenly fainted, was then seized with cramps, vomiting, etc., with all the symptoms of malignant cholera, and was then brought into Hospital, where I saw her.

These five cases, and I could name many more—some have occurred in my own practice—where patients have taken a purgative contrary to my advice, and in many cases with fatal results,—these five cases, I repeat, show the necessity there is at the moment when cholera is about, for caution in the administration of purgative medicines; and, if we are obliged to prescribe a dose, we ought not to lose sight of the necessity of giving the purgative by fractional doses, and at long intervals, so that we do not administer at once the full dose required, under ordinary circumstances, to relieve the bowels; and we ought not to lose sight, also, of the necessity of arresting, by an opiate, the action of the bowels after the second or third full free evacuation, and insisting on the patient's return to his bed, and remaining there, with dry heat to his abdomen, four or five hours. I need not add, that, if the patient is labouring under any other disease, and is already weak, that he should not be allowed to go to the night-chair, but ought to use the bed-pan, in a reclining position.

In conclusion, I beg to say, that these five cases show the danger there is, while cholera is about, of administering purgative medicines.

These five cases show that a purgative which acts freely at this moment does bring on an attack of malignant cholera, even in a person in perfect health.

These five cases show, that cholera, in them, was the consequence of an overaction on the bowels.

These five cases show, that, as a purgative medicine which acts freely on the bowels at this time, does induce an attack of malignant cholera, and death; that, consequently, as cholera can be induced by a purgative medicine, it ought not to be considered a contagious disease.

I am, &c.

D. MACLOUGHLIN, M.D.,

Member of the Legion of Honour.

London, 34, Bruton Street, Berkeley Square,

August 28, 1854.

#### AN ELEGANT AND PERMANENT DISINFECTANT.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is somewhat strange that the Profession have so entirely overlooked, as they appear to have, a most valuable and elegant disinfectant for sulphuretted hydrogen, in all its phases and localities, when permeating the atmosphere. Whatever be the true agent in the production of cholera, few of us doubt that sulphuretted hydrogen has a predisposing, or, at any rate, a deleterious influence in reference to this disease,—more especially when, as at this season, the putrefactive processes are so intense and active. It is with much pleasure, therefore, I beg to draw the attention of the Profession to the "chlorine mixture" as a most valuable disinfectant. This mixture was first highly recommended to the Profession, I believe by Messrs. Taynton and Williams, of Bromley, as a remedy for malignant scarlatina, but, as far as I know, has not been thought of as a means of obtaining a gaseous disinfectant.

The formulæ is two ounces of strong hydrochloric acid, two ounces of water, and two drachms of chlorate of potass. Half the quantity will suffice in some cases.

Once prepared, this mixture gradually evolves chlorine for weeks, and even months; and I have long used it as a disinfectant wherever I detected any traces of sulphuretted hydrogen. For the first week or two, a considerable portion of gas is given off, but this can be regulated at will by means of a stopper or cork to the bottle containing the mixture. At the present time, I have several bottles of the mixture in out-houses, and one preparation of the same seven years old, which is somewhat effectual even now. If there be any truth in the suggestion contained in the extract from Mr. Herapath's report, as given in your last, that "the cause of cholera is a putrid animal poison," the sooner we get chlorine into more general use the better. The oxide of manganese and common salt mode of procuring the gas, though useful in some cases, is, in my experience, not nearly so valuable as that by means of the "chlorine mixture," which I consider perfect in all cases in which a gaseous disinfectant of some permanence is available.

I am, &c.

Birmingham, Sept. 5, 1854.

WILLIAM HINDS, M.D.



## "PIPER METHYSTICUM."

[To the Editor of the Medical Times and Gazette.]

SIR,—During the present almost universal raging of diarrhoea, it may be useful to draw attention to the fact, that the "tincture of piper methysticum" forms a most valuable anti-diarrhoeal remedy. When among the Feejee islands in the South Pacific, I found the natives who used this shrub for the purpose of intoxication, generally suffered after their debauch from severe constipation—this led to using it in dysentery soon afterwards with complete success, and more recently in the anæsthetic diarrhoea premonitory of Asiatic cholera. In the treatment of typhus in this neighbourhood I have frequently arrested the troublesome looseness of the bowels, by exhibiting a wineglassful every four hours of the following formula:—

Piper methysticum two ounces of the stem; proof spirit four ounces; boiling water a pint.

The chiefs who take large quantities of the expressed juice of this herb, seldom suffer from the severe forms of muscular rheumatism which are so common among the poorer inhabitants; nor does it seem to act in any way injuriously on the system. For old Tanoa, the king of Feejee, was a great ava drinker, and he was 100 years of age when we visited these regions. I am convinced, that a genuine preparation of this drug will not only prove useful as an anti-diarrhoeal remedy, but, that its introduction into the Pharmaceutical circle would be highly useful in many other complaints. I can speak from experience, having used it in gout, rheumatism, and dyspepsia, with the happiest results; and as before stated in typhus, at its particular stages, with marked benefit. The piper methysticum should be pulled up by the root, and the young plants collected. In Mr. Wilkes' "Exploring Expedition," an account is given of the way the young girls chew it, or brew it for the chief's feast.

I am, &amp;c.

EDWARD WM. PRITCHARD, M.D., M.R.C.S.  
Late Royal Navy.

Hunmanby, Scarborough, Sept. 4, 1854.

## THE MERIT TEST.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your article on the new regulations of the East India Company's Medical Department, you have scarcely done justice to the pecuniary advantages of that fine service. The regular pay is very much increased by large allowances, and the retiring pension is greatly augmented by the income derived from the Retiring Fund, to which every officer is expected to subscribe. These funds not only give an enormous interest for the money paid into them; but secure, in case of the death of the officer, an ample provision for the widow and orphans.

The pecuniary advantages of the service are indeed so great, that not only can a Medical officer live comfortably and like a gentleman from the very moment he lands in India, but, with ordinary prudence, he can save enough to insure him at the end of seventeen or twenty years as much as, or more than, he receives from the Government or the fund. In fact, many Company's Medical officers retire with a comfortable income at an age when the hardworking English Practitioner is only just beginning to put by a scanty provision for his old age.

The great experiment now about to be tried of opening this noble service to competition is one fraught with interest, not only to the service and to the Profession, but to the public at large. If it succeed, and succeed it will, it is difficult to say what changes in other departments of the State it may not lead to. I trust, Sir, that you, with that ability and judgment which have made your paper the most influential Medical Journal, will support the excellent Board of Examiners who have been chosen by the Government. I observe, that your Contemporary, who, during the last twenty-five years, has so invariably acted contrary to the best interests of the Profession, is attempting to impede the action of one of the noblest projects ever devised by a Government. The Profession must be blind, indeed, if it does not see how entirely inconsistent with its boasted pretence of liberality, is the conduct of the *Lancet* in this, as in all cases. Happily its power is not to be feared. The *Lancet* and its Clique are estimated at their true value by the Government and the Profession, as well as, Sir, by your humble servant and

WELLWISHER.

## DISSECTIONS OF THE NERVES OF THE UTERUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall be happy to give any explanation on the subject of my dissections, but I must adhere to the rule I have previously adopted, and decline answering anonymous correspondents. Is it not rather singular that an "Investigator" should have overlooked the complete refutation, published in the early part of 1853, of the foolish statements of Dr. Ludovic Hirschfeld?

I am, &amp;c.

T. SNOW BECK.

9A, Langham Place, Sept. 1, 1854.

## SURGEONS' LIABILITY FOR INSTRUMENTS SUPPLIED TO PATIENTS.

CLARK v. BLUETT.—This action, brought in the Marylebone County Court, before J. L. Adolphus, Esq., to recover the sum of 5*l.* 10*s.* 6*d.*, is important to the Medical Profession and to executors. The plaintiff is a surgical instrument maker, and the defendant is a Surgeon.

The plaintiff stated that he had supplied surgical instruments, catheters, etc., to a patient of Dr. Bluett's,—Sir Frederick Watson, now deceased. These instruments were ordered by the defendant, and used by him. He had, previous to the sale of the goods the value of which was now sued for, supplied Sir Frederick Watson with other surgical instruments, which were paid for on delivery by Sir Frederick. When Dr. Bluett ordered the instruments, he did not say that witness was to look to Sir F. Watson for payment. Upon applying to the defendant for payment, he said he was not liable, but that he (plaintiff) must look to the executors for his account. Upon his applying to the executors of defendant's patient, they repudiated the claim, and referred him to the Doctor, at the same time informing witness that they had paid the defendant a bill of 300*l.*, and that the instruments he supplied were charged for in this heavy bill. He never received the order from Sir F. Watson.

By Mr. Vaughan: Instructed his solicitor to write to Dr. Bluett for the names of the executors, and had made out a bill against them. Believes the instruments were partly fetched by Sir F. Watson's servants, and the remainder were delivered at Sir F. Watson's house. None were left at the defendant's house. The charge for the instruments is the same as though a Medical man had paid for them.

Mr. Vaughan observed, that if Medical men were held liable for extraneous articles furnished their patients like the present, it would be a monstrous injustice. It was true the goods supplied were surgical, but if a Medical man was to be answerable for dead patient's goods, it would be reasonable to suppose that he would supply all things appertaining to his Profession directly to the patient, and charge for them in his bill to the patient's executors. His client had not charged for these instruments. He knew nothing about them, further than calling upon the instrument maker, to direct him as to the size and nature of the instruments to be furnished the patient. He called Dr. Bluett, who positively denied giving the order for the instruments, further than instructing the plaintiff what would be required. He had offered to give evidence to make the executors liable. Previous to Sir Frederick Watson's death, the whole of the management of his patient's household was in his (defendant's) control. Sir Frederick's valet knew what was required, and sent to plaintiff, or other surgical instrument makers, for the instruments. The injuries his patient laboured under required three of these instruments a-day, and he had supplied all his stock, and told the patient's servants where they could purchase others.

By Mr. Keene: Sir Benjamin Brodie used some of plaintiff's instruments, the others were applied by witness. Had he (defendant) supplied the instruments, he should have had 25 per cent. discount off the plaintiff's bill.

A late servant of Sir Frederick Watson proved the fetching the instruments, by order of Sir F. Watson.

The learned Judge was of opinion, that the defendant was liable, although he admitted it was a difficult case to determine. Verdict for the plaintiff, with costs.

INCREASED MEDICAL STAFF OF THE ALLIED ARMIES IN THE EAST.—Thirty English Medical Officers have proceeded to Varna during the past month, and fifty-two more are ready for embarkation at an hour's notice. The French Medical Staff has also received the addition of 101 Surgeons of various ranks.



## CHOLERA.

1287 deaths are referred to cholera, 243 to diarrhoea in the past week. The deaths from cholera during the last nine weeks, as compared with the same weeks of 1849, have been as follow :

	1	2	3	4	5	6	7	8	9
1854...	1	5	26	133	399	644	729	847	1287
1849...	152	339	678	783	926	823	1230	1227	1663

The weekly rate of increase since August 5 has been, 21, 107, 266, 245, 55, 118, and 391.

The present cholera epidemic, like that of 1848-9, has appeared in two eruptions. The first broke out earlier (August 21, 1853) the second later in the year (July 8) than the corresponding eruptions in either the epidemic of 1832-3, or of 1848-9. Up to the date of September 1, 1849, the epidemic in London during fifteen weeks destroyed 8117 lives; in the present epidemic 4070 lives have been lost in the eight weeks ending September 2. Although little more than a fourth part (616,635) of the population (2,362,236) of this vast city is on the south side of the Thames, 2317 of the 4070 deaths from cholera have happened in the low southern districts.

On the north side there has been a remarkable outbreak in the St. James's district.

On the Water Companies that supply the population with the dirty water of the rivers a serious responsibility rests. The water of every Company is as impure as it was in 1849, except in one instance—the Lambeth Company; and *in the districts which it partially supplies the mortality from cholera is largely reduced.*

## GENERAL BOARD OF HEALTH.

On entering upon the duties of this office, the President of the Board at once addressed a letter to the Metropolitan Boards of Guardians with respect to the arrangements for preventing, when possible, or mitigating the visitation of epidemic cholera, now so widely prevalent through London, offering the co-operation of the Board in carrying out the directions issued by the late Board. It will be necessary to bring under skilled and impartial observation the districts of the Metropolis where the epidemic prevails. For this purpose, six additional Medical Inspectors have been appointed, who will at once enter upon their duty in relation to the epidemic, the General Board of Health will do its utmost to enforce that duty in so far as it is empowered by law. With a view to give additional weight to their functions. The following are the names—Dr. Hassall, Dr. King, Dr. Patterson, Dr. Glover, Mr. Walshe, and Dr. Allen. Where Boards of Guardians are found to have neglected the recommendations and directions of the General Board of Health in cases where Medical questions must be dealt with, the Board has been empowered to appoint a Medical Council, including some of the most distinguished members of all branches of the Medical Profession, of whose advice and suggestions the Board may avail itself when necessary. The names of the members will be found in another column. A scientific investigation has also been directed by the Board into the conditions attendant on the epidemic in the Metropolis, to embrace both microscopical, meteorological, chemical, and medical branches of inquiry, and the arrangements for the several classes of observations have been already made or are in progress.

In the parish of St. James, Westminster, where an alarming outbreak of the epidemic has just taken place, the Board has at once directed a house-to-house visitation.

The six inspectors who have been charged to report to the Board of Health on the arrangements made by the Metropolitan Boards of Guardians have been directed to extend their inquiries to the following subjects :—

- “ 1. The extent of Medical relief now existing.
  - a. Number of Medical officers.
  - b. Number of day and night dispensaries.
  - c. Number of house to house visitors.
  - d. Measures for arresting diarrhoea in workhouses.
  - e. Copies of notices issued by guardians.
  - f. Hospital accommodation and houses of refuge.
- “ 2. Extent of the disease :—
  - a. Number of cholera cases.
  - b. Number of diarrhoea cases.

- c. Deaths from either under Union Medical officers. This information to be obtained for a few days back, and tabulated on one of the returns, under the heads of—
  1. District Medical officers' cases.
  2. Dispensary cases.
  3. Medical visitors' cases.

## “ 3. Localities affected :—

- a. A list of those where cholera or diarrhoea chiefly prevails, and has hitherto or recently prevailed.
- b. Visit some of the worst localities; inspect them and the houses, converse with the people, ascertain to what extent diarrhoea prevails, and what cleansing measures, lime-whiting, etc., may be required, and whether there be any inspector of nuisances to carry out these measures.
- c. Examine the water supply; and ascertain whether it is taken from the river above or below Chelsea-reach.
- d. Inquire as to nuisances or noxious trades, and inspect them.

## “ 4. And after inquiry to report to the General Board of Health :—

- a. On the particulars mentioned above.
- b. On the number of additional dispensaries required.
- c. On the additional medical officers required.
- d. On the additional medical visitors required, stating their number.
- e. Additional inspectors of nuisances or cleansing staff required.
- f. Additional hospital accommodation or houses of refuge required.

GENERAL INSPECTION.—The President of the Board of Health has directed special attention to the supply of water; the source of supply, whether filtered or not before supply; and when two companies supply in any one district, the inspector is to state whether the disease is more prevalent in one district than the other, having due regard to similar classes of dwellings. Inquiry will also be made into the state of the sewers. The inspector is also to report whether, in those places which were the seats of disease in former years, the epidemic had appeared in less virulent form where drainage and general improvements have been carried out. The local authorities have exhibited the greatest willingness to adopt any suggestions from the Board of Health. Each inspector is to make a Report on the district assigned to him. He is to state the powers given to local authorities, and the defective state of those powers (if any), that the subject may undergo the consideration of the Legislature next Session; and in the mean time, the inspectors send in daily reports to the Board, which are noted by the President, and returned to the inspectors early each morning before they proceed to their inquiry. Inspectors are also appointed to visit the shipping in the river, and report thereon.

## THE LONDON HOSPITALS.

Our last analysis of the cases of cholera which have been treated in the Hospitals was on August 26. During the fortnight which has since elapsed, the disease has continued steadily increasing in prevalence in those districts of the Metropolis previously infected, a few scattered cases occurring also in other parts. The greater number of the cases which will appear in our present Report have, however, been supplied by a sudden and most severe outbreak of the malady in a district hitherto exempt, and under circumstances somewhat peculiar. The locality alluded to is that of the parishes of St. James's and St. Ann's, extending from Oxford-street on the north, to Golden-square and the Quadrant on the south; and from Soho-square on the east, to Regent-street on the west. It comprises a series of second and third-rate streets, the inhabitants of which are for the most part above the poorest class; there are, however, some few courts and alleys of the meanest description. The district stands 68 feet above the Trinity level, and has not previously been accounted an unhealthy one, having, in the epidemic of cholera of 1849, escaped, we believe, almost entirely. During the present season, there had been very few or no real cholera cases until Thursday last, when several occurred. On Friday, a large number were reported, and during the Saturday, Sunday, and Monday following the epidemic raged with a fearful severity. During the last few days the fresh cases have not been nearly so numerous, and it may be hoped that the local virulence of the disease is somewhat abated. The cases which were removed from their own homes were taken chiefly to the Middlesex, University College, and Charing Cross Hospitals, and to the workhouses in Poland-street and Golden-square. The stress of the disease does



not appear to have fallen by any means on the worst parts of the district, and in very many instances the victims have been from the families of respectable shopkeepers, etc., living in wide, well paved, and cleanly streets. Under the directions of the officers of the Board of Health placards have been posted in all conspicuous places, giving directions as to diet, etc., and enforcing the importance of speedy application in all cases of diarrhoea. The streets have all been strewn with lime, many of the houses have been whitewashed, and supplies of chloride of lime in solution have been distributed among the poor. At the time we visited the locality (Wednesday), the panic among the poorer inhabitants, which, as might be expected, had been great, appeared to be subsiding considerably, and the general impression was, that the worst had passed.

*The Middlesex Hospital.*—Up to September 1, only about 12 cases had been admitted into this Hospital; on that day, the outbreak to which we have just alluded commenced, and, during the six following, besides many refused from want of room, no fewer than 130 were received. Of these, 54 remain under treatment, and 76 have died. The majority of those at first admitted were in a hopeless stage, and some were actually moribund. The treatment has been, in all, to give, on admission, a mustard emetic, and put the patient into a warm bath, and afterwards to exhibit calomel, salines, and stimulants. Large quantities of fluids have been allowed, chiefly in the form of thin broth, or as ice to suck. Heat has been applied, by means of hot bottles, to the feet, etc., and, in all cases, either sinapisms or turpentine stupes to the abdomen have been employed. In one fatal case castor-oil had been given. The cases have been under the treatment of Drs. Hawkins, Seth Thompson, and Stewart.

*The Workhouse, Poland Street.*—This house has above 500 regular inmates, among whom, although it stands in the district around which the epidemic has raged, only 3 cases have occurred. A small cholera ward has been fitted up, which has been kept full during the past week. The number admitted up to Wednesday morning had been 13, and, of the whole 16 thus brought under treatment, 11 had died. We were informed that the main treatment had been the application of hot bottles, etc., and the allowance of ice *ad libitum*.

*The Marylebone Infirmary.*—The first case was admitted into this Hospital on August 9th, since which date, and chiefly within the last ten days, 33 cases have been taken in. Of these 23 have died, 4 are yet doubtful, and 6 are convalescent. Mr. Filliter, the resident Surgeon, informs us that many of those admitted have been in an actually moribund condition, offering no chance whatever for effectual treatment. The measures adopted have been emetics in the beginning, and a mixed calomel and saline treatment afterwards. Sulphuric acid has, in several cases in which it was tried, totally failed to arrest the diarrhoea. Mr. Filliter believes that much benefit has resulted from the use of emetics during the collapse. Two cases have occurred to inmates, both of them under peculiar circumstances, to which we must allude: The first was in the large workhouse, adjoining the infirmary, and is the only one which has occurred there, although the inmates are upwards of 1,400. The patient was a young man, of heavy, apathetic temperament, of pale, unhealthy appearance, and an extreme glutton. He had been employed with others in washing out the bed-ticking from three or four beds on which patients had died in the infirmary. Among these was the bed on which a cholera case had lain, and it was supposed that this bed was the one which fell to his share. After suffering for a day or two from a slight diarrhoea, which he neglected to mention, he suddenly sank into collapse and died. He was not one who had been in the least frightened of the disease. The subject of the second case was a woman in the Infirmary, who had just recovered from erysipelas of the leg. Several cases of cholera were admitted into the ward in which she lay, and one patient, a little child, which died two hours after its admission, was treated during that short period in the bed adjoining hers. The woman expressed the greatest alarm to the nurse of the ward, and was in consequence removed next day to another ward. Here she continued apparently in good health, eating her food well for three days, when she suddenly, one afternoon, after eating her dinner well, became sick, was soon afterwards purged, sank into collapse, and died in about eight hours. It appeared that she had been suffering from slight diarrhoea ever since her change of ward, but, from dread of being sent to the "Cholera-ward," had not mentioned it; it had not, however, interfered with her general health, in any way apparent to the nurse.

*St. Mary's Hospital.*—The cases which remained under treatment at our last report all proved fatal. There have since been admitted 21 cases, of which 10 have died, 8 remain under care in a doubtful condition, and 3 are convalescent. The treatment

during the last fortnight has been under the direction of Drs. Chambers and Sieveking. It has consisted in a mixed plan, being varied according to the peculiarities of individual cases. If the diarrhoea have been excessive, the sulphuric acid has been used, and, if comparatively absent, castor-oil. Emetics have been used when vomiting was not spontaneously present. In some cases an enema of acetate of lead (1 scruple to 6 oz. of water) has been found very effectual in arresting diarrhoea which did not yield to other means. But two cases of consecutive fever have occurred here; one, a case mentioned in a former report as following the free exhibition of opium, has recovered; the other died.

*University College Hospital.*—Since the 28th of August, 35 cases have been admitted, of which 17 are dead, 3 yet doubtful, and 15 convalescent. On September 3, no fewer than 6 deaths occurred, and 4 on the 14th. The cases have been under the care of Drs. Jenner and Hare. Several plans of treatment have been tried. One, in which the exhibition of a mixture containing the hyposulphite of soda and dilute sulphuric acid formed the main feature, has been abandoned after several trials, as quite useless. One case, which ended fatally, had been treated by castor-oil. Emetics have been given in the stage of collapse, and heat applied to the surface in most cases by means of hot bottles and packing with blankets. In some cases, a stimulant plan, by chloroform and chloric ether, has been used. In those under Dr. Jenner's care, the plan recommended by Dr. Ayre is now being strictly carried out. With one exception, all the fatal cases had died in the stage of collapse. The subject of the excepted case was a man aged 43, who had taken opium very freely in the early stages. He died on the fifth day in consecutive fever, and the *post-mortem* showed considerable congestion of the brain. Two cases are now in consecutive fever, which have been treated almost solely by calomel, having only taken the small quantities of tincture of opium, (ʒij. to ʒiij.) with the first doses which are admitted in Dr. Ayre's plan.

*The Westminster Hospital.*—60 cases have been admitted during the last fortnight, of which 23 have died, 26 have recovered, and 11 remain under treatment, being yet in a doubtful state. During the week following August 22, the wards were under Dr. Radcliffe's care, and the treatment consisted in the exhibition of a camphorated solution of chloroform, diluted sulphuric acid being also allowed as a drink. Two nurses have been affected by the disease in this Hospital, both of whom had been engaged in the cholera ward. It is worthy of mention that each of them, quite spontaneously, and without knowledge of the other's assertion, attributed her infection to the same patient. The patient to whom they referred it was a man then suffering from the consecutive fever, and from whose breath a most disagreeable penetrating effluvia exhaled. Each nurse stated that she had received from this man a whiff by which at the time she felt herself struck with disease. One nurse has died, the other is recovering. The stage of consecutive fever has occurred in a considerable number of those treated during the last two weeks, and in several in which no opium had been given.

*Charing-Cross Hospital.*—Twenty-five cases have been admitted, of which 10 are dead, 2 yet doubtful, and 13 convalescent. The treatment, conducted under the direction of Dr. Goolden, has been nearly as follows:—Immediately on admission, a scruple dose of rhubarb has been given, followed within the half-hour by doses of chalk-mixture with ammonia, and small doses of tincture of opium. Warmth, by means of hot bottles to the feet, has been sedulously applied, as also sinapisms to the abdomen. The free use of toast-and-water has been permitted, and in the stages of collapse, brandy in half-ounce doses, every half-hour, has been given. On the cessation of diarrhoea, a saline draught has been ordered every two hours. In no case has calomel been given. In only two cases has there hitherto been the stage of consecutive fever, and both have recovered from it. Mr. Diamond, the resident Medical officer, informs us, that, with two or three exceptions, in which the pulse was not quite lost, all the patients comprised in the above numbers passed into well-marked and severe collapse.

*King's College Hospital.*—For the report of the cases treated in this Hospital, we may refer to a letter from Dr. Johnson in another part of this Journal.

*The London Hospital.*—Thirteen cases have been admitted during the last two weeks, and there have been 7 deaths, of which 2 are patients previously under care. Twelve cases remain under care, of which several are yet doubtful as to result. The general plan of treatment has been by the administration of stimulants and mild opiates. No calomel has been given.

*Guy's Hospital.*—During the fortnight, 51 cases have been



admitted, of which 23 have died, 16 remain under treatment, 6 being in a doubtful state, and 12 have recovered. The wards are now under the care of Dr. Addison, and the saline treatment recommended by Dr. Stevens is being carried out.

At *St. George's, St. Bartholomew's, and St. Thomas's Hospitals*, considerable numbers of cases have been admitted. The treatment pursued at each has been generally upon the mixed plan, to which we alluded in the last report, and the average of success has been nearly the same. At *St. Thomas's*, two nurses have died of the disease. At *St. Bartholomew's*, Dr. Hue is now trying the administration of castor-oil in combination with tincture of capsicum, the latter in drachm doses.

*Summary as to Treatment.*—It will seem from the above, and from our preceding reports, that the methods of treatment which have been resorted to in the Hospitals have been diverse to a degree, and that between those methods and the proportions of the recoveries and deaths, there cannot be traced any very obvious relation. We believe it may be stated, that the impressions most prevalent among those who have had extensive opportunities of observation during the past month, are those of scepticism as to the usefulness of any of the more violent medications which have been advised. Almost all report favourably as to the effect of emetics in rallying the patient from extreme collapse, and nearly the same uniformity of opinion prevails as to the propriety of allowing ice to be sucked *ad libitum*. On all other points, however, the utmost discrepancies in the reports of experience exist.

The circumstance that an unusual degree of mortality has not resulted in the practice of those who have given purgatives, seems to prove that the necessity for arresting the alvine evacuation is not so imperious as had been supposed, while it cannot certainly as yet be held to prove more. Several isolated cases have been treated in the other Hospitals, according to the plan found so successful in King's College, but without any similar results. That the frequency of the consecutive fever has been less since the comparative disuse of opium in the treatment seems to be established. As to the calomel plan, the results as yet have not been very encouraging; the uncomplicated experiment, however, has not been tried sufficiently extensively to authorise a definite opinion.

*ST. JAMES'S PARISH.*—The following communication has been issued by the Secretary of the Board of Health:—"The severe outbreak of cholera in part of St. James's parish, and in the adjacent parts of the parish of St. Anne, Soho, has been promptly met by the sanitary and other preventive measures carried out by the Boards of Guardians under the advice of the Board of Health.

In Macaulay's "History" will be found the following passage:—"On the east" of Regent-street, opposite Conduit-street, "was a field, not to be passed without a shudder by any Londoner of that age. There, as in a place far from the haunts of men, had been dug, twenty years before, when the great Plague was raging, a pit, into which the dead-carts had nightly shot corpses by scores. It was popularly believed that the earth was deeply tainted with infection, and could not be disturbed without imminent risk to human life." This is the spot which the Commissioners of Sewers, disregarding the warnings of Mr. Simon, the Medical Inspector of the City of London, chose to disturb to the lowest depths for months together this spring. The consequences we are now seeing,—a state of things, which even in the time of the great plague would have been appalling. In one street upwards of 100 dying from the cholera in less than three days,—the corpses carried away in carts for want of more suitable means of conveyance,—scarcely a house in the district without its dead or dying.—*Correspondent of the Times.*

A Correspondent of the *Daily News* gives the following quotation from "Harrison's History of London," published in 1776, page 532:—"Coventry market stands on part of a piece of ground formerly distinguished by the name of Pest-field, where was a lazaretto for the reception of patients seized with the plague in 1665, and at a small distance from it was a common cemetery where some thousands of persons were buried in that calamitous year." A short time since, while digging the foundation of the St. James's Baths and Washhouses, an immense quantity of human bones were found.

*WESTMINSTER.*—On Wednesday and Thursday last the district comprising Marshall Street, Cambridge Street, Edward Street, Poland Street, Peter Street, etc., was visited with an extraordinarily violent outbreak of cholera. About forty persons were affected, the majority of whom were carried off in the course of twenty-four hours. On Friday and Saturday the attacks were

reduced below 30, but of these as many as 26 terminated fatally. During all the former visitations of the epidemic, this locality and its neighbourhood were comparatively free from its effects. Eight Medical gentlemen have been appointed by the parochial authorities.

*ST. PANCRAS.*—On Tuesday, Mr. Wildbore, Surgeon for the south-western district of the parish, reported that since Friday he had had 130 cases of diarrhoea, and 4 of cholera, without orders, and 100 whom he had attended with an order from the parish. He reported the epidemic as frightfully on the increase, and felt it necessary to have assistance. Similar reports by other district Surgeons. The vaccinators of the parish were appointed to assist during the prevalence of cholera and diarrhoea.

*LIVERPOOL.*—The disease appears to be spreading, although it is at present confined to the north end of the town.

*AT NORWICH* the disease has appeared.

*THE PROVINCES.*—The towns in the counties of Northumberland and Durham have this season, so far, escaped any malignant attack of cholera. A few cases have appeared during the past month in Shields, Sunderland, Newcastle, Gateshead, and some of the other towns, but the deaths from all put together in those towns will not exceed a dozen. The malignant form of the disease, however, appeared suddenly in Hartlepool on Friday week, and four persons fell victims to it in a few hours. Cholera has also been epidemic in Middlesborough since about the 17th of August; 65 deaths from cholera, and 15 from diarrhoea. The town of Middlesborough is reported to have been in a very overcrowded, unhealthy condition previously to the outbreak.

*CLEETHORPES.*—During Monday night last cholera broke out with great severity at Cleethorpes, a bathing place about a mile from Grimsby, much frequented by operatives from Yorkshire, and their families. On Monday a trip-train from Sheffield brought 900 passengers, who had taken tickets to return on the Thursday. There was also another excursion train from Beverley on the same day. The cholera broke out during the night, and by noon on the following day four deaths were reported of visitors who had arrived the previous day.

*SCOTLAND.*—The reports are much more favourable; only one case occurred at Edinburgh between Wednesday and Saturday. The disease is diminishing in Glasgow, but still lingers in Aberdeen, Montrose, Dumfries, and Alloa.

*BELFAST.*—The *Belfast News Letter* states that, during the last few days, the disease has been, on the whole, on the decrease.

*BLACK SEA FLEET.*—We have received a letter from a Surgeon of one of Her Majesty's ships, dated Balzik, August 23, in which it is stated, that 1200 men of the allied squadrons have been put *hors de combat* by cholera. Some Surgeons have invalidated. The number of Assistant-Surgeons is totally inadequate to the duties of the fleet.

*BRITISH ARMY IN TURKEY.*—We have received authority from Dr. Smith, Director-General of the Medical Department of the Army and Ordinance, to make known, in consequence of the exaggerated statements that are in circulation in this country, that the total number of deaths from cholera among the British forces in the East, of a total strength of 34,000 men, had only amounted to 443 up to the 14th of August. It was then declining very considerably both as to the number of cases and their severity.

*MAURITIUS.*—The cholera has nearly disappeared; about 15,000 deaths, chiefly among the blacks, have occurred.

*CHOLERA IN THE HOSPITALS OF PARIS.*—Cases admitted from the 24th to 30th August inclusive, 331: discharged, 192; dead, 179. Total cases treated, 5,599; discharged, 2,217; died 2,868; remain under treatment on 30th, 514.

## MEDICAL NEWS.

*APOTHECARIES' HALL.*—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, August 31:—

BROWNE, CHARLES, Camberwell.

GAGGS, CHRISTOPHER, Howden, Yorkshire.

HITCHINS, CHARLES VERNON, Tiverton, Bath.

LEWIS, WILLIAM JARRETT, Carmarthen.

RAY, JAMES, Lincoln.

SYMMONS, GEORGE STRATTEN, Witham.

WEST, JAMES FITZJAMES.

WOODD, HENRY TURNOR, Bromley, Kent.



## APPOINTMENT.

WE have great pleasure in announcing that Mr. W. R. Wilde, the distinguished Ophthalmic and Aural Surgeon, of Dublin, one of the valued correspondents of this Journal, has been appointed Surgeon-Dentist in Ordinary in Ireland to Her Majesty.

## VACANCIES.

**BRADFORD INFIRMARY.**—The office of House-Surgeon is vacant. Election Sept. 27.

**DORSET COUNTY LUNATIC ASYLUM.**—A Resident Medical Officer is required, in consequence of the death of Mr. Sandon.

**STAMFORD HILL, STOKE NEWINGTON, &c., DISPENSARY.**—There is a vacancy in the office of Physician, by the resignation of Dr. Sieveking.

**ST. MARYLEBONE GENERAL INFIRMARY.**—The Resident Apothecaryship to this Institution is vacant. Election September 20.

## BEQUESTS.

THE late Miss Pollok, of Largs, has, by her will, directed her executors to make payment (among others) of the legacies after-mentioned, at the term of Martinmas next:—To the Glasgow Royal Infirmary, 300*l.*; to the Glasgow Royal Lunatic Asylum, 300*l.*; to the Glasgow Asylum for the Blind, 200*l.*

## DEATHS.

**DRUMMOND.**—Sept. 3, at Reigate, George Drummond, Esq., of Regency Square, Surgeon, M.R.C.S.E., 1832; L.S.A. 1831.

**HARRISON.**—Sept. 2, at 4, Berwick Street, Soho, Charles Harrison, Esq., Surgeon, aged 29.

**MACFARLANE.**—Aug. 27, at Spennymoor, Durham, Robert Macfarlane, Esq., Surgeon, Byers Green. His death took place as his life had been spent, in the faithful discharge of his professional duties, to which no one could be more devoted. He was thrown from his gig while returning at a late hour on Saturday night from visiting his patients. He expired on Sunday afternoon, from concussion of the brain. His melancholy death has cast a deep gloom over a large and influential circle of friends. C.M. Glasgow, 1839; Medical Officer Auckland Union.

**O'NEILL.**—Recently, of cholera, at Glenarm, co. Antrim, Bernard O'Neill, Esq., C.M. Glasgow 1847.

**PYPER.**—Sept. 3, at 24, Grove Road, St. John's Wood, Robert Pyper, Esq., M.D., late 4th (Royal Irish) Dragoon Guards, in the 85th year of his age.

**SANDON.**—August 23, at Forston, James Harold Blair Sandon, Esq., aged 33, Medical Superintendent of the Dorset County Lunatic Asylum.

**STOCKS.**—August 30, at Dottingham, near Hull, Dr. J. Ellerton Stocks, F.L.S., Bombay Medical Service.

**WILLIAMS.**—August 31, at Greenwich, John Griffith Williams, Esq., Surgeon R.N.

PRINCE ALBERT has given 25*l.* to the subscription for raising a colossal bronze statue of Dr. Jenner, commemorating the valuable labours and discovery of that celebrated Physician.

**PRIVATE LUNATIC ASYLUMS.**—From a Parliamentary Paper, recently printed, it appears that there are at present 225 persons, found lunatic by inquisition, who are resident in private lunatic asylums.

**THE QUEEN'S COLLEGES, IRELAND.**—In order to further promote the efficiency of those excellent Institutions, an additional grant has been given of 1600*l.* per annum to each of the three Colleges. The consequence will be, increase to the libraries and museums, the physical, anatomical, and other practical departments; and the authorities have already announced that they mean to relieve students in great part from the fees hitherto necessarily charged for contingent purposes.

**SURGEONS FOR THE MILITIA.**—According to an "Act to amend the laws relating to the Militia in England and Wales," all persons qualified to act as Surgeons in the army are to be held to be qualified for the militia.

THE Ambulance Corps in Turkey has been crippled by the death of the drivers and men belonging to it, and the

Medical Officers have been called upon to make a special report on the mortality among them. I believe the fact to be, there was rather an unhappy selection of men, and that many of them were old soldiers, rather addicted to free living and spirits; and in Bulgaria drunkenness is death.—*Times' Correspondent.*

**IMPORTANT TO YOUNG SURGEONS.**—Acting Assistant-Surgeons are now admitted into the army for temporary service. Their qualifications must be a diploma of one of the recognised Colleges of Surgeons, or some body legally authorised to grant degrees or licences to practise. They have the same pay and allowance as Staff-Assistant Surgeons, namely, 7*s.* a-day pay, and allowances, of an equal value. They have no claim after ceasing to be employed, to half-pay, but will have a gratuity of two months' full pay from the time their services are dispensed with. If they have all the qualifications required, they will be favourably considered for permanent appointments, as Staff or Regimental Assistant-Surgeons. They will be principally employed in Great Britain.

**RUSSIAN HOSPITAL SYSTEM.**—The Bucharest Medical Correspondent of the *Medical Weekly Journal* long remained silent, but a letter has now been received from him, in which he speaks as follows of the Russian Hospital system:—"The number of Russian sick and dead was always great. Every patient who entered the hospital was considered a lost man. This persuasion did not arise from a knowledge of the careless treatment of the patients, or of their abominable food, but from the circumstance of there being a magazine for the dead in the rayon of each Hospital. This is a necessary appendix to a Russian Military Hospital, because the dead are not buried separately. The corpses are carried to a room, stable, or warehouse, and, according to the size of the place, lie there six, eight, or ten days, until it is full. The cause of this custom is not a little singular. The Director of the Military Hospital charges the State for the food, medicine, etc., of the defunct soldier up to the day, not of his death, but of his burial, when he is officially struck off the sick list."—*Times' Correspondent.*

A New York Paper says:—"The fifth annual announcement of the Philadelphia Female College states, that the success of those who have graduated at that Institution and engaged in practice, has realised the most sanguine expectations. It is stated, that the receipts of several, for their first year's practice, have been more than 1000 dollars, (upwards of 200*l.*), and the success of all, in this respect, has been very encouraging. Mrs. Dr. Clarke, of Boston, who graduated about ten years ago, has sailed for Paris, to avail herself of the Medical and Surgical advantages which so pre-eminently distinguish that city.

**FEMALE PHYSICIANS.**—The Massachusetts Legislature, at its last Session, appropriated funds to the New England Female Medical College, located in Boston, to pay for the tuition of forty students annually for five years.—*New York Tribune.*

**SLOW COPPER POISONING.**—Dr. Corrigan, of Dublin, after detailing some cases of slow copper poisoning, comes to the following conclusions:—"1st. They show us that copper, or its carbonate, will act as a slow poison by absorption, undermining the constitution, producing emaciation, catarrh, and loss of strength, and leaving the system in a state little capable of resisting the ordinary exciting causes of many diseases. 2nd. The symptoms, although not acute, are well marked,—emaciation, a cachectic appearance, loss of muscular strength, colicky pains, cough without physical signs to account for it, and the peculiar characteristic sign of retraction of the gums, with a purple, not a blue edge. 3rd. In none of the cases, although there was muscular debility, was there either acute colic with constipation, or the local paralysis that so often results from the poison of lead, and the colour of the gums was quite distinct from that produced by lead. 4th. Copper, in slow poisoning, seems to exert its deleterious influence mainly on the nutritious functions, or assimilation, including absorption and secretion; while lead acts energetically on the nervous system of both organic and animal life, exhibited in its action on the former by the obstinate constipation, and on the latter by the violent pains of lead colic, and by the production of its peculiar paralysis. 5th. The knowledge that copper, or its carbonate, is capable of acting by absorption as a slow poison, will be useful, as it may lead us to discover the nature of some apparently, at first sight, anomalous diseases that might otherwise elude our diagnosis. The tint of colour produced on the gums, whether by copper or lead, remains a very long time. It had not disappeared from any of the cases narrated, as long as they were under my observation. In the case of a policeman, who has been very lately in the Whitworth Hospital, the blue colour produced by lead was



very distinct. He had been in the police force two years. Previously to his becoming a policeman he had been a plumber."

—*Dublin Hospital Gazette.*

**MORTALITY NOTABILIA.**—In the week that ended on Saturday last 2515 persons died in London. This number exceeds the average 1248 by 1267, but is 281 less than the number of deaths in the week that ended September 1, 1849, when cholera was epidemic, and 2796 persons died. The air was stagnant in the early part of the week; no rain fell; the sun shone brightly; and the temperature of the atmosphere and the Thames ranged from 60° to 70°. The large number of 117 deaths have taken place at the General Hospitals of the Metropolis in the past week, as follow:—St. George's, 10; Westminster, 14; Middlesex, 31; University College, 4; Royal Free Hospital, 5; King's College, 2; St. Bartholomew's, 18; London, 4; Guy's, 19; St. Thomas's, 10.

**Births.**—The births of 816 boys and 809 girls, in all 1625 children, were registered. Average 1367.

**Meteorology.**—The mean reading of the barometer in the week was 30.212 in. The mean readings were above 30 in. every day in the week. The mean temperature of the week was 65.1°, which is 5.9° above the average of the same week in 38 years; on Monday, 11.2° above the average; on Tuesday, 8.1°; and on Wednesday, 10.1°. The highest temperature of the week occurred on Monday, and was 85.2°; the lowest on Saturday, and was 44.5°. Mean dew-point temperature was 55.4°; and the difference between this and the temperature of the air was 9.6°. Temperature of water of Thames above 60° every day. Wind calm and north. No rain. Horizontal movement of air, 245 miles. Electricity (last three days of week) positive, with variable tension.

**MORTALITY IN PUBLIC INSTITUTIONS for the week ending Sept. 26 :—**

	Males.	Females.	Total.
Workhouses...	100	109	209
Military and Naval Asylums	3	1	4
General Hospitals	71	46	117
Hospitals for Special Diseases	4	2	6
Lying-in Hospitals	...	2	2
Lunatic Asylums	3	5	8
Military and Naval Hospitals	21	...	21
Hospitals for Foreigners, etc.	...	...	...
Prisons	21	4	25
	223	169	392

**DEATHS REGISTERED in the Metropolis for the Week ending Saturday, September 2, 1854.**

CAUSES OF DEATH.	SEPT. 2.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES	1066	1073	357	2515	11344
SPECIFIED CAUSES	1061	1070	357	2497	11305
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases	725	820	190	1742	4733
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	7	16	17	40	435
3. Tubercular Diseases	86	82	9	177	1689
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses	62	38	31	131	1094
5. Diseases of the Heart and Blood-vessels	1	17	15	33	298
6. Diseases of the Lungs and of the other Organs of Respiration	47	24	18	89	773
7. Diseases of the Stomach, Liver, and other Organs of Digestion	32	30	15	77	658
8. Diseases of the Kidneys, etc.	...	10	3	13	99
9. Childbirth, Diseases of the Uterus	...	9	2	11	102
10. Rheumatism, Diseases of the Joints, etc.	5	4	1	10	61
11. Diseases of the Skin, Cellular Tissue, etc.	1	1	...	2	8
12. Malformations	4	...	...	4	22
13. Premature Birth and Debility	28	3	...	31	271
14. Atrophy	44	1	9	54	304
15. Age	...	...	43	43	393
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17. Violence, Privation, Cold, and Intemperance	17	12	4	35	305
CAUSES NOT SPECIFIED	5	3	...	18	39

## TO CORRESPONDENTS.

### MORE PHILANTHROPY.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following announcement appears in the *Manchester Courier* :—

"A Gentleman having discovered an unfailing remedy for the various forms of premature decay, arising from youthful abuse, excess, spermatorrhoea, etc. etc., is desirous of making it public for the benefit of all who suffer from these dreadful complaints, and will forward it free on receipt of a directed stamped envelope.

"Address, Mr. Gordon, 20, Middle-row, High Holborn, London."

Now, Sir, those parties supplying Dr. Gordon with a directed stamped envelope, instead of receiving gratuitously by return of post, the receipt of his unfailing remedy, receive the two documents I enclose—a slight perusal of which will convince any one, that whoever commits himself into the hands of Dr. Gordon will have to "pay dearly for his whistle."

The unfortunate youth who has these papers forwarded to him, learns from them several interesting and important facts :—

1. He learns, that the gentleman who discovered the remedy ten years ago, does not, nor ever did, receive the slightest pecuniary benefit.

2. He learns, that Dr. Gordon requires the usual fee of £1 on the completion of the case; or, in other words, not before the cure is perfected. In fact, no cure, no pay. This is gratifying to the patient, who considers Dr. Gordon an honest man, a perfect gentleman. In fact, he almost says so himself. There is no fear of exposure. "Threats, and even absolute exposure of the infirmities of nature," says the worthy Doctor, "belong to, and are practised by, the unprincipled alone. With the respectable practitioner, neither the feelings of the patient, nor those of his friends, incur any risk of outrage."

3. He learns, that the remedy adapted to his peculiar constitution can be forwarded by initials or otherwise, in a portable compass, to any railway-station, coach or carrier's office, till called for, and so packed, that no idea of their contents shall be betrayed.

4. He learns, that Post-office Orders are to be made payable to Mr. (not Doctor) William Gordon, 20, Middle-row, High Holborn, London.

And lastly, he learns, to his utter amazement, that Dr. Gordon has usually from 500 to 700 patients at one time on his books.

Indeed, it is a matter of surprise how Dr. Gordon, with 500 to 700 patients on hand, can find time to attend to his Post-office orders and letters alone, to say nothing of the time and trouble expended in manufacturing his wonderful pills, and making up hundreds of parcels perhaps every day—nice, portable parcels, and so curious withal, that a carrier or railway porter would sooner suspect them to contain a consignment of cochineal eggs, or salmon spawn, than the wonderful pills for premature decay.

If this Dr. Wm. Gordon could be exposed in a similar way, as was the Reverend Douglass by Dr. Tunstall, in your Number for August 26, I think much good would accrue to the Profession and public.

Whatever effect Dr. Tunstall's letter produced on the Rev. E. Douglass, matters very little, as we know that it will cause a great shock to the Rev. gentleman's nervous patients, more likely to be followed by permanent improvement than if they had all the while been swallowing, what in their ignorance they supposed to be, an alcoholic extract of ignatia amara. I am, &c. WILLIAM FALSHAW.

Haslingden, September 5, 1854.

### THE MATRICULATION SCHOLARSHIP AT ST THOMAS'S.

[To the Editor of the Medical Times and Gazette.]

SIR,—If the "B.A. Cambridge" be rightly informed as to the decision of the Hospital Medical Committee, whereby he is excluded from competing for this Scholarship, I, for one, beg to express my entire concurrence in such decision. The object of this prize, as I have ever understood, is not to draw to the Hospital one or two elderly pupils who have turned their attention late to the study of Medicine, and have already shown their proficiency in classics and mathematics, according to their age, by taking the degree of their own *Alma Mater*; on the contrary, the authorities of the Hospital say, that, to those young men just entered to our Lectures at the ordinary age, we offer this Prize for competition, as a reward to him who comes up best prepared. I question the perfect accuracy of some of the *data*, no less than I differ from the conclusions and inferences, of the letter of "B.A. Cambridge." But, if he be really excluded from the next ensuing competition, how can the B.A. of Oxford, to whom he alludes as having gained a previous Scholarship, in honour continue to hold it? Who "the one disappointed candidate" may be, I know not; but the best of the four other candidates is, according to this decision, virtually entitled to the Scholarship. Wishing well to the old School, I am, &c.

Sept. 5, 1854. A FORMER DRESSER AND CLINICAL CLERK OF ST. THOMAS'S HOSPITAL.

W. N. R. should write to the Secretary of the Board of Health for information.

L. S. A.—The publication could do no good.

Troglodyte.—1. Yes. 2. According to the state of the case. 3. Avoid all advertised remedies. 4. This question would require too long an answer to be given here.—The address may be sent in confidence.

J. P.—Certainly not.

W. J.—Birmingham, Manchester, or Leeds.

W. W.—The fees upon Medical Court Appointments formerly amounted to sixteen guineas. No fees are now claimed. The certificates are delivered gratis.

COMMUNICATIONS have been received from—

MR. ATHOL JOHNSON; MR. H. RAYNER; MR. MEINIG; DR. SCOTT; DR. SMITH; DR. G. JOHNSON; DR. FALSHAW; MR. G. BURY; DR. STOKES; DR. LYONS; A FORMER DRESSER AND CLINICAL CLERK OF ST. THOMAS'S HOSPITAL; W. N. R.; L. S. A.; TROGLODYTE; MR. PALEY, York; MR. WILLIAMS, Guy's Hospital; MR. POULDON, the London Hospital; MR. HOLMES, St. George's Hospital.



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# Medical Times & Gazette.

SATURDAY, SEPTEMBER 16.

## ADDRESS TO STUDENTS.

THERE are few questions in which society has a greater stake than in those which concern Medical Education. It is impossible for any who have reflected at all upon the real sources of our social happiness and prosperity, to regard otherwise than with the intensest interest all that respects the fitting of the Medical Practitioner for his most important duties. To him are to be committed untold responsibilities. In his daily routine, on his skill and knowledge matters of life and death will have to depend, and with them the deepest grief or the warmest rejoicing. It is to his care, that, in her hour of peculiar peril, man will entrust that which he holds dearest upon earth. Of his hand it will be required to restore symmetry to the deformed, and to give sight to the blind. It will be part of his vocation to make the body the fit receptacle of mind. And, yet further, in perhaps his loftiest function, of him it may be asked to recall for the hapless victim of insanity the long-lost gift of reason. Already has Medicine accomplished much for the world's good; but she has, meanwhile, so increased her own strength, added to her experience, and multiplied her arts, that society asks, and asks not unreasonably, that the past may be regarded but as the first-fruits of a richer harvest. What though already, among other achievements, by her aid have several most virulent diseases been all but exterminated, and the greater part of a decade added to the average of human life; there yet remains before her a vast work, and large demands will have to be made on the energy and valour of her future devoted sons.

Reflections such as these thronged into the mind as we remembered that the rolling months have once again brought us to the issue of our *Students' Number*, and that the inauguration of another Session of Medical study is just at hand. Within a few days, and the temples of Æsculapius will be re-opened, and to our various Metropolitan and Provincial Schools will flock some thousands who, in all the energy and vigour of youth, are prepared to devote themselves to the acquisition of Medical knowledge. To the great majority of us, these educational opportunities occur but once in life. A few short years suffice to transform the Student into the Practitioner, and he takes leave of his teachers to engage for himself in the most responsible and sacred of human duties. How important then is it, that those few years be well spent, that no energy be wasted, and that there be not only labour, but that the labour be well directed. Medicine is, without doubt, the most laborious of all the professions, and the most difficult of mastery. It would seem almost impossible to exaggerate the importance of its functions. We have

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no wish to discourage, but it is equally impossible to over-estimate the difficulties of obtaining a real fitness for them. It is not the part of wisdom, either to conceal these difficulties, or to be dismayed at their sight, but rather to acknowledge their existence, and manfully meet them.

We purpose, in the following columns, to bring before the attention of our junior readers, for whose assistance this number is especially intended, a few practical suggestions as to the best modes of prosecuting the various departments of their studies. For convenience sake, we shall arrange these suggestions *seriatim*, under their respective heads; and, before entering upon them, it may be well to say a word or two on the reasons why the study of Medicine is so especially difficult, and on the tone of mind in which it may be best prosecuted. In all the professions, except our own, the subjects to be known are comparatively few in number, and for the most part may be learned either in the class-room or the closet. In medicine, on the contrary, the subjects necessary are almost infinite in variety; and, in addition to a knowledge of almost all the sciences, the student must acquire *experience*. In the gaining of tact, and of practical familiarity with disease, there is a task ample enough to consume all his time, and to exhaust all his energy; but beyond it he is required also to become expert in some twenty different departments of science. We should quail before the task of enumeration, lest it might seem that to offer useful suggestions to the Medical student is little less than to give a recipe for omniscience. It has been truly said, however, that "nothing is denied to well-directed industry;" and to the bold spirit the recital of obstacles is but the incentive to progress. There is need, however, that he be well prepared for his journey, that he provide himself with a compass, and arm himself with a staff. Of all the frames of mind which conduce to success in the prosecution of professional duty, there are none so important as that which cherishes a high, we had almost said an enthusiastic, conception of the dignity of its labour. Let the student of the healing art ever bear in mind the lofty responsibilities on which he is to enter, and revere his calling. While admitting to secondary motives their due influence, let him beware of allowing himself to be actuated either by the unholy promptings of ambition, or the debasing love of gain. Impelled by the spirit of real love for his labour, he will, in after life, be able to rise superior to all self-seeking or jealousy, and make common cause with all helpers in the work. He will furnish himself with energy in many an hour of fatigue, by the reflection that his work is one than which there can be none nobler; and he will prompt himself to fresh undertakings, cheered on by the thought, that, as far as Providence may permit, his glorious mission is

"To sweep distemper from the busy day,  
And make the chalice of the big round year  
Run o'er with gladness."

We would earnestly advise those of our readers who may now be in the commencement of their career, to strenuously endeavour to regard always from this lofty vantage-ground all that concerns the Profession they have chosen. The habit of so doing will sweeten all their labours, and be the best guarantee of future success.

*Preliminary Studies.*—Amongst those parts of a liberal education which ought always to be preliminary to the study of medicine, there is none from which more direct advantage will be gained than the knowledge of languages. Nothing tends more seriously to impede a student's progress, than difficulty in the comprehension of technical terms. It is absolutely necessary to success, that the mind should be able to give to every word encountered, a clear and familiar meaning; for, if the words be in any degree mysterious, it is certain that the subject will remain so too. It is matter of congratulation, that there



probably never was a time when pedantry was less in vogue in the Profession than at present; but even with every desire on the part of teachers to employ simple phraseology among subjects so extensive, the vocabulary of learned words must still remain a large one. The mastery of words the junior student will find one of his hardest tasks. He should, at the outset, provide himself with good dictionaries of reference, and make it an inexorable rule of practice never to hear or read an ill-understood word without looking up its meaning. If his previous education have been neglected in respect to languages, it can, however, scarcely be advised that during his studentship any attempts should be made to repair the deficiency more than are necessary for his examinations. The subjects claiming his attention as directly connected with Medicine are sufficiently numerous without the addition of the classics. With regard to passing the preliminary examination at the Apothecaries' Hall, or other Boards, we need scarcely suggest that it cannot be done too early, and should always, if possible, precede the active engagement in Medical pursuits.

*Order of Subjects.*—For the most part, the order in which lectures should be attended has been well marked out by the various Examining Bodies. Some liberty being, however, allowed as to the first courses, we would urge upon all so circumstanced as to be able to do so, the advantage of devoting to these courses a year previous to the commencement of strictly professional studies. In this way the student, if he reside near a Medical School, may dispose of Chemistry, Botany, and Natural Philosophy, at an age earlier than it would be advisable to enter on the full curriculum. Having mastered these subjects, he will find himself much more at liberty to give due attention to the otherwise almost overwhelming list of topics usually included in the first year's course. The question which, after entry on Hospital studies, will most engage the attention of the zealous student will be as to the relative amount of time to be devoted to the wards, to the lecture-room, and to private reading. On this point, the regulations of the Examining Boards are explicit, requiring certificates of attendance on practice during the whole period of study. An opinion fraught with the most mischievous consequences has, however, got about, in favour of a division of the period, and the devotion of the latter part only to the acquisition of practical knowledge. It is customary to hear that "the first year's man is not expected to attend Hospital practice," "that he has enough to do with his lectures," etc. Unless they are intending to devote to educational purposes a much longer series of years than are usually so spent, we cannot do otherwise than urge upon our young friends not to listen for one moment to such advice. Out of the three or four years within which residence at a Medical school is ordinarily comprised, not a single day should be allowed to pass without some hours of it being devoted to attendance in the wards. It is there only that the student will learn to estimate duly the relative importance of the different subjects for which his attention is asked; it is there alone that real fitness for the duties of after-life is to be obtained. The published views of Dr. Latham are well known. We quote the following from no less an authority than Dr. Graves:—"Five or six years' attendance on an Hospital will be little enough to qualify you to enter with propriety and confidence on the discharge of your Professional duties. Bear in mind, gentlemen, that when you come to treat diseases, you approach the bedside as Physicians or Surgeons, and not as chemists, botanists, or anatomists. This is the character in which you are to appear; and to the acquisition of knowledge which will prepare you for the discharge of its duties you ought to apply your chief attention." In another part of the same lecture Dr. Graves adds:—"I would not be understood to depreciate any department of human knowledge. Far be it

from me; besides the attempt would be useless. But I am anxious that you should concentrate all your energies on the proper objects of Medical pursuit, and devote the largest share of your attention to those acquirements which render you good Practitioners. I have seen students led astray by false notions, wasting half the time which should be spent in Hospital and by the sick bed in wandering through the fields on botanical excursions or working in the laboratory, engaged in the solution of some unimportant problem. *Now, this is not what will teach them to relieve suffering, or to cure disease.*" The student may probably object to the recommendation to begin Hospital practice at once, that, without a knowledge of anatomy and physiology, he is at a loss to understand the diseases which come before him; and that, while ignorant of the principles of therapeutics, the cures he sees made teach him no useful lessons. To this we answer, that the attempt to supply knowledge before the need of it has been felt is always attended by much waste of labour. It is far better, for instance, that, coincidently with the acquisition of anatomical details, the practical importance of those details should be strongly felt, than that they should be esteemed only as dry, unproductive facts. The memory requires all the assistance which association of ideas can be made to give it. Who has not experienced how faithful has been his retention of any piece of knowledge for which he had long sought, or which was supplied just at a juncture when he was capable of perceiving its full weight? Just so it is with the light afforded by anatomy and physiology to him who in his daily study of disease is puzzled for the want of it. But, setting aside the advantage thus gained in respect to the aptitude for learning these sciences themselves, the experience accumulated, the training of the perceptive powers, and the acquisition of tact, which are consequent on constant Clinical work, will abundantly reward for its prosecution, even under some disadvantage as to imperfect knowledge of preliminaries.

*Books and Reading.*—Study the full meaning of Bacon's aphorism: "Crafty men [affect to] condemn books, simple men admire them, but wise men use them." Avoid being unduly impressed with the value of opinions, simply because you have met them in print; but, at the same time, beware of allowing your cherished freedom of thought to lead you in any degree to neglect the vast stores of knowledge which others have gathered ready to your hand. Be of the wise men, and make a full use of books. You may, meanwhile, rest well satisfied, that whoever affects to despise them is, in almost every instance, a crafty person. The possession of a well-chosen library of reference is almost an essential to the student's success; and nothing can be more suicidal for him than to attempt to practise too great economy in respect to the purchase of books. It is true, that access to a public library is a great convenience, and should always be secured when possible; but, practically, such will be found no sort of substitute for well-filled shelves in one's own room. The student should be in the habit of constantly using his books for reference at the time of any difficulty or doubt occurring. This is infinitely the most profitable kind of reading; but it is necessary, for its systematic prosecution, that a good store of books should be kept within reach. The reading of Medical works through, from end to end, is, for the most part, a very barren task; they possess no chain of thrilling interest, running through the whole, and making every single part of itself impressive; but consist usually of more or less detached statements of fact, which in order so to affect the mind as to secure retention by the memory, must be offered at times when the faculties have been previously aroused to a sense of their importance. Richter says—and his advice is worthy of all attention—"Never write on a subject until you have first read yourself full on it; and never read on a subject till



you have thought yourself hungry on it." The student properly engaged in hospital attendance will never have to complain of want of appetite for his books. The old maxim of Locke, about "reading much, but not many books," might seem, indeed, to almost merit a reversal. The student should propose to himself the task, not of mastering a book, but of comprehending a subject; and he will find much the best way of so doing to consist in consulting various authors, and comparing their opinions. The practice of epitomising the contents of books, and of re-arranging and condensing the author's arguments, is one of the greatest usefulness; but the habit of making large verbatim extracts, however laudable in the Middle Ages, should not be thought of in this age of cheap printing. Every student should keep a sort of general index of knowledge, in which to post up references, not only to his own manuscript notes, but to books where special subjects are treated of. He will find such an index of the greatest service, more especially in preventing subsequent loss of time. Medical literature furnishes a strange mixture, and he who without wasting his energies would make a good use of it, must be careful to exercise great discrimination in reading. "Some books are to be tasted, others to be swallowed, some few to be chewed and digested." The plan of always reading by way of reference has the great advantage, that it enables the student to be his own critic. He who goes from the bedside to the book will soon learn to estimate the value of the latter, and to distinguish between the trashy and the really good.

*How best to make Use of Hospital Visits.*—We have endeavoured to impress upon the student the importance of being constant in his attendance on hospital practice throughout the whole of his career. It is not, however, the mere following the professor round the ward, and listening to such chance observations as may be made which will suffice. Those who are in the habit of doing so, often complain, that after all they do not find that they learn much from such visits, more especially in the medical wards. It is for want of method in seeking knowledge, for want, we might say, of knowing exactly of what they are in search, that they do not succeed. On entering a ward, a memorandum-book should always be in the hand, and of every subject or question of interest which may arise during the visit make a note for future investigation. Do not think it necessary that you should see every patient; but if any case seem to require your notice, stay by it and pursue your inquiries after the Professor has passed on. If this cannot be done at the time, make a note of the case, and visit it privately afterwards. Take down, very briefly at first, the particulars of such cases as interest you, and when you get home read up the diseases which they exemplify. Be in the constant habit of asking questions on all that you do not understand. It will not generally be needful or desirable to trouble the Professor himself with queries, as there will generally be present senior students, or others well capable of affording you the information sought; but, if not, and if circumstances permit, do not hesitate to ask your teacher himself. On this subject Bacon has the following apposite passage:—"He that questioneth much shall learn much, and shall content much; but especially if he address his questions to the skill of the persons whom he asketh; for he shall so give them occasion to please themselves in speaking, and himself shall continually gather knowledge; but let his questions not be troublesome, for that is fit for a poser." The genial freedom of colloquial intercourse permitted between the Professor and his class constitutes the great charm of our London schools; and it is, we believe, the fault of the students that its advantages are not more widely experienced than they are. Those who carry out the plan just suggested, of making memoranda on the spot of subjects for after-thought and

investigation, will, we feel certain, never find their Hospital visits barren of interest. On the contrary, those days will be very exceptional which do not furnish matter enough to occupy all the leisure time that can afterwards be spared. With regard to the kind of cases most worthy of notice, the student should avoid the devotion of too much time to very rare ones, and should also be careful to allow Medicine the superior amount of attention which it so justly claims over Surgery. The out-patients' rooms supply a most rich field for the cultivation of an intimate knowledge of the common and milder forms of disease, of which, it must never be forgotten, nine-tenths of the cases encountered in general practice will be found to consist. By adopting the same plan that we have recommended for the wards, this department may also be made at least as useful. Even by mere looking on without note-taking, if it be done attentively, in the out-patients' room invaluable lessons may be learned in the physiognomy of disease, and from the great number of cases there passing under notice, the eye may be made familiar with a kind of knowledge not otherwise obtainable. It can, perhaps, be scarcely needful, but as the student's success in his attempts to cultivate clinical pursuits will much depend upon it, we may be excused the hint, that in intercourse with Hospital patients all undue familiarity should be avoided, and, at the same time, the utmost kindness of manner adopted.

*Note-taking.*—We have already advised the student to be in the constant habit of making short memoranda on all subjects of interest which come before him. The same practice should always be pursued in the lecture-room; but it may be doubted whether the plan so commonly adopted of writing down lectures *in extenso* possesses any commensurate advantages. At any rate, if it be done, it should be done on the spot in a permanent form, so that no time may afterwards be wasted in copying out. For the most part, more will be gained by reading the subject up in some good author than by conning over the prolix notes of a lecture. The student has already heard the lecture delivered, and has, if he have been a good listener, had it impressed upon the mind with all the force of *viva voce* teaching. Excepting, then, in the case of Clinical Lectures, and for those students who are working especially for prizes, detailed note-taking may, we think, be ranked as superfluous labour. The practice, however, of noting down briefly the statements made, enumerating, *seriatim*, the proofs adduced, and putting the train of reasoning employed into a fresh form, is one from which the greatest benefit cannot but accrue. The skeleton lecture so constructed will enable the student to go through the original from memory afterwards,—an exercise of much greater service than copying notes, and one which should never be omitted. Any matters of especial interest in lectures, or original views of the Professor, should, of course, be stated at length, and entries respecting them should be made in the *index rerum*.

*Examinations, Prizes, etc.*—There are few more sure methods of gaining knowledge than by submitting to examinations. By them the extent of what has been already acquired is defined, and the mind acquires a confidence as to its possession; by them the boundaries of our ignorance are made known, and we ascertain to what it is necessary next to give attention. Subjects which were ill-defined before, become precise and tangible, when made the matter of question and answer. The student who cares for his character or his prospects will, of course, on no account neglect regular attendance at the fixed examinations of his several classes. He may, however, do much more than this, and may aid himself wonderfully by obtaining the frequent assistance of some more advanced friend in the capacity of an examiner. At all the best conducted Medical Schools there is now some gentleman in the office of tutor from whom much assistance in this respect will be received. It is to be regretted,



however, that the tutorial system has not as yet been extended to a degree at all commensurate with the necessities of the case, and meanwhile the student will be obliged for the most part to employ his friends in that capacity. The practice should always be, after having worked up any subject, either by reading or lectures, to get himself examined thoroughly respecting it.

As it regards examination for prizes, there can be no doubt but that the competition it excites is of the greatest benefit to many, and that the system, properly restricted, works well. Prizes should, however, by no means be accepted as the only criteria of industry. In the first place, they are possible only to a few,—we remember the limitation, *non omnia omnibus*; in the next, it must be borne in mind, that they are often obtained, in certain special subjects, by the utter neglect of others, and perhaps more important ones. In this, and indeed in all other affairs of life, the student should banish far from him the pride-prompted motto so often adduced on such occasions, "*Aut Cæsar aut nullus*," and should determine to make the utmost use of all opportunities, and conscientiously do his best; resolving to deserve well, to earn self-approval, and, if it be denied him to be Cæsar, to be at any rate as near Cæsar as possible. The mental exercise involved in writing for prizes is so valuable, that it should not be lightly given up; and the fear lest his name may chance not stand quite at the head of the list should never prevent the working student from competing. It is to be desired that it should become customary for all who have worked respectably during the Session, to contest the class-examination at its end. Such already is almost the practice at some Hospitals, greatly to the advantage of the students.

*Students' Societies.*—Almost all of the larger Medical Schools have in connexion with them a Students' Society devoted to the reading of papers, followed by discussion, on subjects of professional interest. These Societies deserve a great deal more attention than they have yet received, and should rank, indeed, among the most important of the institutes of Medical education. There is perhaps no other part of the system capable of exerting a more powerful influence for good. We would earnestly advise every student, as soon as he commences his career, to enrol himself a member of one of these Societies, and to continue throughout a regular attender of its meetings. Apart from the acknowledged fact that well conducted discussion is, both to listeners and debaters, of the utmost use as a means of intellectual training, it will be found that by its aid a large amount of real knowledge is to be obtained. It is not, of course, to be assumed, that during the hours thus spent, knowledge will be presented to the mind in so concentrated a form as is the case in the lecture-room or in private reading; but over both the latter, discussion has an enormous advantage in respect to the depth of impression which it makes. It is the best of all possible modes of *vivâ voce* teaching. We all of us forget nine-tenths of what we read, and a very large portion of what is taught us by lectures; but what we learn in a discussion seldom or never escapes us. Much, confessedly, will depend as to its usefulness on the mode in which the Society is conducted; but for this mode the members must never forget that they themselves are responsible. It is impossible that the meetings should be other than valuable, if those who attend them go in a truth-seeking spirit, knowing that the science which they cultivate cannot be served by flights of rhetoric, but requires for its aid cool reasoning and the patient exhibition of facts. To make good use of these opportunities the student will do well to take with him the motto, *Esse quam videri*—to be, rather than to seem. He should care nothing for the vanity of being esteemed wise by others, but resolutely determine to become so in reality. This would lead him never to feel shame in confessing ignorance when there is a hope of being enlightened, or of acknowledging a doubt or difficulty in the presence of those who are able to solve it.

# RULES AND REGULATIONS OF EXAMINING MEDICAL BODIES IN ENGLAND.

SESSION 1854—1855.

## UNIVERSITY OF OXFORD.

*Chancellor.*—The Earl of Derby.

*High-Steward.*—The Earl of Devon.

*Vice-Chancellor.*—R. L. Cotton, D.D.

*Registrar.*—Edw. Wetherell Rowden, M.A.

*Professors.*—Regius Professor of Medicine, J. A. Ogle, M.D.

Tomlin's Prælector of Anatomy, J. A. Ogle, M.D.

Sherardian Professor of Botany, C. G. B. Daubeny, M.D.

Lichfield's Professor of Clinical Medicine, J. A. Ogle, M.D.

Aldrichian Professor of Anatomy, J. A. Ogle, M.D.

" " Medicine, J. A. Ogle, M.D.

" " Chemistry, Charles G. B.

Daubeny, M.D.

Lee's Lecturer in Anatomy, H. W. Acland, M.D.

1st. *To perform the exercise called Responsions*, that is, to answer questions publicly proposed by the Masters of the Schools, consisting of an examination in the Greek and Latin languages, in Arithmetic, in Euclid, or in Algebra.

The time for the commencement of this exercise is in the Michaelmas Term, on the 5th of December; in Hilary Term, on the Monday after the fourth Sunday in Lent; and in Trinity Term, on the Thursday after the first Sunday in that Term.

2nd. *To be twice publicly examined.* The public examinations are held twice a-year; viz., in Michaelmas Term, beginning on the 2nd November; and in Easter Term, beginning on the Friday which follows the second Sunday after Easter. The first examination comprises:—1. *The four Gospels with special reference to an accurate knowledge of the text.* 2. *Greek and Latin authors, e.g., one poet and one orator, at least, in each.* 3. *Logic or Euclid, with the first part of Algebra.* The second public examination requires:—1. *The four Gospels and the Acts in Greek, Sacred History, the Evidences of Religion, and the Articles; one Philosopher and one Historian.* 2. *Six books of Euclid or the first part of Algebra.* 3. *Natural Science or the Law and Modern History, e.g., History of England, Blackstone's Commentaries, or Justinian's Institutes.* In Medicine, all students (besides undergoing the same examination appointed for Bachelors of Arts) are to be examined in the theory and practice of Medicine, Anatomy, Physiology, and Pathology; in *Materia Medica*, as well as in Chemistry and Botany, so far as they illustrate the science of Medicine; and in two, at least, of the following ancient Medical writers:—Hippocrates, Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved of by the Professor of Medicine, is to be publicly recited in the schools, and a copy of it afterwards delivered to the professor. For the degree of Bachelor in Medicine, all students in that faculty are eligible when they have completed twenty-eight terms from the day of matriculation; and, for a Doctor's, three years must intervene from the time of the candidate having taken his Bachelor's degree. Degrees are conferred throughout the year; but the examination for the degree of Bachelor of Medicine takes place only in Trinity or Act Term.

The Bodleian Library is open, between Lady-day and Michaelmas, from nine in the morning till four in the afternoon; between Michaelmas and Lady-day, from ten in the morning till three in the afternoon. At the Ashmolean Museum there is a Laboratory for the use of the Professor of Chemistry.

There are four terms in a year, viz.:—1. Michaelmas Term, which begins on the 10th of October, and ends on the 17th of December. 2. Hilary Term, which begins on the 14th of January, and ends the day before Palm Sunday. But if the Saturday before Palm Sunday should be a festival, in that case the term does not end till the Monday following. 3. Easter Term, which begins on the tenth day after Easter Sunday, and ends on the day before Whit-Sunday. 4. Trinity Term, which begins on the Wednesday after Whit-Sunday, and ends the Saturday after the Act, which is always on the first Tuesday in July.



## UNIVERSITY OF CAMBRIDGE.

## UNIVERSITY OFFICERS, 1854.

*Chancellor.*—His Royal Highness Prince Albert, LL.D., Trinity.  
*High Steward.*—Lord Lyndhurst, LL.D., Trinity.  
*Vice-Chancellor.*—T. C. Geldart, LL.D., Trinity Hall.  
*Representatives in Parliament.* } Right Hon. H. Goulburn, M.A., Trinity.  
    } Loftus T. Wigram, M.A., Trinity.  
*Librarian.*—Joseph Power, M.A., Clare.  
*Registrar.*—Joseph Romilly, M.A., Trinity.  
*ANNUAL OFFICER—CAPUT—in Physic.*—J. H. Webster, M.D., Jesus.

## PROFESSORS.

*Regius of Physic.*—Henry J. Hayles Bond, Corpus.  
*Chemistry.*—J. Cumming, M.A., F.R.S., Trinity.  
*Anatomy.*—William Clark, M.D., Trinity.  
*Botany.*—J. S. Henslow, M.A., F.L.S., John's.  
*Downing of Medicine.*—W. W. Fisher, M.D., Down.  
*Curator of the Botanic Gardens.*—James Stratton.

The Divinity, Law, and Physic Schools, are open during the whole of every term, and the keeping of all Acts, except the former, which are confined to every other Thursday, is entirely at the discretion of the respective Professors.

*Regulations for the Natural Sciences Tripos.*

1. That a new honour tripos be established, to be called "The Natural Sciences Tripos," the places in which shall be determined by an examination in the following subjects: Human and comparative anatomy, physiology, chemistry, mineralogy, excluding the mathematical part of crystallography, botany, geology.

2. That the Examiners for the "Natural Sciences Tripos" be the Regius Professor of Physic, the Professor of Chemistry, the Professor of Anatomy, the Professor of Botany, the Woodwardian Professor of Geology, the Professor of Mineralogy, together with one additional Examiner, to be nominated by the Vice-Chancellor, and appointed by grace of the Senate; and in case any of the above-mentioned Professors be prevented from examining in any year, deputies to examine instead of them shall be nominated by the Vice-Chancellor, and appointed by grace of the Senate.

3. That the examination for the "Natural Sciences Tripos" shall commence on the sixth Monday after the general admission *ad respondendum questioni*, and shall continue four days.

## PROCEEDINGS IN PHYSIC.

## BACHELOR OF MEDICINE (M.B.)

A student before he can become a Bachelor of Physic must have entered on his sixth year, computed from the date of his first admission at the University, have resided nine terms, and have passed the previous examination.

A Bachelor of Arts may become a Bachelor of Physic after having entered on his sixth year, computed from the date of his first admission at the University, provided that one year at least has intervened between his final determination in Arts, and his admission to the degree of Bachelor of Physic.

The exercises for this degree are one Act and one opponency.

Candidates for the degree of Bachelor of Physic must, previously to the performance of these exercises, in addition to the examination by the Regius Professor of Physic, be examined by the Professors of Anatomy, Chemistry, and Botany, and the Downing Professor of Medicine. The examinations by the Professors of Chemistry and Botany may take place in the fourth year after admission. The other part of the examination may take place in the fifth year after admission, but not earlier. They must have diligently attended the lectures of the Regius Professor of Physic for two terms, and must bring to him certificates of examination by the above Professors, and of attendance on their lectures, in case the course of lectures of the Professor of Botany consist of not less than twenty lectures, and the courses of lectures of the Professors of Anatomy and Chemistry, and of the Downing Professor of Medicine of not less than fifty lectures each. They must also deliver to the Regius Professor of Physic certificates of having been diligently employed in attendance on medical lectures and the practice of some well-known hospital for two years, or for as long a time as they have been absent from the University during their undergraduateship.

Every candidate for the M.B. degree pays the Professor 7*l.* for his Act.

If, on or before the 1st of February in his fourth year, the candidate for LL.B. or M.B. does not declare, in writing, to the Master of his College, that it is not his intention to proceed to

B.A., he forfeits 3*l.* to the University chest, over and above the usual fees; and if, after this declaration, he proceeds to B.A., he also pays 3*l.* extra to the Senior Proctor.

## LICENTIATE IN MEDICINE. (L.M.)

A licence *ad practicandum in Medicinâ* may be granted to a Bachelor of Physic in the term subsequent to that in which he has taken the degree, or to a Master of Arts of two years' standing. Candidates for a licence *ad practicandum in Medicinâ*, being previously Bachelors of Physic, are required to produce to the Regius Professor of Physic certificates of their having attended on hospital practice for three years exclusive of the nine terms which they kept by residence for the degree of Bachelor of Physic, and of their having attended lectures on the following subjects, namely:—Practice of physic and pathology, anatomy and physiology, chemistry and botany, medical jurisprudence, materia medica, and pharmacy, principles of surgery, principles of midwifery, practical anatomy for two seasons. Candidates for a licence *ad practicandum in Medicinâ*, being previously Masters of Arts, are required to bring satisfactory evidence to the Regius Professor of Physic of their having been employed in the study of physic for five years after they became Bachelors of Arts, and to produce to him certificates of their having attended on hospital practice for three of the said five years, and of their having attended lectures on the subjects before mentioned. Every candidate for a licence *ad practicandum in Medicinâ* is required to pass an examination to the satisfaction of the Regius Professor of Physic, the Professor of Anatomy, the Downing Professor of Medicine, and a Doctor of Physic, to be nominated by the Vice-Chancellor, and approved by the Senate at the first congregation after the 10th of October in each year. There are two such examinations in every year; one in the week immediately preceding that in which the division of the Michaelmas term falls; the other in the week immediately preceding that in which the division of the Easter term falls. A candidate for a licence *ad practicandum in Medicinâ*, being previously Bachelor of Physic, cannot be examined for the said licence until the examination which shall occur next but one after his having passed the examination required for the degree of Bachelor of Physic. A student who has declared for law or physic, may put on a full-sleeved gown, when those of the same year, who go out at the regular time, have taken their degree of Bachelor of Arts. He is then styled a Harry-Soph.

## DOCTOR IN MEDICINE (M.D.)

The degree of Doctor of Physic is granted to a Bachelor of Physic of five years, or to a Master of Arts of seven years' standing. The exercises for this degree are two acts and one opponency. Every candidate for the degree of Doctor of Physic, who has not previously obtained a licence *ad practicandum in Medicinâ*, is required to produce to the Regius Professor of Physic the same certificates and pass the same examination as are required in the case of candidates for a licence *ad practicandum in Medicinâ*.

The following Table of Average Expense, regularly incurred by the student, is calculated for one of the Colleges. The difference is not much at any other College:—

*Annual.*

	£	s.	d.
Tuition ... ..	10	0	0
Rooms, Rent ... ..	10	0	0
Attendance, Assessed Taxes, etc. ...	6	5	0
Coals ... ..	3	10	0
College Payments ... ..	5	7	4

*Cost of Living.*

Breakfast, Dinner, and Tea, at 16s. 6d. a-week for twenty-five weeks, making the average three terms' residence in the year. ... ..	20	12	6
Laundress .. ..	5	8	0

£61 2 10

Rent of rooms varies in the several Colleges from 4*l.* to 30*l.* Price of lodgings, 8s. to 28s. per week; the most frequent payment is 14s. or 16s.; and half-price is paid in vacations. Entertainment in rooms, attendance of a gyp, orders in the hall, are extra and optional. Private tuition is for the most part 14*l.*, or 7*l.* a term. Personal expenses and tradesmen's bills are independent of the place; they are paid by the student himself, or through the tutor, as may be found expedient.

## ADDENBROOKE'S HOSPITAL

was opened in the year 1776, and contains upwards of 100 beds. Certificates of attendance on the practice in it are recognised by



the University, by the Royal Colleges of Physicians and Surgeons, and by the Society of Apothecaries in London. During term clinical lectures are delivered weekly by the Physicians, and a course of lectures on the Principles of Surgery by Mr. Humphry, the certificate of attendance on which is received of candidates for L.M.

*Physicians.*—Henry J. H. Bond, M.D.; G. E. Paget, M.D.; William W. Fisher, M.D.

*Consulting Surgeon.*—John Okes, Esq., F.R.C.S.

*Surgeons.*—Charles Lestourgeon, M.A., F.R.C.S.; Josiah Hammond, F.R.C.S.; George M. Humphry, F.R.C.S.

*Fees.*—For attendance on the medical and surgical practice and the lectures:—

For 6 months . . . . .	Eight guineas.
12 months . . . . .	Ten guineas.
An unlimited period . . . . .	Fifteen guineas.

#### THE UNIVERSITY LIBRARY

contains about 170,000 volumes. It is open on Saturdays from ten till one; on January 30, May 29, and Saints' days, from twelve till three; and on other days from ten till three.

#### THE ANATOMICAL MUSEUM.

This rich and interesting collection is under the care and superintendence of the Professor of Anatomy for the time being. It is used by him and by the Regius Professor of Physic for the illustration of their respective lectures. The Museum is at all times open to the Regius Professor of Physic; to the other Professors of Medicine or Natural Science, to Doctors and Bachelors of Physic, and to all students attending the lectures of the Regius Professor of Physic, and of the Professor of Anatomy, or of any of the above-described Professors, from eleven to twelve every day, with the exception of Sundays, Christmas-day, and Good Friday. It is also open to all Graduates from two till three on Tuesdays, Thursdays, and Saturdays.

#### THE LONDON UNIVERSITY.

*Chancellor.*—The Earl of Burlington, LL.D., F.R.S.

*Vice-Chancellor.*—John George Shaw Lefevre, Esq., C.B., M.A., F.R.S.

*The Senate.*—The Lord Bishop of Durham, D.D., F.R.S.; the Lord Bishop of St. David's, D.D.; the Lord Monteagle, F.R.S.; the Lord Overstone; Andrew Amos, Esq., M.A.; Neil Arnott, Esq., M.D., F.R.S.; John Austin, Esq.; John Bacot, Esq.; Admiral Sir Francis Beaufort, K.C.B., F.R.S.; Archibald Billing, Esq., M.D., A.M., F.R.S.; Professor Brande, F.R.S.; Sir James Clark, Bart., M.D., F.R.S.; Sir Philip Crampton, Bart., M.D.; Professor Faraday, D.C.L., F.R.S.; the Right Hon. Sir James R. George Graham, Bart., LL.D., M.P., F.R.S.; George Grote, Esq., M.A.; Henry Hallam, Esq., M.A., F.R.S.; Sir Stephen Love Hammick, Bart.; the Rev. Professor Henslow, M.A.; Thomas Hodgkin, Esq., M.D.; Francis Kiernan, Esq., F.R.S.; George Cornwall Lewis, Esq., M.A.; Charles Locock, Esq., M.D.; Sir John William Lubbock, Bart., M.A., F.R.S.; the Right Hon. Thomas Babington Macaulay, M.A., M.P., F.R.S.; Sir James M'Grigor, Bart., M.D., K.C.B., F.R.S.; Jones Quain, Esq., M.D.; John Ridout, Esq.; Peter Mark Roget, Esq., M.D., F.R.S.; Nassau William Senior, Esq., M.A.; James Walker, Esq., LL.D., F.R.S.; Henry Warburton, Esq., M.A., F.R.S.

*Registrar.*—Richard Wellesley Rothman, Esq., M.D.

#### EXAMINERS.

*Medicine.*—Archibald Billing, Esq., M.D., M.A., F.R.S., and Alexander Tweedie, Esq., M.D., F.R.S.

*Surgery.*—Sir Stephen Love Hammick, Bart., and Joseph Hodgson, Esq., F.R.S.

*Anatomy and Physiology.*—Francis Kiernan, Esq., F.R.S., and Professor Sharpey, M.D., F.R.S.

*Physiology and Comparative Anatomy.*—Professor Carpenter, M.D., F.R.S.

*Midwifery.*—Edward Rigby, Esq., M.D.

*Chemistry.*—Professor Brande, F.R.S.

*Botany.*—The Rev. Professor Henslow, M.A.

*Materia Medica and Pharmacy.*—George Owen Rees, Esq., M.D., F.R.S.

#### BACHELOR OF MEDICINE.

Candidates for the Degree of Bachelor of Medicine shall be required. 1. To have been engaged during four years in their professional studies at one or more of the Institutions or Schools recognised by this University. 2. To have spent one year at least of the four in one or more of the recognised Institutions or Schools in the United Kingdom. 3. To pass two examinations.

*First Examination.*—The first examination shall take place once a year, and commence on the first Monday in August.(a) No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in Arts in this University, or in a University the degrees granted by which are recognised by the Senate of this University (b); or of having passed the Matriculation examination.(c) 3. Of having been a student during two years at one or more of the Medical Institutions or Schools recognised by this University, subsequently to having taken a degree in arts, or passed the Matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Chemistry, Botany, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 5. Of having dissected during nine months. 6. Of having attended a Course of Practical Chemistry, comprehending Practical Exercises in conducting the more important processes of General and Pharmaceutical Chemistry; in applying tests for discovering the adulteration of articles of the Materia Medica, and the presence and nature of poisons; and in the examination of Mineral Waters, Animal Secretions, Urinary Deposits, Calculi, etc. 7. Of having attended to Practical Pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the first examination without the payment of any additional fee. Candidates shall be examined in the following subjects:—Anatomy, Physiology, Chemistry, Botany, Materia Medica and Pharmacy. The candidate shall also be required to translate passages from the Latin Pharmacopœia. Such candidates only as in the opinion of the Examiners are admissible to the examination for honours, shall be placed in the first division.

#### EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the first examination may be examined for honours in any or all of the following subjects:—Anatomy and Physiology. Candidates may illustrate their answers by sketching the parts they describe. Chemistry, Materia Medica and Pharmaceutical Chemistry, Structural and Physiological Botany. The examinations shall take place in the week following the commencement of the first examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination. Candidates who pass the examinations, and acquit themselves to the satisfaction of the examiners, shall be arranged according to the several subjects, and according to their proficiency in each; and candidates shall be bracketed together, unless the examiners are of opinion that there is a clear difference between them. If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in anatomy and physiology, the candidate who shall distinguish himself the most in chemistry, and the candidate who shall distinguish himself the most in Materia Medica and pharmaceutical chemistry, shall each receive an exhibition of thirty pounds per annum for the next two years. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of five pounds. Under the same circumstances, the candidate who shall distinguish himself the most in structural and physiological botany shall receive a gold medal of the value of five pounds.

(a) The annual number of examinations will be increased at a future period, should it be found desirable.

(b) The Degrees in Arts of all Universities in the United Kingdom are recognised by the Senate for this purpose.

(c) The Matriculation Examination is the same for Students in Arts and for Students in Medicine.



## SECOND EXAMINATION.

The second examination shall take place once a-year, and commence on the first Monday in November. No candidate shall be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he have produced certificates to the following effect:—1. Of having passed the first examination. 2. Of having subsequently to having passed the first examination attended a course of lectures on each of two of the subjects comprehended in the list given under section 4 of requirements for the M.B. degree, and for which the candidate had not presented certificates at the first examination. 3. Of having, subsequently to having passed the first examination, dissected during six months. 4. Of having conducted at least six labours. Certificates on this subject will be received from any legally-qualified practitioner in medicine. 5. Of having attended the surgical practice of a recognised Hospital or Hospitals during twelve months, and Lectures on Clinical Surgery. 6. Of having attended the medical practice of a recognised Hospital or Hospitals during other twelve months, and Lectures on Clinical Medicine. 7. Of having, subsequently to the completion of his attendance on surgical and medical Hospital practice, attended to practical medicine in a recognised Hospital, Infirmary, or Dispensary, during six months. Certificates on this subject will be received from any legally-qualified practitioner having the care of the poor of a parish. The candidate shall also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the second examination without the payment of any additional fee. Candidates shall be examined in the following subjects:—Physiology. The papers in physiology shall include questions in Comparative Anatomy, General Pathology, General Therapeutics, Hygiene, Surgery, Medicine, Midwifery, Forensic Medicine. The candidate shall also be required to translate passages of the Latin Pharmacopœia into English, and of the English Pharmacopœia into Latin. On Monday morning in the week following the examination, the examiners shall arrange in two divisions, each in alphabetical order, such of the candidates as have passed. And a certificate under the seal of the University, and signed by the Chancellor, shall be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the examination for honours, shall be placed in the first division.

## EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the second examination may be examined for honours in any or all of the following subjects:—Physiology and Comparative Anatomy. Candidates may illustrate their answers by sketching the parts they describe. Surgery, Medicine, Midwifery. The examination shall take place in the week following the second examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation.

In determining the relative position of candidates, the Examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination. Candidates who pass the examinations, and acquit themselves to the satisfaction of the Examiners, shall be arranged according to the several subjects, and according to their proficiency in each; and candidates shall be bracketed together unless the Examiners are of opinion that there is a clear difference between them. If in the opinion of the Examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in Physiology and Comparative Anatomy, the candidate who shall distinguish himself the most in Surgery, and the candidate who shall distinguish himself the most in Medicine, shall each receive an exhibition of 50*l.* per annum for the next two years, with the style of University Medical Scholar. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of 5*l.* Under the same circumstances, the candidate who shall distinguish himself the most in Midwifery shall receive a gold medal of the value of 5*l.*

## DOCTOR OF MEDICINE.

The examination for the degree of Doctor of Medicine shall take place once a-year, and commence on the fourth Monday in

November. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having taken the degree of Bachelor of Medicine in this University, or a degree in Medicine or in Surgery at a University the degrees granted by which are recognised by the Senate of this University. (a) Those candidates who have not taken the degree in this University shall produce a certificate of having completed their twenty-third year. 2. Of having attended, subsequently to having taken one of the above degrees in Medicine, *a.* To Clinical or Practical Medicine during two years in an Hospital or Medical Institution recognised by this University. *b.* Or, to Clinical or Practical Medicine during one year in a Hospital or Medical Institution recognised by this University, and of having been engaged during three years in the practice of his Profession. *c.* Or, if he have taken the degree of Bachelor of Medicine in this University, of having been engaged during five years in the practice of his Profession. One year of attendance on Clinical or Practical Medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division. 3. Of Moral Character, signed by two persons of respectability. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for the degree of Doctor of Medicine shall be 10*l.* No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be admissible to any subsequent examination for the same degree without the payment of any additional fee. The examination shall be conducted by means of printed papers and *viva voce* interrogation. Candidates shall be examined in the following subjects:—Elements of Intellectual Philosophy, Logic, and Moral Philosophy. Medicine.

On Monday morning in the week following the examination, the examiners shall arrange in two divisions, each in alphabetical order, such of the candidates as have passed. And a certificate under the seal of the University, and signed by the Chancellor, shall be delivered to each candidate.

## REGULATIONS RELATING TO STUDENTS WHO COMMENCED THEIR MEDICAL STUDIES IN OR BEFORE JANUARY 1839. (b)

## BACHELOR OF MEDICINE.

Candidates who commenced their Professional studies in or before January 1839, shall be admitted to the first examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the list at page 59. 3. Of having dissected during nine months. 4. Of having attended to Practical Pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the preparation of medicines. Candidates who commenced their professional studies in or before January 1839, shall be admitted to the second examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during four years in their professional studies. 2. Of having passed the first examination. 3. Of having attended a course of lectures on each of two of the subjects comprehended in the list given under section 4 of requirements for the M.B. degree. 4. Of having Dissected during twelve months. 5. Of having attended to Practical Pharmacy during a sufficient length of time to enable the pupil to acquire a practical knowledge in the preparation of medicines. 6. Of having conducted at least Six Labours. 7. Of having attended the Surgical Practice of a recognised Hospital or Hospitals during twelve months. 8. Of having attended the Medical Practice of a recognised Hospital or Hospitals during other twelve months. 9. Of having completed the twenty-second year of their age. 10. Of Moral Character from a teacher in the last school or institution at which they have studied, as far as the teacher's opportunity of knowledge has extended. Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

(a) At present, all candidates for the degree of Doctor of Medicine must have previously obtained the degree of Bachelor of Medicine in this University.

(b) Candidates who have obtained the degree of M.B. under the regulations contained here, and who are desirous of proceeding to the degree of M.D., will be required to produce the certificates enumerated under the regulations for the M.D. degree.



# REGULATIONS RELATING TO PRACTITIONERS IN MEDICINE OR SURGERY DESIROUS OF OBTAINING DEGREES IN MEDICINE.(a)

*Bachelor of Medicine.*—Candidates shall be admitted to the two examinations for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted prior to the year 1840 members of one of the legally-constituted bodies in the United Kingdom for licensing Practitioners in Medicine or Surgery; or, of having served previously to 1840 as Surgeons or Assistant-Surgeons in Her Majesty's army, ordnance, or navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the Charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

*Doctor of Medicine.*—Candidates who have been engaged during five years in the practice of their Profession shall be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their Profession. 2. Of having taken the Degree of Bachelor of Medicine in this University. Candidates who have not taken a degree in arts, or passed the Matriculation Examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

## ROYAL COLLEGE OF PHYSICIANS, LONDON.

*President.*—Dr. Paris. *Elects.*—Drs. Turner, Hue, Bright, Monro, Mayo, Southey, Hawkins.

*Censors.*—Drs. Farre, Barker, Hughes, Seth Thompson.

*Treasurer.*—Dr. Alderson.

*Registrar.*—Dr. Hawkins.

*Curators of the Museum.*—The President, the Censors, Drs. Wilson, Alderson, Nairne, Bence Jones.

*Bedel.*—Mr. Rawes.

According to the Regulations of this College, no one will be admitted as a candidate for the licence or extra licence, unless he shall have attained the age of six-and-twenty, and shall present a certificate of good moral conduct. His medical education must comprise anatomy, the theory and practice of medicine, forensic medicine, chemistry, materia medica, natural history (particularly botany), midwifery, and the principles of surgery, and must extend over the period of five years. Practical medicine must be studied for three years in an Hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education according to the usual course of study, are required to present testimonials of a twelve-month's attendance on medical practice at any Hospital in Great Britain, having the qualifications as above.

No one will be admitted as a licentiate (*permissus*) who is accustomed to use any secret medicine or nostrum in the treatment of disease, unless previously to his first examination he make known to the President and Censors its composition and the manner in which it is employed. Every candidate must undergo three examinations before the President and Censors. The first examination comprises physiology, the second pathology, and the third therapeutics. At the commencement of the first examination, the President may inquire of the candidate where he studied polite literature, and the principles of science, and what honours he has obtained, whether in philosophy, arts, or medicine, in order that the answers may be recorded by the registrar. The candidate may also be examined in Greek works on medicine,—to wit, Hippocrates, Galen, or Aretæus. Passages from the Aphorisms of Hippocrates or Galen will be brought forward during the first examination; and, during the second and third, passages from Hippocrates, Galen, or Aretæus, which must be translated into Latin, and illustrated with a brief commentary. If the candidate decline examination in Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on medicine, into English. The examinations are conducted in Latin or English, at the pleasure of the Censors.

Whenever a candidate has passed the prescribed examinations, and has been approved, he will be proposed at the next *comitia majora* (or meeting of the fellows at large) to be admitted as a licentiate; and, if the majority present consent, he will be ad-

mitted accordingly. If, however, the candidate be rejected, he cannot present himself for re-examination for a twelvemonth.

Before the licentiate is admitted, he is required to plight his faith to the College that he will obey its statutes, or pay the penalties imposed; and consult the honour of the College and the good of the public in all his medical practice.

If any one holding the licence of the College practise pharmacy afterwards, or engage in merchandise, he is liable to expulsion; and any person practising medicine in London, or within seven miles thereof, without having previously obtained the College licence, is to be admonished by letter to cease his practice until after he has passed the required examinations; and if he continue to practise, despite this admonition, then *legibus regni obnoxius erit*.

Persons who have attained their fortieth year, seeking to become licentiates of the College, but whose medical education is not altogether in accordance with the regulations already stated, must present very high testimonials of professional knowledge and good moral conduct, and, if these are satisfactory to the Censors, after a very strict scrutiny, the Censors may recommend to the College that they should be admitted to examination the same as for licentiates in general.

The old regulation restricting the fellowship ordinarily to the Graduates of Oxford and Cambridge, was repealed in the latter part of 1835; and after Easter, 1836, all candidates were declared to be admissible as licentiates only, from which class, when duly qualified, a certain number are to be annually elected fellows in *comitia majora*; none being eligible who have not been four years in the number of licentiates.

The President of the College is *ex officio* President of the Vaccine Board, a Trustee of the British and Hunterian Museums, and an elector to the Tancred Scholarships. The College also appoints the Sherardian Professor of Botany to the University of Oxford.

The examinations for the licence are conducted by the President and Censors. The periods at which they take place are Michaelmas, Christmas, Easter, and Midsummer. The new Censors are elected on the 25th of June. The lectures are delivered in the early part of the year. There are about fifteen delivered: three Gulstonian, three Croonian, and three Lumleian, so called from the names of those who left endowments to the College for the purpose; and six lectures on materia medica. The museum and library are the property of the fellows; but licentiates may, if they desire it, be admitted to the use of the library, on payment of a small subscription.

The College fees are 56*l.* 17*s.* for the licence; fellowship, 55*l.* 1*s.*; extra licence, 25*l.*

If any fellow or licentiate should be convicted before the President and Censors of having accused any other fellow or licentiate of professional ignorance, etc., unless it be before a legally-constituted tribunal, he shall be fined 4*l.* for the first offence, and 8*l.* for the second; if he offend a third time, if a fellow, he shall be expelled, and if a licentiate, fined 10*l.* This last fine is to be enforced every time afterwards the licentiate shall so offend. If any fellow or licentiate shall offer his professional assistance to any patient whom he shall know to be under the care of another physician, whether fellow or licentiate, without having been called in to see the patient professionally, he shall be fined 40*s.*

If any fellow be proved to have made any arrangement with a druggist, to share with him the proceeds in his prescriptions, he shall be expelled; if a licentiate have entered into a similar arrangement, he shall be fined 10*l.* every time he shall so offend.

Every physician, whether fellow or licentiate, shall attach to each prescription which he writes, the day of the month, the name of the sick person, and his own initials. When a consultation takes place, it is to be carried on with modesty, not in the presence of the sick; and if any difference of opinion occurs, it is to be stated with prudence and moderation, so as to be as little distressing as possible to the patient or the friends, by the ordinary medical attendant. Whoever infringes these regulations will be fined 5*l.* by the President and Censors.

No fellow or licentiate may consult in London, or within seven miles thereof, with a Physician who does not belong to the College, under a penalty of 5*l.*

All fines are to be paid immediately.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

### COUNCIL.

*President.*—George James Guthrie.

*Vice-Presidents*—Benjamin Travers, William Lawrance, Robert Keate, Sir Benjamin Collins Brodie, Bart., Joseph Swan, Edward Stanley, Joseph Henry Green, James Moncrieff Arnott, John

(a) All these Regulations are applicable exclusively to Practitioners who obtained their licences or commissions prior to 1840.



Flint South, Caesar Henry Hawkins, James Luke, Frederic Carpenter Skey, Joseph Hodgson, Thomas Wormald, George Pilcher, John Bishop, Gilbert Wakefield Mackmurdo, Francis Kiernan, William Coulson, George Gulliver, Richard Partridge, John Hilton, Richard Quain.

## PROFESSORS.

*Anatomy and Surgery.*—Messrs. Skey and Paget.

*Hunterian.*—Richard Owen.

*Histological.*—John Thomas Quekett.

*Conservators of the Museum.*—Richard Owen, John Thomas Quekett.

*Librarian.*—John Chatto.

*Secretary.*—Edmund Belfour.

*Clerk.*—Thomas Madden Stone.

## REGULATIONS OF THE COUNCIL

RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE DIPLOMA OF MEMBER OF THE COLLEGE.

Candidates will be required to produce the following certificates, viz. :—

1. Of being twenty-one years of age.
2. Of having been engaged during four years in the acquirement of professional knowledge.
3. Of having studied practical pharmacy during six months.
4. Of having attended at a recognised Hospital or Hospitals in the United Kingdom the practice of physic during one winter (a) and one summer (b) session.

5. Of having attended, during three winter and two summer sessions, the practice of surgery at a recognised Hospital or Hospitals in the United Kingdom.

The certificates of attendance, on the Medical practice of a Hospital, commencing on or after the 1st of October, 1854, must be accompanied by certificates of attendance on clinical lectures on Medicine during such attendance; and the certificates of attendance, by such candidates, on the Surgical practice of a Hospital, commencing on or after the said 1st of October, 1854, must be accompanied by certificates of attendance on clinical lectures on Surgery during such attendance. Such courses of clinical lectures shall, in England and in the Colonies, consist of not less than one lecture on Medicine and one lecture on Surgery in each week during the summer and winter sessions; and in Scotland and Ireland shall consist of such number of lectures as may be, respectively, required by the Royal Colleges of Surgeons of Edinburgh and Ireland. These lectures shall be additional to clinical instruction given in the wards, and shall have especial reference to cases at the time, or previously under observation in the Hospital.

6. Of having studied Anatomy and Physiology, by attendance on lectures and demonstrations, and by dissections during three Winter Sessions.

7. Of having attended, during two Winter Sessions, lectures on the Principles and Practice of Surgery.

8. Of having attended, during one Summer Session, Lectures on Materia Medica, and Lectures on Midwifery; Practical Midwifery to be attended at any time after the conclusion of the Session.

9. And of having attended one Course of Lectures on the Practice of Physic and one Course on Chemistry.

The course of study hereby prescribed is required to be observed by candidates who shall have pursued their studies in Hospitals and Schools in England. Those candidates who shall have studied in Scotland are required to bring certificates of having attended lectures on the institutes of medicine during one Winter Session, and on Anatomy during two other Winter Sessions, and on Demonstrations and Dissections during three Winter Sessions. (The foregoing regulations being in all other respects observed.) Candidates who shall have attended Lectures on Materia Medica in the University of Dublin will be allowed to bring certificates of such attendance during the Winter Session.

II. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and

(a) The Winter Session comprises a period of six months, and, in England, commences on the 1st of October, and terminates on the 31st of March.

(b) The Summer Session comprises a period of three months, and, in England, commences on the 1st of May and terminates on the 31st of July.

No provincial Hospital will be recognised by this College which contains less than 100 patients; and no Metropolitan Hospital which contains less than 150 patients.

of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in Medicine of any legally constituted College or University requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the University where they shall have graduated, or at one or more of the recognised schools and Hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognised colonial Hospitals and Schools (a) the medical and surgical practice and the several courses of lectures, with the demonstrations and dissections required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the Surgical practice of a recognised Hospital, and Lectures on Anatomy, Physiology, and Surgery, with Demonstrations and dissections.

V. Certificates will not be recognised from any Hospital unless the Surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such School be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such School be members of one of the legally constituted Colleges of Surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and physiology—demonstrations and dissections—will be respectively considered as one branch of science; and in those schools in Scotland or Ireland in which such division of those subject is sanctioned by the College of Surgeons in each kingdom, the Institutes of Medicine,—anatomy, demonstrations, and dissections,—may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

N.B. In the certificates of attendance on Hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the Secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

## REGULATIONS OF THE COUNCIL

RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE CERTIFICATE OF QUALIFICATION IN MIDWIFERY.

1. Persons who were Fellows or Members of the College, prior to the 1st day of January, 1853, will be admitted to Examination for the certificate of qualification in Midwifery upon producing their diploma.

2. Persons having become Members of the College, subsequently to the 1st of January, 1853, will be admitted to examination on producing their diploma, together with a certificate or certificates of having attended twenty labours.

3. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma, licence or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having attended one course of lectures on Midwifery—and of having attended not less than twenty labours.

4. Graduates in Medicine of any legally constituted College or University, requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having completed, at recognised schools,

(a) The recognition of colonial Hospitals and schools is governed by the same regulations, with respect to number of patients, to courses of lectures, and to physicians, surgeons, and lecturers, as apply to the recognition of provincial Hospitals and schools in England.



the anatomical and surgical education required of candidates for the diploma of member of the College—of having attended one course of lectures on Midwifery—and of having attended not less than twenty labours.

5. Persons having commenced their professional education, either by attendance on Hospital practice, or on lectures on anatomy, prior to the 1st of January, 1853, will be admitted to examination on producing the several certificates of professional education required for admission to examination for the diploma of member of this College, at the period when such persons shall respectively have, in such manner, commenced their professional education.

6. Persons having commenced their professional education, either by attendance on Hospital practice, or on lectures on anatomy, after the 31st day of December, 1852, will be admitted to examination on producing certificates of being twenty-one years of age—of having been engaged during four years in the acquirement of professional knowledge—of having completed, at recognised schools, the professional education required of candidates for the diploma of member of this College—of having attended one course of lectures on midwifery and the diseases of women and children—and of having personally conducted thirty labours.

N.B. The fee for the certificate is as follows, viz.—1. Persons who were Fellows or Members of this College prior to the 1st of January, 1853, Two Guineas. 2. Persons admitted Fellows or Members of this College, subsequently to the 1st of January, 1853, Three Guineas. 3. 4. Persons producing any other diploma or certificate of degree which may be considered by the Council to afford satisfactory proof of sufficient Surgical and Medical Education, Three Guineas. 5. 6. All other persons, Ten Guineas.

#### ADMISSION TO THE FELLOWSHIP BY EXAMINATION. BYE-LAWS, 1852.

Except in the cases and instances hereinafter provided for to the contrary, every candidate for the Fellowship, whether a member of the College or not, shall produce certificates satisfactory to the Court of Examiners :—That he is 25 years of age. That he is (if found qualified upon his examination) a fit and proper person to be admitted to the Fellowship, and the certificate of which shall be signed by three Fellows. That he has passed the preliminary examination in classics, mathematics, and French appointed by the Council, or such other examination in any University in the United Kingdom as the Council may from time to time determine to be equivalent thereto. That he has been engaged for six years in the acquirement of professional knowledge in Hospitals or schools of Anatomy, Surgery, and Medicine recognised by the Council of the College for that purpose; and that not less than three Winter and three Summer Sessions thereof have been passed in one or more of such Hospitals in London. That he has studied anatomy and physiology by attendance on lectures and demonstrations, and by dissections, during three Winter Sessions of not less than six months each, at a recognised school or schools. That he has attended lectures on the theory and practice of Medicine, and on clinical Medicine; and also on the theory and practice of Surgery, and on clinical Surgery, during two Sessions of not less than six months each, at recognised schools and Hospitals. That he has attended one course of lectures on each of the following subjects, viz., chemistry, materia medica, midwifery, with attendance on cases, Medical jurisprudence, and comparative anatomy, at one or more recognised school or schools. That he has attended the Surgical practice of a recognised Hospital or Hospitals during four Winter and four Summer Sessions, and the Medical practice of a recognised Hospital or Hospitals during one Winter and one Summer Session. That he has served the office of House-Surgeon or dresser in a recognised Hospital in the United Kingdom. He shall also present for examination clinical reports, with observations thereon, of not less than six Surgical cases taken by himself at one or more of the recognised Hospitals in the United Kingdom, with satisfactory evidence of their authenticity and genuineness. In the case of a candidate who shall have taken by examination the degree of Bachelor or Master of Arts in any University in the United Kingdom, it shall be sufficient for him to produce a certificate or certificates that he has been engaged for five years (instead of six years) in the acquirement of professional knowledge in recognised Hospitals or schools of Surgery and Medicine, but he shall in all other respects produce the certificates of the foregoing course of study. Any person who shall have been a member of the College on the fourteenth day of September, one thousand eight hundred and forty-four, shall be

entitled to be admitted to the examination for the Fellowship upon the production of a certificate signed by three Fellows that he has been eight years in the practice of the Profession of Surgery, and that he is a fit and proper person to be admitted a Fellow, if upon examination he shall be found qualified. Any person who shall have become a member of the College after the said fourteenth day of September, one thousand eight hundred and forty-four, shall, after the expiration of twelve years from the date of the diploma, also be entitled to be admitted to the examination for the Fellowship upon the production of a certificate signed by three Fellows that he has been for twelve years in the practice of the profession of Surgery, and that he is a fit and proper person to be admitted a Fellow, if upon examination he shall be found qualified. Every member of the College shall, prior to his admission as a Fellow by examination, make and subscribe his name to the following declaration, in the presence of the Court of Examiners, viz. :—"I, A. B., of C., member of the Royal College of Surgeons of England, do solemnly and sincerely declare, that, while a Fellow of the said College, I will observe the bye-laws thereof relating to the Fellowship, and will obey every lawful summons issued by order of the Council of the said College, having no reasonable excuse to the contrary. And I make this solemn declaration by virtue of the provisions of an Act passed in the sixth year of the reign of His late Majesty King William the Fourth, intituled an Act to repeal an Act of the present Session of Parliament, intituled an Act for the more effectual Abolition of Oaths and Affirmations taken and made in various departments of the State, and to substitute declarations in lieu thereof, and for the entire suppression of voluntary and extra-judicial Oaths and Affidavits, and to make other provisions for the abolition of unnecessary Oaths." Every member of the College shall, prior to his admission as a Fellow, subscribe his name to a copy of the bye-laws relating to the Fellowship in testimony of having engaged himself to the observance thereof. Every member of the College shall, prior to his admission as a Fellow, pay the sum of ten guineas over and besides all charges for stamps. Every person not previously a member of the College shall, prior to his admission as a Fellow, make and subscribe his name to the following declaration, in the presence of the Court of Examiners, viz. :—"I, A. B., of C., do solemnly and sincerely declare, that while a Fellow or member of the Royal College of Surgeons of England, I will observe the bye-laws thereof, and will obey every lawful summons issued by the Council of the said College, having no reasonable excuse to the contrary, and will to the utmost of my power maintain the dignity and welfare of the College. And I make this solemn declaration by virtue of the provisions of an Act passed in the sixth year of the reign of His late Majesty King William the Fourth, intituled an Act to repeal an Act of the present Session of Parliament, intituled an Act for the more effectual abolition of Oaths and Affirmations taken and made in various departments of the State, and to substitute declarations in lieu thereof, and for the more entire suppression of voluntary and extra-judicial Oaths and Affidavits, and to make other provisions for the abolition of unnecessary Oaths." Every person not previously a member of the College shall, prior to his admission as a Fellow, subscribe his name to a copy of the bye-laws of the College. Every person not previously a member of the College shall, prior to his admission as a Fellow, pay the sum of thirty guineas over and besides all charges for stamps.

The preliminary examination in Classics, Mathematics, and French is held in the months of April and October. The professional examination is held in the months of May and November. Each professional examination occupies two days. The subjects of the first day's examination are, Anatomy and Physiology; those of the second day, Pathology, Therapeutics, and Surgery: in the anatomical examination the candidate performs dissections or operations on the dead body. The time allowed for examination each day is from ten o'clock a.m. until four o'clock p.m.

#### THE SOCIETY OF APOTHECARIES.

*Master.*—N. B. Ward, Esq.

*Wardens.*—R. C. Griffith, Esq.; and J. F. De Grave, Esq.

*Court of Examiners.*—Edward Tegart, Chairman; H. Combe, A. M. Randall, Richard Hopkins Robertson, R. King, Robert Druitt, C. R. Walsh, Robert Hunter Semple, William George Thiselton Dyer, S. H. Ward, T. Ansell, and T. R. Wheeler.

*Secretary to the Court of Examiners.*—Henry Blatch.

Every candidate for a certificate of qualification to practise as an Apothecary will be required to produce testimonials :—1. Of having served an apprenticeship of not less than five years to an



**Apothecary.** No gentleman practising as an Apothecary in England or Wales can give his apprentice a legal title to examination unless he is himself legally qualified to practise as an Apothecary, either by having been in practice prior to or on the 1st of August, 1815, or by having received a certificate of his qualification from the Court of Examiners. An apprenticeship for not less than five years to Surgeons practising as Apothecaries in Ireland and Scotland gives to the apprentice a title to be admitted to examination. 2. Of having attained the full age of twenty-one years. As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured. 3. Of good moral conduct. A testimonial of moral character from the gentleman to whom the candidate has been an apprentice will always be more satisfactory than from any other person. 4. And of having pursued a course of Medical study in conformity with the regulations of the Court.

[For Course of Study, see Table, p. 302.]

**Recognition of Lecturers and Schools.**—No member of the Court of Examiners will be recognised as a Lecturer on any branch of Medical science. No Lecturer will be recognised by the Court who is not connected with a recognised Medical school, or who teaches on more than two branches of Medical science; nor until he has produced very satisfactory testimonials of his attainments in the science he purposes to teach, and of his ability as a teacher thereof, from at least two persons of acknowledged talents and distinguished acquirements in the particular branch of science in question. Satisfactory assurance must also be given that the teacher is in possession of the means requisite for the full illustration of his lectures, viz., that he has, if lecturing on chemistry, a laboratory and competent apparatus; on materia medica, a museum sufficiently extensive; on botany, a hortus siccus, plates or drawings, and recent plants; on midwifery, a museum, and such appointment in a public institution as may afford the means of practical instruction to the pupils. Lectures on Anatomy, and Physiology, and Anatomical Demonstrations, must be in conformity with the regulations of the Royal College of Surgeons. The lecturer on the Principles and Practice of Medicine, if he lectures in London, must be a member of the Royal College of Physicians of London; and, if in a provincial town, either a member of the Royal College of Physicians of London, or a graduated Doctor of Medicine of a British University of four years' standing, unless prior to his graduation he had been for four years a licentiate of this Court. The lecturer on Materia Medica and Therapeutics must be a member of the Royal College of Physicians, or a graduated doctor of Medicine of a British University of four years' standing; or he must have been a licentiate of this Court for the same period. The lecturer on Midwifery must be a member of one of the legally-constituted Colleges of Physicians or Surgeons in the United Kingdom of four years' standing; or he must have been a licentiate of this Court for the same period. The names of the lecturers recognised by the Court may be known on application to the Secretary at the Hall of the Society. The certificates of teachers recognised by the constituted Medical authorities in Ireland and Scotland, as also those of the Medical Professors in foreign Universities, are received by the Court. Much inconvenience having arisen from the presentation of schedules signed by lecturers unknown to the Court, it is particularly requested that the registrars of the Medical schools will furnish a correct list of their recognised teachers to the Secretary of this Court, at the commencement of every Winter Session.

**Hospitals and Dispensaries.**—No Hospital will be recognised by the Court unless:—1. It contain at least one hundred beds. 2. It be under the care of two or more Physicians, members of the Royal College of Physicians of London, or graduated doctors of Medicine of a British University; and an Apothecary legally qualified, either by having been in practice prior to the 1st of August, 1815, or by having received a certificate of qualification from this Court. 3. The Physicians give lectures on clinical Medicine, and instruction in morbid anatomy. No dispensary will be recognised by the Court unless it be situated in some town where there is a recognised Medical school, and be under the care of at least two Physicians and an Apothecary legally qualified. No Medical practice will be available unless it be attended in conformity with the course of study prescribed for pupils.

**Registration of Testimonials.**—All testimonials must be given on a printed schedule, and the blanks therein must be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration. In London, at this Hall. In the provincial towns, from the gentlemen who keep the registers of the Medical schools; and whose names may be

known by application to the Secretary of this Court. All students in London are required personally to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court whose names and classes in the register correspond with their schedules. Tickets of admission to lectures and Medical practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within seven days from the commencement of the course; and certificates of attendance must be registered in the months of April and August. Due notice of the days and hours of such registrations will be given from time to time. The Court also require students at the provincial Medical schools, to register their names in their own handwriting, with the registrar of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended lectures or Medical practice within fourteen days of the completion of such attendance. The registrars are requested to furnish the Court of Examiners with a copy of each registration immediately after its close, as those students only will be admitted to examination whose registrations have been duly communicated to the Court.

**Junior Preliminary Examination in Classics and Mathematics.**—An examination in classics and mathematics will be held at the Hall three times in the year, viz., on the third Tuesday in the months of March, July, and November. Medical students will be admitted to this examination at any period from the date of their apprenticeship to the commencement of the second Winter Session of their curriculum; and those who pass it will not be subject to any subsequent examination in Latin, except in the Pharmacopœia Londinensis and prescriptions. The subjects of examination will be announced in the Medical Journals three months before each examination. Candidates for this examination will be required to enter their names in a book kept at the beadle's office not less than one month before the day of examination; and those gentlemen who fail to pass this examination will have to undergo the Latin examination in Celsus and Gregory, when they present themselves for their general examination.

**Preliminary Latin Examination.**—On the first Saturday in the months of October, December, January, February, April, May, and June, those gentlemen who have completed two Winter Sessions of their Medical studies, and have not previously failed in the preliminary classical and mathematical examination, may be admitted to an examination in Celsus and Gregory, provided there be twenty names on the list. Candidates will be required to enter their names in a book kept at the beadle's office, on or before the preceding Monday, and to attend at half-past three p.m. on the day of examination. Those gentlemen who fail to pass this examination satisfactorily will not be re-admitted until they appear for their general examination.

**Examination.**—The Court of Examiners meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock. Every person intending to offer himself for examination must give notice in writing to the clerk of the Society on or before the Monday previously to the day of examination, and must at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from ten until four o'clock. The examination of the candidate for a certificate of qualification to practise as an Apothecary will be as follows:—In translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of Gregory's Conspectus Medicinæ Theoreticæ; in Physicians' prescriptions, and the Pharmacopœia Londinensis; in Chemistry; in Practical Chemistry; in Materia Medica and Therapeutics; in Botany; in Anatomy; in Physiology; in the Principles and Practice of Medicine, including Midwifery and the Diseases of Children. The examination of the candidate for a certificate of qualification to act as assistant to an Apothecary, in compounding and dispensing medicines, will be as follows:—In translating Physicians' prescriptions, and the Pharmacopœia Londinensis; in Pharmacy and Materia Medica. By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an Apothecary can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant until the expiration of three months. The Act directs the following sums to be paid for certificates. For London, and within ten miles thereof, ten guineas. For all other parts of England and Wales, six guineas. Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition. For an assistant's certificate, two guineas.



*Junior Students.*—An examination in classics and mathematics for junior students will be held at the Hall three times in the year; viz., on the third Tuesday in the months of November, 1854, March and July, 1855, at eleven o'clock. Medical students cannot be admitted to this examination before the commencement of their apprenticeship, a certificate of which will be required, but at any period from that date to the commencement of the second Winter Session of their curriculum. The examination is at present voluntary, and is conducted both by printed papers and *virâ voce*. The subjects of the present year will be:—In Greek, the first book of Homer's Iliad, and the Gospel of St. Luke; in Latin, the first book of Virgil's Georgics, and the Catiline War of Sallust; mathematical, the first book of Euclid's Elements, arithmetic, and algebra, including simple equations. Candidates who fail to pass this examination cannot be re-admitted, but will be required to pass the Latin examination in Celsus and Gregory when they appear for their final examination.

## NAVY MEDICAL DEPARTMENT.

*Director-General of the Medical Department of the Navy.*—Sir William Burnett, Kt., M.D., K.C.B., K.C.H., F.R.S.

*Inspectors of Hospitals and Fleets.*—Sir John Richardson, Kt., M.D.; John Wilson, M.D., F.R.S.; Sir John Liddell, M.D., F.R.S.; Gilbert King, M.D.; Robert Armstrong, M.D.; William Rae, M.D.; Alexander McKechnie, M.D.

### REGULATIONS FOR CANDIDATES FOR THE OFFICE OF ASSISTANT-SURGEON IN THE ROYAL NAVY.

Admiralty, March 1, 1853.

The Right Honourable the Lords Commissioners of the Admiralty are pleased to direct that the following regulations relative to the examination of candidates for the appointment of Assistant-Surgeon in the Royal Navy, shall in future be adopted:—

That a candidate for entry into the Royal Navy shall make a written application to that effect, addressed to the Secretary of the Admiralty; on the receipt of which application he will be furnished with the regulations, and a printed form to be filled up by him, to show if he possess the required qualifications.

As vacancies occur, the number of candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite certificates, showing that they are fully qualified by age, professional ability, etc., when they will be examined by a Board of Medical Officers, to be named by their Lordships.

Such candidates as shall have been found in all respects competent for the appointment of Assistant-Surgeon, will be forthwith nominated to one of the naval hospitals at home, to await appointments to any of Her Majesty's ships; or should their services not be immediately required, their names will be duly registered for early appointments, as vacancies may occur.

That no person be admitted as an Assistant-Surgeon in the Royal Navy, who shall not produce a certificate from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, or from the Faculty of Physicians and Surgeons of Glasgow, of his fitness for that office; nor as a Surgeon, unless he shall produce a diploma, or certificate from one of the said Royal Colleges or Faculty, founded on an examination to be passed subsequently to his appointment of Assistant-surgeon as to his fitness for the situation of Surgeon in the Navy; and in every case the candidate producing such certificate, or diploma, shall also undergo a further examination, touching his qualifications in all the necessary branches and points of Medicine and Surgery for each of the steps in the Navy Medical Service; and that previously to the admission of Assistant-surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also,

That they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy.

That their age be not less than 20 years nor more than 26 years; and that they are unmarried.

That they have actually attended an Hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, Manchester, or Bristol, for eighteen months subsequently to the age of 18, in which Hospital the average number of patients is not less than 100.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which from the teacher must state the number of subjects or parts dissected by the candidate.

That they have attended lectures, etc., [in accordance with the Table given at page 302.]

In addition to the tickets for the lectures, certificates must be produced from the professors, etc., by whom the lectures were given, stating the periods (in months) actually attended by the candidates. The time also of actual attendance at an hospital or infirmary must be certified; and the tickets as well as certificates of attendance, age, moral character, etc., must be produced by the candidate previously to his examination.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of Assistant-Surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as Medical Jurisprudence, Natural History, Natural Philosophy, etc., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the rules of the Service, no Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served three years, (one year of which must be in a ship actually employed at sea,) and can produce a diploma from one of the before-mentioned Royal Colleges or the Faculty of Physicians and Surgeons, and it is resolved that not any diploma or certificate of examination from either of the aforesaid Royal Colleges shall be admitted towards the qualification for surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for surgeon unless as hereinbefore mentioned he can produce a diploma, together with the most satisfactory certificates, that he has performed, on the dead body, under the superintendence of a professor or teacher of known eminence, all the capital operations of surgery, and is perfectly competent to perform any operation with skill and dexterity, and thoroughly acquainted with the anatomy of the parts involved in such operation; without which qualification, no one hereafter can be promoted to the higher branches of the Service; and whenever Assistant-Surgeons already in the service (whose professional education may not be in accordance with the above) obtain leave to study previously to their passing for Surgeon, they will be required on their examination to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations generally.

It is also to be observed, that candidates who may be admitted into the Naval Medical Service must serve in whatever ships, etc., they may be appointed to; and that, in the event of their being unable to do so from sea sickness, their names cannot be continued on the Navy Medical List, nor can they, of course, be allowed half-pay.

*Full Pay.*—Medical Inspector of Hospitals, on first appointment, 1*l.* 13*s.* per diem; after 10 years' service, 2*l.* 2*s.*; Deputy Medical Inspector of Hospitals, on appointment, 1*l.* 7*s.* 6*d.*; Surgeons of Hospitals, on appointment, with less than 20 years' service, 16*s.* 6*d.*; above 20 years' service, 1*l.* 0*s.* 6*d.* Medical Inspector of Hospitals and Fleets, above 10 years' service as such, 2*l.* 2*s.*; under 10 years' service as such, 1*l.* 11*s.* 6*d.*; Deputy Medical Inspector of Hospitals and Fleets, 1*l.* 11*s.* 6*d.*, with such further allowance when employed in Hospitals on shore as their Lordships may think proper. Surgeon, if employed on the 1st July, 1840, or on the completion of 3 years' service from 1st January, 1838, of an Hospital ship, 18*s.*; above 20 years' full pay service, including service as Assistant-Surgeon, 18*s.*; above 10 years' ditto, 14*s.*; above 6, 12*s.*; under 6, 11*s.* If unemployed on the 1st July, 1840, until the completion of 3 years' service from 1st January, 1838, above 20 years' full pay service, including 3 years' service only as Assistant-Surgeon, 18*s.*; above 10 years', 14*s.*; above 6, 11*s.*; under 6, 10*s.*

*Relative Rank of Officers of the Army and Medical Officers of the Navy.*—Medical Inspectors of Hospitals and Fleets with Lieutenant-Colonels; Deputy-Medical Inspectors of Hospitals and Fleets with Majors; Surgeons with Captains; and Assistant-Surgeons with Lieutenants.



## ARMY AND ORDNANCE MEDICAL DEPARTMENT.

13, St. James's Place, St. James.

*Director-General.*—Andrew Smith, Esq., M.D.

*Deputy-Inspector General of Hospitals.*—Dr. Spence, Professional Assistant and Inspector of Regimental Hospitals.

*Staff-Surgeon, First Class.*—H. Pilleau, Esq., Inspector of Medicines and Instruments.

*Staff-Surgeon Second Class.*—Dr. F. Reid, Examiner of Medical Returns and Reports, etc., etc.

*Apothecary to the Forces.*—F. M. Bassano, Esq.

1st. In selecting from among the candidates for the Medical Department of the Army, a preference is given to those who can fill up all the blanks in the Schedules of Qualifications, by having the acquirements therein stated. The name of no gentleman can be placed on the list who does not possess a diploma from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or other corporate body legally entitled to grant a Diploma in Surgery, and who cannot produce testimonials of attendance [*in accordance with the Table given at p. 302*].

The candidates must be unmarried, not beyond twenty-five years of age, nor under twenty-one years.

Candidates who have had a University education, and have the degree of A.B or A.M., as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate.

The greater the attainments of the candidates, the more eligible will they subsequently be deemed for promotion; as selections to fill vacancies, especially in the higher ranks, will be guided more by reference to such acquirements, than to mere seniority.

Although the British schools are specified, it is to be understood that candidates who have received regular education in approved foreign Universities or schools will be admitted to examination.

With the exception of Practice of Physic and clinical Medicine by one teacher, candidates must have attended separate lecturers for each branch of Medical science.

Before promotion from the rank of Assistant-Surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a Board of Medical officers.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at the office for examination and registry, at least one week before the candidate appears for examination; likewise certificates of moral conduct and character,—one of them by the parochial minister, if possible. Baptismal certificates are required at the same time; and, if the parish register cannot be resorted to, an affidavit from one of the parents, or some near relative who can attest the fact, will be accepted.

The certificate of the Teacher of Practical Anatomy must state the number of subjects or parts dissected by the pupil.

Certificates of lectures and attendance must be from Physicians or Surgeons of the recognised Colleges or Medical Schools of the United Kingdom, or of foreign Universities.

All candidates for Medical appointments are required to be conversant with Cullen's Nosology.

Blank forms to the following effect must be filled up and forwarded, one clear week before the candidate can be admitted for examination:—

"FORM OF CERTIFICATE.—I (Christian and surname at full length), years of age, and a candidate for employment in the Medical department of the Army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted. I declare that I am unmarried; and that I labour under no mental or constitutional disease, nor any imperfection or disability, that can interfere with the most efficient discharge of the duties of a Medical officer, in any climate." (Signature.)

"I have pursued the under-mentioned course of study, of which I am ready to produce the vouchers for registry, and also a certificate of my age,—namely, I possess certificates of regular attendance at the under-mentioned Hospitals and course of lectures for the number of months stated" (specifying as to Hospitals after the following form)—

The	Hospital or Infirmary for	months.
The	Hospital for Mental Derangement for	months.
The	Hospital for Diseases of the Eye, for	months.
The	Lying-in-Hospital, for	months.

And in reference to certificates specifying the lectures, name of the lecturer, place where the lectures were delivered, and period of months in attendance, of all the courses required by regulations, with any others in addition which he may possess. If in possession of a degree, state the college, university, etc., and the date of graduation.

*Note.*—All communications to be pre-paid, or, if not, to be forwarded, addressed outside to "The Right Honourable the Secretary at War," with the words, "Army Medical Department" at the left hand corner.

*Army Medical Department.*—Full-pay, per diem, after actual service (in years)—Inspector-General, twenty-five years, 2*l.*; twenty years, 1*l.* 18*s.*; ten years, 1*l.* 16*s.* Deputy-Inspector, according to the same gradations of service, 1*l.* 10*s.*, 1*l.* 8*s.*, and 1*l.* 4*s.* Staff-Surgeon, first class, ditto, 1*l.* 4*s.*, 1*l.* 2*s.*, 19*s.* Regimental-Surgeon and Staff-Surgeon, second class, ditto, 1*l.* 2*s.*, 19*s.*, 15*s.*; under ten years, 13*s.* Assistant-Surgeons, ditto, 10*s.* and 7*s.* Assistant-Surgeons serving in the Horse, Life, or Dragoon Guards, receive about 1*s.* per diem in addition to the above rates. Half-pay per diem, after service (in years)—Inspector-General, thirty years, 1*l.*; twenty-five years, 15*s.*; twenty years, 12*s.* Deputy-Inspector, thirty years, 18*s.*; twenty-five years, 14*s.*; twenty years, 10*s.*; ten years, 8*s.*; under ten years, 7*s.* Staff-Surgeons, thirty years, 16*s.*; twenty-five years, 13*s.*; twenty years, 9*s.* 6*d.*; ten years, 7*s.* 6*d.*; under ten years, 6*s.* 6*d.* Regimental-Surgeons and Staff-Surgeons, second class, thirty years, 15*s.*; twenty-five years, 11*s.* 6*d.*; twenty years, 8*s.*; ten years, 6*s.*; under ten years, 5*s.* 6*d.* Assistant-Surgeons, thirty years, 7*s.*; twenty-five years, 6*s.*; twenty years, 5*s.* 6*d.*; ten years, 4*s.*; under ten years, 3*s.*

## EAST INDIA COMPANY'S MEDICAL SERVICE.

*President.*—The Right Hon. Sir Charles Wood, Bart., M.P.

*Secretaries.*—Robert Lowe, Esq., M.P.; Sir Thomas Redington, K.C.B.

*Assistant Secretary and Senior Clerk in the Revenue Department.*—William Leach, Esq.

*Military Department.*—Arthur Easton, Esq.

*Register and Keeper of the Papers.*—Mr. Thomas Sharp.

*Clerk for Passing Cadets and Assistant-Surgeons.*—Thomas Robert Clarke, Esq.

*Examining Physician.*—Dr. John Scott.

*Surgeon, Poplar Hospital.*—Thomas Gray, Esq.

*Inspector-Surgeon for Invalid Seamen and Soldiers.*—William G. Merrett, Esq.

*Inspector-Surgeon for Invalid Soldiers at Gravesend.*—Chas. J. Pinching, Esq.

### ASSISTANT-SURGEONS.

REGULATIONS FOR THEIR ADMISSION INTO COMPANY'S SERVICE.

*Age.*—The Assistant-Surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born, or his own declaration pursuant to the Act 5th and 6th William IV., c. lxii., and other certificates, agreeably to forms to be obtained in the office for cadets and Assistant-Surgeons.

*Qualification in Surgery.*—The Assistant-Surgeon, upon receiving a nomination, will be furnished with a letter to the Court of Examiners of the Royal College of Surgeons, to be examined in surgery, and their certificate will be deemed a satisfactory testimonial of his qualification; but, should the Assistant-Surgeon be previously in possession of a diploma from the Royal College of Surgeons of London, or of the Colleges of Surgeons of Dublin or Edinburgh, or of the College and University of Glasgow, or of the Faculty of Physicians and Surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of surgery, without any further examination. He is also required to produce a certificate from the copper of a public Hospital in London of having acquired and being capable of practising, with proper dexterity, the art of cupping.

*Qualification in Physic.*—The Assistant-Surgeon will also be required to pass an examination by the Company's Examining Physician in the practice of Physic, in which examination will be included as much anatomy and physiology as is necessary for understanding the causes and treatment of internal diseases, as well as the art of prescribing and compounding medicines; and Dr. Scott will then require him to produce satisfactory proof of his having attended at least two courses of lectures on the Practice of Physic; and, above all, that he should produce a certificate of having attended diligently the practice and clinical instruction of the Physicians at some general Hospital in London for six months; or at some general Hospital in the country



(within the United Kingdom) for six months, provided such provincial Hospital contain at least, on an average, 100 in-patients, and have attached to it a regular establishment of Physicians as well as Surgeons. It is also expected that the Assistant-Surgeon shall produce a certificate of having diligently attended, for at least three months, the practical instruction given at one of the asylums for the treatment of the insane, and at one of the institutions or wards of an Hospital especially dedicated to the treatment of ophthalmic disease. He will also be required to attend a course of lectures on the Principles and Practice of Military Surgery, if such a course shall be given at the place at which he has been educated. No attendance on the practice of a Physician at any dispensary will be admitted.

All cadets and Assistant-Surgeons are required to subscribe to the military and medical funds at their respective Presidencies.

All cadets and Assistant-Surgeons who shall fail to apply for their orders within three months from the date of their being passed and sworn, or shall not actually proceed under such orders, will be considered as having forfeited their appointments, unless special circumstances shall justify the Court's departure from this regulation.

A subaltern officer or Assistant-surgeon, having served six years in India, is permitted to retire on the half-pay of ensign, if his constitution should be so impaired as to prevent the possibility of his continuing in India.

#### SURGEONS.

After 20 years' service, 3 years' furlough included,	Retire on
24 " " "	191 <i>l</i> . a-year.
28 " " "	250 <i>l</i> . "
32 " " "	300 <i>l</i> . "
35 " " "	365 <i>l</i> . "
38 " " "	500 <i>l</i> . "
	700 <i>l</i> . "

The present regulations by which Superintending Surgeons are entitled as such to retiring pensions of 300*l*. and 365*l*. a-year, and members of the Medical Board to pensions of 500*l*. and 700*l*. a-year, according to period of service in those ranks respectively, will cease to be the rule of the service for medical officers after the 16th July, 1842; but individuals then in the service, and who may be appointed to the offices of superintending surgeon and member of the board within ten years from that date, will be allowed the option of retiring upon pensions upon the old scale of length of service in those ranks, instead of the new scale of length of service in India.

#### RELATIVE RANK IN THE EAST INDIES.

Physicians-General, Surgeons-General, and Inspectors-General of Hospitals, rank with Brigadier-Generals.

Superintending Surgeons rank with Lieutenant-Colonels; Senior-Surgeons with Majors; Surgeons with Captains; and Assistant-Surgeons with Lieutenants.

The above regulations have effect only as regards candidates passing before January next, after which the following will be the

#### REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE SERVICE OF THE COMPANY AT THE FIRST EXAMINATION TO BE HELD IN JANUARY NEXT.

All natural-born subjects of Her Majesty may be candidates for admission into the service of the East India Company as Assistant-Surgeons. They must, however, be between 22 and 28 years of age, and of sound bodily health. They must subscribe and send in to Dr. Scott, the Physician to the Honourable East India Company, before the 10th day of December, 1854, a declaration to the following effect:—"I (Christian and surname at full length), a candidate for employment as an Assistant-Surgeon in the service of the East India Company, do hereby declare that I was years of age on the day of last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a Medical Officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment." This declaration must be accompanied by the following documents:—1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 and 6 Wm. IV. c. lxii. 2. A diploma in surgery, or a degree in medicine, provided an examination in surgery be required for such degree, from some body competent by law to grant or confer such diploma or degree. 3. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of

having attended for six months the practice and clinical instruction of the Physicians at some hospital containing at least on an average one hundred in-patients; or of having attended one course of lectures, of six months, on the practice of physic, and clinical instruction for twelve months. 4. A certificate of having attended for three months the practical instruction given at one of the public asylums for the treatment of the insane. 5. A certificate of having attended for three months one of the institutions, or wards of a Hospital, especially devoted to the treatment of ophthalmic disease. 6. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours. 7. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures in addition to the above. Attendance on a course of military surgery is recommended. Candidates producing satisfactory certificates will be admitted to an examination to be held in January, 1855. The examination will include the following subjects:—1. Surgery in all its departments. 2. Medicine, including the Diseases of Women and Children, Therapeutics, Pharmacy, and Hygiene. 3. Anatomy and Physiology, including Comparative Anatomy. 4. Natural History, including Botany and Zoology.

The examination will be conducted,—1. By means of written questions and answers. 2. By object examinations and experiments, when the subject admits of such tests. 3. By practical examination at the bed-side of the patient, and by dissections and operations on the dead body. 4. By *viva voce* examination. The persons who shall be pronounced by the examiners to be the best qualified in all respects, shall be appointed to fill the requisite number of appointments as Assistant-Surgeons in the East India Company's Service. All Assistant-Surgeons are required to subscribe to the Military or Medical, and Medical Retiring Funds at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society also, if appointed to Bengal. All Assistant-Surgeons who shall neglect or refuse to proceed to India, under the orders of the Court of Directors, within three months of the date of their appointments, will be considered as having forfeited them, unless special circumstances shall justify a departure from this regulation.

N.B. The certificates and notices as to examination herein contained, apply only to the examination to be held in January next. Regulations regarding the requirements of Candidates for future examinations will be issued after the first examination.

## THE EXAMINING MEDICAL BODIES IN SCOTLAND.

SESSION 1854—55.

### UNIVERSITY OF EDINBURGH.

THE Session will be publicly opened on Tuesday, October 31, when an address to students will be delivered by the Very Rev. John Lee, D.D., Principal.

#### ROYAL INFIRMARY.

AT NOON, DAILY.

Practical Anatomy, under the superintendence of Professor Goodsir.

Practical Chemistry, under the superintendence of Dr. Gregory.

Analytical Chemistry, under the superintendence of Dr. Gregory.

*Matriculation.*—Every student, in the faculties of Arts, Law, and Medicine, before entering with any Professor, must produce a matriculation ticket for the ensuing session. Tickets will be issued at the Matriculation Office in the College, every lawful day, from ten till four o'clock. Enrolment in the General Album is the only legal record of attendance in the University, except in the case of students of Divinity.

Information relative to the curriculum of study for degrees, examinations, etc., may be obtained, on application to the Secretary, at the College.

## THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

### SCHOOLS OF MEDICINE.

1. Every candidate for a Surgical diploma must have followed his course of study in a University; or in an established School



of Medicine, as defined below; or in a Provincial School specially recognised by the College of Surgeons of that division of the United Kingdom in which it is situate.

2. Under the title "established School of Medicine" are comprehended the Medical Schools of those cities of Great Britain and Ireland in which diplomas in Surgery are granted, and such foreign schools as are similarly circumstanced in the countries in which they exist.

3. Every candidate for a Surgical Diploma must have passed at least one Winter Session in an established School of Medicine, or at the School of Aberdeen.

#### COURSE OF STUDY.

*Professional Instruction.*—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months; in which must have been included three Winter Sessions of six months' duration each:—

Anatomy, two courses, (a) six months each; Practical Anatomy, twelve months; Chemistry, one course, six months; Practical Chemistry, one course, three months (the number of pupils in each class being limited to 25); or Analytical Chemistry, one course, three months; *Materia Medica* and Pharmacy, one course, six months; Institutions of Medicine or Physiology, (b) one course, six months; Practice of Medicine, one course, six months; Clinical Medicine, one course, six months, or two courses, (a) three months each, during the period of his attendance at the Hospital where they are delivered; Principles and Practice of Surgery, two courses, six months each; or Principles and Practice of Surgery and Military Surgery, each one course of six months; (a) Clinical Surgery, one course of six months, or two courses (a) of three months each, during the period of his attendance at the Hospital where they are delivered; Midwifery and the Diseases of Women and Children, one course, three months; Medical Jurisprudence, one course, three months.

Besides these Lectures, the candidate must have attended a course of instruction in Practical Pharmacy, at the laboratory of a surgeon or apothecary; or of a chemist and druggist recognised by the College on special application; or of a public hospital or dispensary; and he must produce evidence that he has been engaged in compounding and dispensing medicines for the space of six months. Those who produce certificates of having been, for the space of at least two years, private pupils or apprentices to regularly licensed medical practitioners, keeping laboratories for dispensing medicines, shall be held qualified in this branch of instruction.

The six months' courses delivered in Edinburgh must consist of not fewer than 110 lectures, with the exception of Clinical Medicine, Clinical Surgery, and Military Surgery. The three months' courses must consist of not fewer than sixty lectures. Two London courses of three months each, on any of the above subjects, will be taken as equivalent to one six months' course.

The candidate must also have attended, for twenty-one months, a public general hospital containing at an average eighty patients.

#### REGISTRATION AND CERTIFICATES.

All Edinburgh students who desire to possess the diploma of the College must enter their names, and the classes which they attend, whether under Professors in the University, or under other qualified teachers in the Registration Book.

At the close of each session, students shall produce to the Registrar the certificates of attendance they may have received from their respective teachers, the terms of which shall be entered in the Registration Book.

The book shall be closed for the registration of the Winter classes on the 30th of November in each year; and of the Summer or intermediate classes, at the end of the second week from their commencement.

All students whose classes are thus registered shall be entitled to receive from the Conservator certificates of their courses of study, attested by his signature; but no class shall be included in such certificates, unless actual attendance thereon have been previously attested by the Professor or Lecturer.

Such certificates will be required from all candidates for Surgical diplomas, in regard to that part of their Medical education which they may have received at Edinburgh. Similar

certificates will be received from any other schools in which registration-books are kept, in regard to such portions of the course of study as the certificates may embrace. Candidates educated at schools where no registration-books are kept, must produce certificates from the respective Professors or Lecturers, both of their having entered to their several classes at an early period of the course, and also of their having attended those classes with due regularity. And in the case of Practical Anatomy, the certificate must express that the candidate has, during the course of his attendance, been actually engaged in the dissection of the human body, under the personal superintendence of the Professor or teacher.

#### EXAMINATIONS.

The days of examination are the first and third Tuesdays of every month.

No candidate will be admitted to examination before the termination of his last year's course of study.

Applications for examination must be made to the Examiner of the students' course of study at least two days previously to the day of examination.

Every candidate, on applying to the Examiner, will be required,—1st. To produce satisfactory evidence of his having attained the age of twenty-one years; and, 2nd. To present a tabular statement exhibiting the full amount of his professional education, as well as a separate list of all the classes, hospitals, and dispensaries, attended during each session of his studies. If he have been an apprentice, he shall also insert the name of his master, the date of his indenture, and the length of time for which he was bound. This statement, accurately filled up, must be attested by his signature.

If the candidate have been an apprentice to a Fellow of the College, he must also produce his discharged indenture.

The fees payable to the funds of the College must be lodged, before the examination, in the hands of the Treasurer, who will certify this upon the Examiner's letter; after inspecting and being satisfied with the certificates. The fees will be returned to unsuccessful candidates, whose names will be concealed.

Unsuccessful candidates will be remitted to their studies for a period to be determined by the judgment of the examiners, but not in any case for less than three months.

The Examiner, if he judge it proper, may order a meeting for examination on any day, at the request of a candidate; but in that case the candidate must pay two guineas in addition to the customary fees; and this money will not be returned to him in the event of his being remitted.

The College having instituted an examination in Latin, and also an examination in Mechanical Philosophy, to take place on the second Saturday in December annually, without expense to the students, those who desire to avail themselves of either or both of these examinations must give in their names, addresses, and places of birth, to the officer of the College, two full days prior to the day of the examinations. Students intending to take the diploma of the College are recommended to take these examinations at as early a period in the course of study as possible.

Candidates for the diploma of the College, who have taken a degree in Arts from a University of Great Britain or of Ireland, will be exempted from the examinations in Latin and in Mechanical Philosophy.

All Candidates who have not given proof of the competency of their knowledge of Latin by the methods prescribed in the last two regulations, will be required to translate into English a portion of a Latin author at the commencement of their examination for the diploma of Licentiate; and if they cannot do so satisfactorily, the examination will not be proceeded with.

All candidates who have not given proof of the competency of their knowledge of Mechanical Philosophy by the methods prescribed above, will be liable to be examined on this department as a part of their examination for the diploma of Licentiate.

In order to test more effectually the practical knowledge of candidates, specimens of Anatomy and of the *Materia Medica* will be employed during the examinations; and every candidate will be required to write out one or more formulæ of prescription.

In recording the results of the examinations for the diploma of Licentiate, the Examiners have been instructed to attach special marks of their approbation, in future, to the names of those Licentiates whose acquirements shall appear to them to be of a superior description.

#### FEES PAYABLE BY CANDIDATES.

1. For a Diploma, ordinary candidates pay the sum of 10*l*.

2. Apprentices of those who were Fellows of the College prior to the Charter of 1851, pay 5*l*. for a diploma.

(a) The two Courses must not be simultaneous.

(b) In those Schools of England and Ireland in which two separate courses of lectures are delivered by different teachers, one on Anatomy, the other on Anatomy and Physiology, one of these courses will be received as the course of Anatomy, and the other as the course of Physiology required by the College.



3. *For the Certificate of Qualification to act as Assistant-Surgeon in the Navy*, candidates not having paid for any previous qualification pay 4*l.* 19*s.* 6*d.*

[Assistant-Surgeons in the Navy, having previously obtained certificates from the College, will receive a diploma on making up the sum to 10*l.*]

4. *For the Certificate of Qualification to act as full Surgeon in the Navy*, Assistant-Surgeons who have already obtained certificates from the College, pay 3*l.* 18*s.* 6*d.*; and those who have previously obtained the diploma of the College pay 2*l.* 17*s.* 6*d.*

[Surgeons in the Navy will obtain a diploma on making up the sum to 10*l.*]

The sums stated above include all fees of every kind, and the officer is prohibited from receiving any.

## UNIVERSITY OF GLASGOW.

The University will be publicly opened by Principal Macfarlan, on Wednesday, the 1st November.

### REGULATIONS FOR DEGREES IN MEDICINE AND SURGERY.

I. Candidates for the degrees of Doctor of Medicine and Master of Surgery must produce written evidence of the following qualifications:—1. A certificate of moral character signed by two respectable persons, and evidence that they have attained the age of twenty-one years. 2. That their course of professional study has extended over a period of not less than four years or four Winter Sessions at a University which confers medical degrees, or at one of the established schools of London or Dublin; and that one at least of the four years or sessions has been passed at the University of Glasgow. 3. That in each of the four years or sessions the candidates shall have attended not less than two courses of lectures of six months' duration, and in case of their passing only one year at the University of Glasgow, that they shall have attended three courses of such lectures there. 4. That they have regularly attended once at least each of the following courses of lectures and instruction, viz.:—Anatomy, six months; Chemistry, six months; Institutes of Medicine, six months; Botany, three months; *Materia Medica* and Pharmacy, six months; Surgery, six months; Practice of Medicine, six months; Midwifery, six months; Forensic Medicine, three months; Anatomical Dissections, six months; Practical Chemistry, three months; General Hospital, with Clinical instruction, two years, of not less than nine months each, or eighteen months. 5. The certificates and other written evidence of the above-mentioned qualifications, a printed schedule of the course of study filled up by each candidate, and an inaugural dissertation composed by himself on some professional or allied topic, must be lodged with the clerk of senate on or before the 1st of March or the 10th of June for the respective following graduation terms.

II. The following are the regulations respecting examination:—

1. The examinations for the April term of graduation commence in the last week of March, and those for the August term in the middle of July. 2. The examinations are conducted partly orally and partly in writing, on all subjects included in the curriculum, and consist of the following parts, viz.:—1st. An Examination as to Proficiency in the Latin Language. 2nd. The Professional Examination in two parts; the first comprehending the subjects of Anatomy, Chemistry, Physiology, and Botany; the second comprehending Practice of Medicine, Surgery, *Materia Medica* and Pharmacy, Midwifery, and Forensic Medicine. 3. Candidates will have it in their option to undergo the examination as to proficiency in Latin, at the usual terms, in any of the years of their Medical studies. They will also have it in their option to undergo the first part of the Professional Examination at any term after the completion of the second year of their studies, provided they shall have previously attended the course of lectures on the four prescribed points.

III. The regulations for the degree of Master of Surgery are in all respects similar to those for the degree of Doctor of Medicine, with the exception that the examinations include a fuller reference to practical surgery, and that the dissertation must be on a surgical subject.

IV. The following are the regulations as to the terms for conferring degrees, fees, etc.:—1. The terms for conferring Medical and surgical degrees are two in each year, viz.: The last Wednesday in April, and the first Wednesday in August, at twelve o'clock noon. 2. The fee for the degree of M.D. is 25*l.* 3*s.* Of this sum the candidate is required to deposit 10*l.* 3*s.* with the Clerk of Senate not less than a week before the time of examination, which sum will be returned in the event of his not passing

his trials. No deposit is required from those who undergo only the first part of the examination. The remaining sum of 15*l.* must be paid to the Clerk of Senate not later than a week before the day on which the degrees are conferred. 3. The fee for the degree of Master of Surgery is 10*l.* 10*s.*, to be deposited at least a week before the term of examination.

### BURSARIES, &c.

1. *Snell Exhibitions*.—Ten exhibitions to Baliol College, Oxford, may be held during ten years by public students, natives of Scotland; yearly value of each about 110*l.*

2. *Breadalbane Scholarships*.—These scholarships, two in number, each of the yearly value of 50*l.*, may be held by Masters of Arts of this University for three years. The last election took place in October, 1853.

3. *Bursaries*.—The following bursaries, of yearly value varying from a few pounds up to 50*l.* each, may be held by students attending the University of Glasgow, under the following divisions:—

A. By students in language and philosophy; the Baxter, Brown, Crawford, and Stewart (two), James Adam's (three), Forfar, Foundation (four), and Ross.

B. By students in philosophy; the Adamson, Craig, Dundonald (four), Gilchrist, Hastie, Howison, and Hyndford.

C. By students in languages, philosophy, and divinity; the Ardkinglass, Leighton (two), King William (six), Hamilton (six), Williams (six), and John Adam's (three).

D. By students in theology; the Boyd (three), Dundonald (three), Gillhagie, Hastie (two), Saunders, Struthers (two), and Wilson (two).

E. By students in medicine; the Brisbane and Walton.

F. By students in divinity, law, or medicine; the Armagh (three).

G. By any student; the Hutchison's. Of the above bursaries, the following vacancies have occurred by lapse of time, viz., Foundation, Dundonald (three; two in divinity, and one in Greek), Craig, Armagh, Forfar, Adamson, and Williams. These and other vacancies will be made known early in December.

*Matriculation*.—The matriculation of public students takes place on the 14th November. Those only who are matriculated are members of Comitia, or University Meetings, and can vote at the election of Lord Rector, which takes place on the 15th November.

*Royal Infirmary*.—Hour of visit by the Physicians and Surgeons, two o'clock. Hour of the clinical lectures, three o'clock. Fee for two years and perpetual, 8*l.* 8*s.*; for one year, 5*l.* 5*s.* A deduction is made to those who have previously attended an Hospital for eighteen months, and to those who hold a diploma.

*Prizes*.—1. *Class Prizes*.—These are allotted by competition in almost all the classes. The public distribution of the prizes in the medical classes takes place at the medical graduation on the last Wednesday of April.

### FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

The Licentiates of the Faculty of Physicians and Surgeons of Glasgow, are, by the late Act of Parliament in their favour (13 Vict. cap. xx.), placed on the same footing, throughout the entire of Her Majesty's dominions, as the Licentiates of the Royal College of Surgeons of Edinburgh; and, consequently, as regards Surgery, as the Members of the Royal College of Surgeons of England; also, by special letters, those holding the diploma of the Faculty, are admitted to the same privileges, in respect to the army and navy, and H. E. I. C's. Medical Service, as those holding the diploma of any of the Royal Colleges, and they have been fully recognised by the Poor-law Commissioners, as eligible for union and parish appointments.

### REGULATIONS REGARDING THE GRANTING OF THE DIPLOMA IN SURGERY.

Candidates will be required to produce evidence—1st, of being twenty-one years of age; 2nd, of having studied Latin and Mathematics; 3rd, of having attended a Course of Lectures on Natural Philosophy, of at the least three months' duration; 4th, of having been engaged in attending the following separate and distinct courses of lectures, during the period of not less than twenty-seven months, in which must have been included three winter sessions of six months each. The summer sessions consist of three months each. By a winter or summer session is meant attendance on two separate and distinct courses of lectures, at the least, in each session.

Anatomy, two courses of six months each; Practical Anatomy,



two courses of six months; Surgery, two courses of six months; or, Surgery, one course of six months, and Military Surgery, one course of six months; Chemistry, one course of six months; Practical Chemistry, one course of three months; Institutes of Medicine, one course of six months; Practice of Medicine, one course of six months; Materia Medica, one course of six months; Midwifery, one course of six months; Medical Jurisprudence, one course of six months; Botany, one course of three months; Clinical Surgery, two courses of three months; Clinical Medicine, two courses of three months (these two not to be attended together); General Hospital, with at least eighty beds, twenty-one months; Practical Pharmacy, two courses of six months.

An examination in Latin will be held on the second and following Saturdays in December. Such Students as may choose to avail themselves of said examination, on giving satisfactory evidence of their proficiency, will have their proficiency certified in the register; and will not be again called upon to undergo an examination in Latin.

The fee for the Diploma is 10*l*.

### ANDERSON'S UNIVERSITY, GLASGOW. WINTER SESSION.

Commences on Tuesday 7th November, 1854.

[For Lectures and Lecturers see Table p. 301.]

All the classes, except Botany and Practical Chemistry, meet for six months.

Fees for each class, 2*l*. 2*s*.; perpetual, 3*l*. 3*s*. Fees for both classes of Anatomy, 3*l*. 3*s*.; perpetual, 7*l*. 7*s*.

Courses of Botany, Anatomy, Practical Chemistry, and Midwifery are delivered in summer.

Students attending the Medical classes have the opportunity of witnessing the practice of the following Hospitals, viz., Lying-in-Hospital, 10*s*. 6*d*. for six months; Eye Infirmary, 2*l*. 2*s*. for six months; Royal Infirmary, 8*l*. 8*s*. perpetual, including Medical and Surgical Clinical Lectures, which are delivered four times weekly.

### UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

*Chancellor*.—The Right Hon. the Earl of Aberdeen, LL.D.

*Lord Rector*.—The Right Hon. the Earl of Ellesmere, D.C.L.

*Principal*.—

*Sub-Principal*.—David Thomson, M.A.

*Secretary*.—George Ferguson, A.M.

*Curator of Library*.—George Ferguson, A.M.

*Curator of Museum*.—Aw. Fyfe, M.D.

#### MEDICAL SCHOOL.

The Winter Session commences on the first Monday of November, and terminates on the third Friday of April.

[For Lectures and Lecturers see Table p. 301.]

Students are required to matriculate within the first month of the Winter Session, and within the first fortnight of the Summer Session, and no certificate of attendance will be given without such matriculation. The matriculation fee for all the classes is one sum of 5*s*. for the Winter, and one of 2*s*. 6*d*. for the Summer Session.

#### REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.B.

1. Students shall be entitled to the degree of M.B. who, having completed the Curriculum appointed for candidates for the degree of M.D., and having passed one *Annus Medicus*, at least, at King's College, shall, on examination, be found duly qualified; and the fee for such degree shall be five guineas.

2. Those who have obtained the degree of M.B. shall be entitled to make application, within twelve years, for the degree of M.D., which degree shall be conferred by the Senatus, without further examination, on the candidates producing satisfactory evidence that they have creditably pursued the Medical Profession in the interval; and for the degree of M.D., thus conferred, the additional sum of 21*l*. 0*s*. 6*d*. shall be charged.

#### REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.D.

1. Candidates for the degree of M.D. must be of the age of twenty-one years complete, previous to examination.

2. Candidates must produce satisfactory certificates of moral character, and of having studied the classics and mathematics at a University, or at an academy of acknowledged reputation.

3. All candidates, with the exceptions mentioned below, must have been engaged in the study of Medicine for at least four

years—one of which must be passed at King's College, Aberdeen; and must produce evidence of having attended, in some recognised School of Medicine, the following courses of lectures:—Six Months' Courses.—Anatomy, 2 courses; chemistry, 1 course; materia medica, 1 course; surgery, 1 course; Institutes of medicine and physiology, 1 course; practice of medicine, 1 course; midwifery, 1 course. Three Months' Courses.—Dissections, 2 courses; practical chemistry, 1 course; Medical jurisprudence, 1 course; clinical surgery, 1 course; botany, 1 course; clinical medicine, 2 courses.

Attendance on at least two of the above courses during each Session is requisite to constitute an *Annus Medicus*. Certificates of attendance on a six months' course of chemistry, previous to the commencement of Medical study, will be received. For those who have a diploma of A.M., attendance on anatomy during the fourth Session of the Curriculum of Arts, and on a full course of chemistry, will be considered as one Medical Session. In addition to the above, every candidate must have attended for two years the wards of an Hospital containing 100 beds; and, during three months, a shop or dispensary for the compounding of medicines. Previous to commencing the Medical examination, candidates not having the degree of A.M. will be required to show that they have a competent knowledge of the Latin language, by translating a passage from Celsus.

4. The preceding Regulations will be strictly enforced in the case of all students who commenced their Medical studies at a period subsequent to October 1, 1840. But Practitioners who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to examination on producing their licence or diploma, along with satisfactory evidence of good moral character, and of having studied the classics at a University, or at an academy of acknowledged reputation.

5. Practitioners who commenced their Medical studies before October, 1840, and who have not been in practice for five years, will be admitted to examination under the conditions prescribed in Section III., with the exception of a year's residence at King's College. Fees, 26*l*. 5*s*. 6*d*.

#### ROYAL INFIRMARY.

The Hospital is open daily at ten o'clock a.m., and contains upwards of 300 beds. Separate courses on Clinical Medicine and Clinical Surgery are delivered in the Hospital three times a-week.

*Physicians*.—Dr. Dyce, Dr. Kilgour, Dr. W. Williamson, Dr. Nicol.

*Surgeons*.—William Keith, Esq., William Pirrie, Esq., David Kerr, Esq., A. J. Lizars, Esq.

*Ophthalmic Surgeon*.—John Cadenham, Esq.

*Lecturers on Clinical Medicine and Surgery*.—Dr. Kilgour and William Keith, Esq.

Fee for the Medical and Surgical Practice of the Hospital, 1st year, 3*l*. 3*s*.; 2nd year, making perpetual, 3*l*. 3*s*.; or one sum of 5*l*. 5*s*. Clinical Medicine.—For each of the three first courses, 1*l*. 1*s*., making perpetual; or one payment of 2*l*. 2*s*. perpetual. Clinical Surgery.—For each of the three first courses, 1*l*. 1*s*., making perpetual; or one payment of 2*l*. 2*s*. perpetual.

#### DISPENSARY.

The Aberdeen General Dispensary, Vaccine, and Lying-in Institution, is opened to the student on application to the Medical Officers.

#### LUNATIC ASYLUM.

The Asylum contains about 240 patients. A limited number of students is admitted to see the practice. Fee, for the course of three months, 1*l*. 1*s*. Consulting Physician, Dr. Macrobine,—Resident Physician and Superintendent, Dr. Robert Jamieson.

### MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN.

*Chancellor*.—His Grace the Duke of Richmond and Lennox.

*Rector*.—Col. Wm. Sykes, Hon. E.I.C. Service.

*Dean of Faculty*.—Alex. Thomson, Esq., of Banchory.

*Principal*.—The Very Rev. Daniel Dewar, D.D. and LL.D.

#### REGULATIONS FOR GRANTING DEGREES.

Four years of attendance on Medical classes, of which two years may be passed at a recognised Medical School; but two must be passed in a University, and one of them, at least, in this University. The attendance, in each year, must embrace not fewer than two Medical classes of six months each; or one of



six months, with two of three months each. But it will be held equivalent to one of these four years of attendance, first, in a Master of Arts, to have attended one Medical class while passing through the curriculum of Arts; or, secondly, in any other candidate, to have attended a Medical class in each of two years, along with classes in the curriculum of Arts. The attendance must include the following classes, each for a course of six months—Anatomy, Practical Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Practice of Medicine, Surgery, Midwifery; and the following classes, each for a course of three months—Botany, Practical Chemistry, Medical Jurisprudence. In regard to Practical Anatomy, every candidate must produce a certificate that he has dissected all the parts of the human body.

Eighteen months of attendance on the Medical and Surgical Practice of an Hospital containing not fewer than eighty beds, along with attendance for six months on lectures on Clinical Medicine, and for three months on lectures on Clinical Surgery.

Six months of compounding and dispensing medicines in the laboratory of an Hospital, or of a Public Dispensary, or of a licensed General Practitioner, or of a regular Dispensing Druggist.

#### EXAMINATIONS.

There shall be two examination terms in each year, commencing on the second Tuesday of April and third Tuesday of October.

Every candidate who is not a Master of Arts, nor possessed of a diploma or a licence in Medicine or in Surgery from any authority established by law within the United Kingdom, shall undergo a preliminary examination on the Latin language. The preliminary examination may be undergone, at the option of the candidate at any examination term after the expiry of the first session of his attendance on Medical classes.

Every candidate shall undergo two separate Professional examinations; the first on the theoretical, and the second on the practical branches of Medical Science, as under, viz.:—First Examination—Anatomy, Physiology, Botany, Chemistry, Materia Medica. Second Examination—Medical Jurisprudence, Midwifery, Surgery, Practice of Medicine. Physiology will comprehend the Doctrines of Physics, illustrative of animal structure and function.

Any candidate that so desires shall be admitted to the two Professional Examinations at different terms, viz.:—to the first examination, at the end of his third year of Medical classes; and, provided he be twenty-one years of age, to the second examination at the end of his fourth year. But no longer interval than two years will be allowed to intervene between the two examinations, without a full renewal of the previous one.

In order to be received for examination, certificates must have been lodged with the Professor of Medicine, fourteen days before the commencement of the Examination Term, stating the age of the candidate, what classes he has attended, and that he is of good moral character. Along with such certificates, must be lodged a schedule, filled up in his own handwriting, containing a list of them, and specifying such additional branches of education, professional and general, as he may have studied.

#### REGULATIONS REGARDING PRACTITIONERS.

It will be held equivalent to the curriculum prescribed in the foregoing regulations, to have obtained a diploma or licence in Medicine or in Surgery, from any authority established by law within the United Kingdom, and to have subsequently attended Medical classes in this University during one Winter Session. The Senatus reserves to itself the right of exempting Medical Practitioners of experience and good moral character, from residence at the University previous to examination.

Practitioners who may be exempted from residence shall undergo two separate Professional Examinations, which may be taken at the same or at two different terms; the first examination to include Anatomy, Physiology, Pathology, and Therapeutics,—the second, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence.

#### CONFERRING OF DEGREES.

The Degree of Bachelor of Medicine may be conferred on any candidate who has passed the prescribed examinations.

The Degree of Doctor of Medicine may be conferred on any candidate, after passing the prescribed examinations, who is twenty-two years of age, or on any candidate who has been at least twelve months a Bachelor of Medicine of this University, after residing therein.

Graduates who have attended the several Medical classes in

this University will be charged no graduation fees; but from all others the usual fees will be required.

Practitioners may be admitted, without residence, to examination for the Degree of M.B., who have held a diploma or a licence in Medicine or in Surgery, for at least five years, and who produce satisfactory evidence of good moral character, and of having been engaged in practice during that period. Practitioners may be admitted, without residence, to examination for the degree of M.D., who have held a diploma or licence in Medicine or in Surgery, for at least ten years, and who produce satisfactory evidence of good moral character, and of having been engaged in practice during that period. Practitioners who have held, for at least three years, the Degree of M.B., obtained without residence, may receive the degree of M.D., upon producing satisfactory evidence of good moral character, and of having been engaged in practice during their possession of the inferior degree.

#### FACULTY OF MEDICINE.

Winter Session of 1854-55, of six months' duration, commences on Monday the 6th of November.

[For Lectures and Lecturers, see Table, p. 301.]

#### HOSPITAL PRACTICE AND CLINICAL LECTURES.

Hospital practice daily, at ten o'clock, at the Royal Infirmary. THE LUNATIC ASYLUM.

A limited number of pupils is permitted to witness the practice pursued in this Asylum, in the treatment of mental disease.

#### UNIVERSITY OF ST. ANDREWS.

#### REGULATIONS RESPECTING THE EDUCATION OF CANDIDATES FOR THE DEGREE OF DOCTOR OF MEDICINE.

I. Every candidate for a Diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—1st, of unexceptionable moral character; 2nd, of having had a liberal and classical education; 3rd, of having completed the twenty-first year of his age.

II. Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Royal College of Physicians of London, of the Faculty of Physicians and Surgeons of Glasgow, and of the London Apothecaries' Company, are eligible as candidates for the Degree of Doctor of Medicine, on producing their Diploma or Licence.

III. Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended lectures delivered by Professors in some University, or by Fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches:—Anatomy, two courses of six months each; Practical Anatomy or Dissections, twelve months; Physiology, one course of six months; Chemistry, one course of six months; Practical Chemistry, one course of three months; Materia Medica and Pharmacy, one course of three months; Midwifery and Diseases of Women and Children, one course of three months; Surgery, one course of six months; Clinical Surgery, one course of six months; Practice of Medicine, one course of six months; Clinical Medicine, one course of six months; and that they have diligently attended for at least two entire years the Medical Practice in some public Hospital in Great Britain or Ireland, containing not less than 100 beds, and having a regular establishment of Physicians as well as Surgeons.

#### REGULATIONS RESPECTING THE EXAMINATIONS.

*Examiners for Degrees in Medicine.*—George E. Day, M.D., F.R.S., Professor of Anatomy and Medicine; Arthur Connell, F.R.S.E., Professor of Chemistry; William Pyper, LL.D., Professor of Latin.

*Assistant Examiner.*—Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow.

The examinations take place twice in the year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit 5*l.* of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial. Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

Every candidate is required to present himself for registration to the Secretary, on or before the day preceding the examination, and to communicate by letter with the Professor of Medicine, at least a fortnight previously, stating what diploma or certificates he intends to produce.



## FACULTY OF MEDICINE IN IRELAND.

UNIVERSITIES, COLLEGES, COURSES OF STUDY,  
DEGREES AND LICENCES TO PRACTISE.

THE following are the Educational bodies in Ireland which grant one or more degrees or licences to practice Medicine or Surgery, and which provide courses of instruction in the Medical sciences:—The University of Dublin with the Medical School of Trinity College. This University grants the degrees of M.B. or Bachelor of Medicine, and M.D. or Doctor of Medicine, and also a Surgical diploma. The Queen's University in Ireland, with its Provincial Colleges at Cork, Belfast, and Galway; this University confers the degree of M.D. The King and Queen's College of Physicians in Ireland, granting a licence and Fellowship. This institution, in connexion with the Medical Faculty of the University of Dublin, constitutes the School of Physic in Ireland, the nature of which will be afterwards explained. The Royal College of Surgeons in Ireland, which grants Letters Testimonial qualifying to practise Surgery, as a Licentiate, and also confers a Fellowship. The Rotunda Lying-in Hospital, which grants a diploma in Midwifery. The Governor and Company of the Apothecaries' Hall of Ireland.

The Medical Session in Ireland commences about one month later than in England.

## UNIVERSITY OF DUBLIN.

*Medical School of Trinity College.*—The Medical degrees in this University are granted on Shrove Tuesday and the first Tuesday in July. The degree of M.B. or Bachelor of Medicine, qualifying to practise and conferring the courtesy title of "doctor," may be obtained by all candidates who have graduated in Arts, and who have completed the requisite medical courses, and passed the Board of Examiners, consisting of the Professors of the School of Trinity College, and certain of the Professors and officers of the King and Queen's College of Physicians in Ireland. The Medical courses required of candidates for the degree of M.B. are Anatomy and Physiology, Practice of Medicine, Surgery, Chemistry, Botany, Materia Medica, and Pharmacy, institutes of Medicine, Midwifery, Medical Jurisprudence, Practical Anatomy and Practical Chemistry, Clinical Lectures at Sir P. Dun's Hospital during one session of six months, and three summer months, and also attendance for one session on the practice of a general hospital. At least one, and not more than three, of the above courses of lectures must be attended in each of four sessions; and three of the courses, at the option of the candidate, may be attended in the University of Edinburgh. The fees for each course are 3*l.* 3*s.*; but those graduating in Arts in the University are allowed to attend and receive certificates for one of each of the required Medical courses gratuitously.

The graduation fees are, for the degree of M.B., 11*l.* 17*s.* 6*d.*, exclusive of stamp duty; and for the degree of M.D., which may be taken without further examination in three years after the M.B., 22*l.*, exclusive of stamp duty.

The *Diploma in Surgery* may be obtained by such students as are matriculated in medicine, and have completed at least one year in Arts, on the following conditions:—

1. To complete one year in Arts, it shall be necessary to have answered at least one examination, subsequent to the Junior Freshman year; or to have completed the Junior Freshman year only, by passing the Michaelmas examination of that year, and keeping one previous term, either by lectures or by examination.

2. Students who have not passed an examination in the Senior Freshman year will be required to attend one course of lectures in Logic. Students who have not passed the Junior Sophister year of the Undergraduate course will be required to attend one course of Lectures on Mechanics with the Assistant to the Professor of Natural Philosophy.

3. Students so qualified will be admitted to examination for the diploma in surgery, as soon as they shall have completed the prescribed curriculum.

4. This curriculum shall extend over a period of four years, and shall comprise attendance upon the following courses of Lectures in the School of Physic in Ireland:—Anatomy and Physiology, 3 courses; Demonstrations and Dissections, 3 courses; Theory and Practice of Surgery, 3 courses; Practice of Medicine, 1 course; Chemistry, 1 course; Materia Medica, 1 course; Midwifery, 1 course; Practical Chemistry, Botany, and Medical Jurisprudence, 1 course each, of three months' duration.

Four of the above-named courses, together with a course of demonstrations and dissections may be attended in any school of Medicine recognised by the University.

Also attendance for three Sessions, each of nine months' dura-

tion, on the practice of any of the following Hospitals, together with attendance on the clinical lectures on Medicine and Surgery there delivered:—Richmond, Whitworth, and Hardwicke Hospitals; Meath Hospital; Steevens' Hospital; Jervis Street Infirmary; City of Dublin Hospital; Mercer's Hospital; St. Vincent's Hospital.

Of the courses of lectures, which are of six months' duration, not more than three can be attended during any one Session.

5. Candidates for the Diploma, who have complied with the foregoing Regulations, must pass an examination before a Court of Examiners, consisting of the Regius Professor of Physic, the Professors of Anatomy, Surgery, Chemistry, Midwifery, and Botany.

The examination of each candidate will be divided into two parts, one of which shall be devoted to Anatomy and Physiology, Surgical Anatomy, the Theory and Practice of Surgery, and Operative Surgery; and the other to the Practice of Medicine, Midwifery, Chemistry, Materia Medica, and Toxicology.

6. Candidates for the Diploma must submit their certificates and testimonials of qualification to the Regius Professor of Physic and to the Professor of Surgery, who shall sign the chart necessary to be laid before the Senior Lecturer and Registrar, previous to the issuing of the *Liceat ad Examinandum* to the Professors.

Gentlemen possessing the Surgical Diploma of this University have already received appointments in Her Majesty's Service.

The Medical School of Trinity College possesses spacious lecture and dissecting rooms, and a well-furnished Museum. Some important changes in the Medical department, recommended by the University Commission, are at present under consideration. The following comprise the Professors of the University and those of the Physicians who lecture in the Medical School of Trinity College, on the foundation of the University:—The Regius Professor of Physic, Dr. Wm. Stokes; Anatomy and Physiology, Professor Harrison; Practical Anatomy, Drs. Brabazon and Peebles; Chemistry, Professor Apjohn; Botany, Professor Allman; Surgery, Professor Smith. On the foundation of Sir P. Dun, in connexion with the King's and Queen's College of Physicians:—Theory and Practice of Medicine, Professor Banks; Institutes of Medicine, Professor Law; Materia Medica, Professor Osborne; Midwifery, Professor Montgomery; Medical Jurisprudence, Professor Brady.

## THE QUEEN'S UNIVERSITY IN IRELAND,

granting the degree of M.D., is the centre or head of the Provincial Colleges of Cork, Belfast, and Galway, each of which possesses a Faculty of Medicine. Candidates must matriculate in arts, previous to which, an examination in a prescribed course of study must be proved. The curriculum of medical study extends over a period of at least four years, and is subdivided into two periods of at least two years each; the first period comprises attendance on Chemistry, Botany and Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica, and Pharmacy. The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. Also during the first period, Practical Chemistry in a recognised laboratory during three months, and the practice during six months of a Medico-Chirurgical Hospital, containing at least 60 beds, together with Clinical Lectures delivered therein. During the second period three months Practical Midwifery in a recognised Hospital, with not less than 30 beds; three months Practical Pharmacy; and eighteen months practice of a Medico-Chirurgical Hospital, containing at least 60 beds, and in which Clinical Instruction is delivered. Two examinations must be passed by candidates for the degree of M.D. One comprising the subjects of study of the first period; the other the subjects of study of the second period. At least one-third of the above courses must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the candidate, in any school, College, or University recognised by the senate of the Queen's University. The examinations are conducted partly by written papers, partly by *viva voce* questions. The following is the Court of Examiners, who are annually elected, to hold their sittings in Dublin Castle:—Anatomy, Physiology, and Comparative Anatomy, C. C. King, M.D.; Chemistry, Professor Ronalds; Botany and Zoology, Professor Dickie; Theory and Practice of Medicine, Dr. Banks; Surgery, Mr. J. S. Hughes; Materia Medica and Pharmacy, Dr. Aquila Smith; Midwifery, Dr. Dwyer. Secretary to the Queen's University, Robert Ball, L.L.D., Dublin Castle. Each of the Queen's Colleges possesses a distinct Faculty of Medicine. The following are the Professors, and the several courses delivered in the Queen's College, Cork:—



Anatomy and Physiology, Professor Corbet; Chemistry, Professor Blythe; Botany and Zoology, Professor Thomson; Materia Medica and Therapeutics, Professor Fleming; Theory and Practice of Medicine, Professor O'Connor; Theory and Practice of Surgery, Professor Bullen; Midwifery and Diseases of Women and Children, Professor Harvey.

*Queen's College, Belfast.*—Anatomy and Physiology, Professor Carlile; Chemistry, Professor Andrews; Botany and Zoology, Professor Dickie; Materia Medica and Therapeutics, Professor Stewart; Theory and Practice of Medicine, Professor Fergusson; Surgery, Professor Gordon; Midwifery, Professor Burden.

*Queen's College, Galway.*—Anatomy and Physiology, Professor King; Chemistry, Professor Ronalds; Botany and Zoology, Professor Melville; Materia Medica and Therapeutics, Professor M'Coy; Theory and Practice of Medicine, Professor Collahan; Theory and Practice of Surgery, Professor Brown; Midwifery and Diseases of Women and Children, Professor Doherty.

The Queen's Colleges present many advantages for Medical study,—scholarships varying in number, and of different values, from 20*l.* to 40*l.*, are annually, at the commencement of each session, conferred on the best answers in the several branches of study. The matriculation fees have been recently reduced from 3*l.* to 10*s.*; and from 2*l.* to 5*s.*. The fees for the several courses vary from 1*l.* 10*s.* to 3*l.*

*Catholic University of Ireland.*—It is stated, that a Medical Faculty, with a complete curriculum, is about to be established in connexion with this recently-founded University; it is also rumoured that a Medical School, lately in possession of the Professors of the Apothecaries' Hall of Ireland, has been purchased for this purpose; but as yet we have no authentic information on the subject; nor do we know of any Professors having been as yet nominated.

#### SCHOOL OF PHYSIC IN IRELAND.

Under this head are comprised the educational establishments, partly on the foundation of Trinity College, and partly on the foundation of the late Sir P. Dun, in connexion with the King and Queen's College of Physicians in Ireland. We have already enumerated, under our notice of the University of Dublin, the several Professors of the School of Physic; and we refer to that list now in speaking of

#### THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

This College grants a licence and Fellowship. Candidates must produce a certificate of matriculation in the University of Dublin, unless they have been students of Arts in the Universities of Oxford, Cambridge, or Dublin; also proof of having been engaged for at least four years in the study of medicine, and of having attended not less than two of the required courses in each year. These courses are Anatomy and Physiology, Chemistry, Institutes of Medicine, Materia Medica and Pharmacy, Practice of Medicine, Midwifery and Diseases of Women and Children, Surgery, Botany, and Medical Jurisprudence; of the two last, courses of three months each; of the remainder, courses of six months each; besides which, six months' dissections with demonstrations, and three months' practical chemistry, are required. The lectures must have been attended with the Professors of the School of Physic, or others recognised by the College. Hospital attendance for two years and six months, and six months' practice of a Lying-in Hospital are also necessary.

Graduates in Medicine (not honorary) of one of the Universities of the United Kingdom, Licentiates of the Royal College of Physicians of London or Edinburgh, officers holding medical or surgical commissions in Her Majesty's service, Licentiates of a College of Surgeons, of four years' standing, those who hold the surgical diploma of Trinity College, Dublin, or Licentiates of a College of Surgeons in the United Kingdom, producing, in addition to their diploma, certificates of attendance on a course of lectures on the Institutes of Medicine and Botany, and on the Practice of a Lying-in Hospital for six months, are admissible to examination on producing evidence of their possessing any of the foregoing qualifications, in addition to the certificate of Matriculation in the University of Dublin. The examination is conducted on two different days; those who, in addition to the qualifications just enumerated, are also Graduates in Arts of the Universities of Dublin, Oxford, or Cambridge, are required to undergo the second day's examination only, Botany and Materia Medica being added in the case of members of a College of Surgeons.

By a recent regulation of this College, every person receiving its licence is obliged to make a solemn declaration to observe its laws and ordinances, and among other things he solemnly engages "not to practise any system or method (so called) for the

cure or alleviation of diseases of which the College has disapproved; nor to endeavour to obtain practice, or to attract public notice by advertising, or by any other unworthy means; I also engage that I will neither permit nor sanction the use of my name by any other party for such purposes, nor in connexion with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College." This is an example we would gladly see imitated by bodies granting degrees within these kingdoms. By the Dublin College of Physicians this regulation has been carried out in the letter and in the spirit, and with the best results to the profession in that city.

#### THE ROYAL COLLEGE OF SURGEONS IN IRELAND

grants Letters Testimonial giving the title of Licentiate, and qualifying to practise Surgery, and also the high grade of Fellowship, conferring participation in the corporate privileges of the College. Candidates for Letters Testimonial, unless students in arts of a University, must pass a classical examination before the examiners of the College, and must become registered pupils of establishment, for which a fee of 5*l.* 5*s.* is required. The curriculum extends over four years. Certificates of attendance are required of three years' Hospital practice (nine months in each year), with clinical instruction; the Hospitals of London, Edinburgh, Glasgow, and Dublin are recognised. Attendance on a provincial Hospital is allowed to count *pro tanto* for one of the four years of study prescribed in the curriculum. The course of lectures required are three courses of Anatomy and Physiology, three courses of Practical Anatomy, Demonstrations, and Dissections, three courses of Surgery, one course of Practice of Medicine, two courses of Chemistry, one course each of Materia Medica, Midwifery, and Medical Jurisprudence.

Candidates are examined on two separate days, by a Special Board of Examiners, upon Anatomy and Physiology, Theory and Practice of Medicine and Surgery, Materia Medica and the forms of prescribing. The fee for letters testimonial is twenty guineas. Candidates for the fellowship of this College must show proof of having been engaged during six years in the acquisition of Professional knowledge; that he is a Bachelor of Arts of some University, or that he has obtained a liberal education; a certificate of character signed by two or more Fellows of the College; proof that he has studied for at least three years in Schools and Hospitals of Dublin recognised by the College; certificates of attendance on the several courses of lectures required of candidates for letters testimonial, and in addition, of attendance on the course of lectures on Comparative Anatomy, one course of Botany, and one course of Natural Philosophy; they are also required to present a Thesis on some Medical subject, and Clinical Reports, with observations on at least six Medical or Surgical cases taken by himself. The fees payable for the Fellowship are twenty guineas for those who prefer to reside in Dublin, and ten guineas for those who do not practise in that city.

This College possesses a well-appointed Medical School, with an extensive and very valuable collection of anatomical and pathological subjects, excellent lecture and dissecting-rooms, and theatres, and the following professorial chairs:—Anatomy and Physiology, Professor A. Jacob; Practical Anatomy, Professors Power and Bevan; Medicine, Professor Bensou; Surgery, Professors Porter and Hargrave; Midwifery, Professor Beatty; Chemistry, Professor Barker; Materia Medica, Professor Williams; Botany, Professor Mitchell; Medical Jurisprudence, Professor Geoghegan. The fees for these courses are two guineas each.

The Fellows and Licentiates of this College possess many exclusive privileges,—they alone can fill the office of Surgeon to the County Infirmaries of Ireland.

#### THE APOTHECARIES' HALL OF IRELAND

grants the licence to practise as an apothecary. Candidates must undergo two examinations, one for the certificate qualifying to become an apprentice, the other for the licence to practise. The first examination comprises an excellent elementary course of classics, mathematics, and French. The requirements for the licence are certificates of apprenticeship to a qualified apothecary, of attendance on Chemistry, anatomy, and physiology, one course each; Practical Chemistry in a laboratory where the pupil shall have prepared the Pharmacopœial preparations; Botany, Materia Medica, Demonstrations and Dissections, Theory and Practice of Physic, Surgery, Midwifery and Diseases of Women and Children, Medical Jurisprudence, a certificate of eighteen months' attendance in a recognised Hospital, with clinical instruction therein.

A licence to act as qualified assistant is granted on examination, at the end of three years' apprenticeship, to all candidates



who have attended one course of lectures on Botany, one upon Chemistry, one upon Practical Chemistry, and one upon *Materia Medica*.

An annual prize of five guineas is given to the author of the best essay on some subject connected with pharmaceutical or pathological analysis, which is announced by the Court of Examiners of the Apothecaries' Hall at the commencement of each session.

The Apothecaries' Hall of Ireland possessed till recently a Medical School with a full Professional circle, but this no longer exists.

*Rotunda Lying-in Hospital, Dublin.*—This admirable institution, a monument of the philanthropy of the late Dr. Morre, contains nearly 150 beds. Upwards of 2000 women are annually delivered, and it presents a most extensive field for the study of Midwifery. There is a museum and lecture-room, and clinical courses are delivered in winter and summer. There is accommodation for 6 intern pupils; fees for interns, 20 guineas; for externs, 10 guineas. This institution is most frequented by English, American, and other foreign students, and bears a very high character as a school of obstetric science. Head Master (elected for 7 years): Dr. Shekleton. Assistants: Dr. Athill and Dr. Jennings.

*Coombe Lying-in Hospital and Anglesea Lying-in Hospital.*—Instruction in Midwifery is given in both these institutions. Chief Physicians: Dr. Ringland and Dr. Haydon.

#### MEDICAL SCHOOLS OF DUBLIN.

We have already given the particulars of the Schools of the University of Dublin, of the Queen's Colleges, and of the Royal College of Surgeons in Ireland, in the notices under these several heads. Besides these, there are now in the City of Dublin three private Schools, in which a complete system of Medical education is conducted in an equally efficient manner. There are—

*The Carmichael*, formerly the Richmond Hospital School of Medicine, in which the following Lecturers deliver courses as under:—Anatomy and Physiology, Drs. M'Dowell and Mac-onchy; Theory and Practice of Surgery and Operative Surgery, Mr. Hamilton and Mr. Wilmot; Theory and Practice of Medicine, Dr. Mayne; Midwifery and Diseases of Women, Dr. Denham; *Materia Medica* and Therapeutics, Dr. M'Namara; Chemistry, Dr. Ed. Davy; Medical Jurisprudence, Dr. O'Reilly; Botany and Natural History, Dr. Frazer. In connexion with this School, and available by students attending it, is the rich and valuable Museum of Pathology, the result of the labours of Professor Smith and other Surgeons of the Richmond Hospital. The Carmichael Premiums are continued in the School by a bequest of the late Richard Carmichael, F.R.C.S., and they are awarded to the best answerers at the end of each Session.

*Original School of Medicine, Peter-street.*—Anatomy and Physiology, Drs. Ledwich and Mason; Practical Anatomy, Dr. T. H. Ledwich, E. Ledwich, and T. Hayden; Surgery, Mr. Tagert; Medicine, Dr. Lees; Midwifery, Dr. Ireland; *Materia Medica*, Dr. Wharton; Forensic Medicine, Dr. Travers; Chemistry, Dr. Maxwell Simpson. Prizes of considerable amount are given each Session in the different classes, and, in the department of Chemistry, a Gold and Silver Medal are awarded by the Lecturer.

*Dublin School of Medicine, Peter Street.*—Anatomy and Physiology, Dr. Hamilton and Dr. Sawyer; Practical Anatomy, Drs. Hamilton, Sawyer, and Kidd; Surgery, Mr. Ellis; Medicine, Dr. J. M. Neligan; Midwifery, Dr. Kingsland; *Materia Medica*, Dr. Minchin; Chemistry, Dr. Barker; Botany, Dr. Asken. Prizes are given in the various classes.

The fees for each course in these schools are 2*l.* 2*s.*; and the lectures delivered therein are recognised by the various licensing bodies.

*Dublin Hospitals.*—There are seven general Clinical Hospitals in Dublin, varying in amount of beds from 100 to between 200 and 300. There are Steevens's Hospital, the Richmond Surgical, Whitworth Medical, Hardwike Fever Hospitals, forming one Institution for clinical instruction; the Meath Hospital, St. Vincent's Hospital, Baggot Street Hospital, Jervis Street Hospital, and Mercer's Hospital. In addition to which there are Sir P. Dun's Hospital, the Medical Clinique of the School of Physic in Ireland, and St. Mark's Ophthalmic Hospital; the Cork Street Fever Hospital, Westmoreland Lock Hospital, the Richmond Lunatic, and other similar well organized and well appointed Institutions afford ample scope for Clinical study in their several branches of Medicine; but it is much to be regretted that they are not made available for this purpose.

*Steevens's Hospital* contains about 200 beds, of which 30 are devoted to venereal cases. Physicians, Sir H. Marsh, and Dr. Croker; Surgeons, Mr. Cusack, Mr. Colles, Mr. Wilmot. There

is a Medical library; also accommodation for several intern pupils, who have great advantages for study and observation of disease. Fees, interns, Winter, six months, 21*l.*; Summer, six months, 15*l.* Externs, Winter Session, 8*l.* 8*s.*; Summer, 5*l.* 5*s.* The scale of fees is about the same in all the chief Dublin Hospitals, —8*l.* 8*s.* for the Session of nine months.

*The Richmond Hospitals* comprise over 200 beds. Physicians, Drs. Corrigan, Banks, Gordon, M'Dowall; Surgeons, Messrs. Adams, Smith, Hamilton, Fleming. This Institution possesses great advantages; it is in the immediate neighbourhood of the Carmichael School; it contains the admirable Pathological Museum already alluded to; and it affords accommodation for several intern Medical pupils, as well Medical as Surgical.

*Meath Hospital.*—This Institution receives Surgical, Medical, and fever patients, and thus affords opportunities for study in all branches of Medical science. Physicians, Drs. W. Stokes and Dr. C. Lees. Surgeons, Sir Philip Crampton, Mr. Porter, Mr. Geo. Porter, Mr. Rynd, Mr. Colles.

*St. Vincent's Hospital.*—This admirable Hospital, a model in its internal arrangements, is under the direction of the Sisters of Charity. It receives Medical and Surgical cases, and has a large Dispensary. Medical Officers, Drs. O'Ferrall and Bellingham.

*Baggot Street Hospital.*—The instruction in this Institution is chiefly conducted by the Professors of the Royal College of Surgeons in Ireland. Physicians, Dr. Benson and Dr. Beatty; Surgeons, Messrs. Hargrave, Williams, Tuffnell, Jacob, Geoghegan. Mr. Tuffnell delivers a valuable course on Military Surgery in this Hospital, and Mr. Jacob has a clinique of Ophthalmic Surgery twice a week.

*Jervis-street Hospital.*—This Institution, one of the oldest of the kind in Dublin, has recently been placed under the charge of the Sisters of Mercy. Physicians, Dr. Neligan and Dr. Hughes; Surgeons, Messrs. Harrison, Stapleton, Hughes, Power, Ellis, Barrow, O'Reilly. Clinical Lectures are regularly delivered, also Special Courses on Venereal Diseases, Cutaneous Diseases (Dr. Neligan,) etc., etc.

*Mercer's Hospital.*—This is also a Clinical Hospital. Physician, Dr. Osborne; Surgeons, Messrs. Tagert, Jameson, Bevan, Butcher. Clinical Lectures are delivered, and the certificates of attendance recognised by all the licensing bodies.

*Sir P. Dun's Hospital* is devoted to Medical cases in the Clinique of the School of Physic, and is chiefly attended by the Professors of that school.

*St. Mark's Ophthalmic Hospital.*—This Institution contains 21 beds, and has a very extensive Ophthalmic Dispensary. A Clinique, with systematic instruction and operations two days in each week, by Mr. Wm. R. Wilde. This Institution possesses accommodation for a resident pupil, and thus affords almost unequalled opportunities and advantages for persons wishing to devote themselves specially to this branch of study.

*The Ophthalmic Clinique* is given by Mr. Jacob at the City of Dublin Hospital, Baggot-street, who also delivers in this Institution systematic courses of lectures on Diseases of the Eye.

*Microscopic Investigations.*—Lectures, with demonstrations and practical instruction in the use of the microscope, and its applications to Anatomical and Pathological study, are given by Dr. Lyons.

Several other Institutions exist in Dublin, which, though not specially used for the purposes of Clinical instruction, afford ample opportunities for the study of disease, and are accessible to all persons wishing to avail themselves of the advantages they afford. They are chiefly visited by foreigners: they are the Richmond, Island Bridge, and Swift's Lunatic Asylums, the Military Hospitals, the Westmoreland Lock Hospital, and the Cork-street Fever Hospital.

Very well-organized Hospitals exist in the provincial cities of Cork, Belfast, and Galway, which constitute Cliniques for the Queen's Colleges. In Cork there is a private school, the property of Dr. H. A. Caesar, in which lectures are delivered.

Students attending lectures in Dublin have also the advantage of easy access to several excellent Medical libraries: those of the Royal College of Surgeons, and the King and Queen's College of Physicians; they have also the privilege of attending the meetings of the Surgical, Obstetrical, and Pathological Societies. The Pathological Society gives a certificate to those who attend the requisite number of its meetings, and a gold medal, now much prized, is awarded to the author of the best essay on a given subject in Pathology.

There is also a Student's Medico-Chirurgical Society, in which papers of considerable interest and ability are read, being chiefly the result of observations in the respective Hospitals attended by the Authors.



TABLES, ETC.

CLASSES AND LECTURERS AT THE LONDON, PROVINCIAL, AND SCOTTISH MEDICAL SCHOOLS.

	Anatomical Demonstrations.	Anatomy. Descriptive and Surgical.	Structural & General Anatomy & Physiology.	Chemistry.	Medica and Therapeutics.	Principles & Practice of Medicine.	Principles & Practice of Surgery.	Midwifery & Diseases of Women & Children.	Botany.	Medical Jurisprudence.	Comparative Anatomy.	Experimental and Descriptive Natural Philosophy.	Practical Pathology.	Microscopical Anatomy.	Dentistry.	Ophthalmic Surgery.	Practical Chemistry.
St. Barth. . .	Mr Holden, Mr Coote	Mr Skeay	Mr Paget	Dr Stenhouse	Dr Roupell	Dr Burrows	Mr Lawrence	Dr West	Dr Farre	Dr Baly	Mr McWhinnie	Dr Martin	Dr Kirkes & House-Surgeons				Dr Stenhouse
St. Thomas's	Mr Rainey, Mr Barwell & Mr Jones	Mr Clark Mr Rainey	Mr Grainger Dr Brinton	Dr Thomson	Dr Peacock	Dr Bennett	Mr South	Dr Waller	Dr Bristowe	Dr Brinton	Mr Huxley (a)		Mr Simon	Mr Rainey	Mr Saunders	Mr Macmurdo	Dr Thomson
Guy's (b) . . . . . Winter . . . . . Summer . . . . .	Dr Habershon, Dr Pavy, & Mr C Forster	Mr Poland, Mr Callaway	Dr Gull	Dr Taylor	Dr Addison	Dr Addison, Dr Barlow, Dr Hughes	Mr Hilton, Mr Birkett, Mr Cook	Dr Lever, Dr Oldham				Dr Odling	Dr Gull			Mr Bell, Mr Salter	Dr Odling
Westminster.	Mr Power	Mr Holt-house, Mr Power	Mr Hillman	H Lewis, M. A. Mr Maughan	Dr Radcliffe	Dr Basham	Mr Guthrie, Mr Brooke	Dr F Bird		Dr Fineham		Mr Brooke			Mr Clendon		
St. George's.		Mr Hewett Mr Pollock Mr H Gray	Mr Johnson	Mr Noad	Dr Pitman	Dr Nairne, Dr Page	Mr Tatum	Dr R Lee	Mr Henfrey	Dr Fuller						Mr Tatum Mr Johnson	Mr Noad
London . . . .	Mr N Ward Mr Wordsworth & Mr Gowland	Mr Adams	Dr Carpenter	Dr Letheby	Dr H Davies	Dr Little	Mr Curling, Mr Critchett	Dr Ramsbotham	Mr Bentley	Dr Ramsbotham, Dr Letheby	Mr Coles		Dr Gibbon	Dr Clark	Mr Barrett		
Middlesex . .	Mr Nunn, Dr Van der Byl	Mr Moore	Mr De Morgan	Mr T Faylor, Mr Heisel	Dr Stewart	Dr Crawford Dr Thompson	Mr Shaw	Dr Frere	R Rentley, F.R.S.	Dr Goodfellow	Mr Waterhouse			Dr Van der Byl			
Univer. Coll.	Mr F W Sawyer	Mr Ellis	Dr Sharpey, F.R.S.	Mr Graham	Dr Garrod	Dr Walshe	Mr Erichsen	Dr Murphy	Dr Lindley, F.R.S.	Dr W B Carpenter	Dr Grant, F.R.S. (e)	Prof. Potter	Dr Jenner		Dr Shelley	Mr W Jones	Professor Williamson
Charing-chs.	Mr Goldsbro	Mr E Canton	Dr H Salter	Mr Lewis	Dr Stegall Dr Willsire	Dr Chowne, Dr Rowland	Mr Hancock	Dr Chowne, Mr Hird	F W Headland, A.B.	Dr Birkett Mr Hird							Mr Lewis
King's Coll..	Mr Lee Mr Wood	Mr Partridge	Mr Bowman, Dr Beale	Dr Miller, Mr Bloxham	Dr Royle	Dr Budd	Mr Fergusonson.	Dr Farre		Dr Guy	Mr T R Jones						Mr Bowman
St. Mary's (d)	Mr Hornidge	Mr Walton Mr Lane	Mr Lane Dr H Jones	Dr Bernays	Dr Sieveking	Dr Chambers Dr Sibson	Mr Coulson, Mr S Smith	Dr Smith, Mr Brown	Dr Sanderson	Mr Ansell			Dr Markham		Mr Nasmyth	Mr W Cooper	
Theatre of Anat. & Med. adjoining St. George's (e).	Dr Deville	Mr Blenkins Dr Deville	Dr Lankester, Mr Blenkins	Mr Rodgers	Dr Ballard	Dr Cormack Dr Ballard	Mr Pileher Mr Spenceer Walls	Mr Bloxam	Dr Lankester	Dr Richard-son.	Mr Hulme			Mr Blenkins			Mr Rodgers Dr Mareet

(a) And Natural History. (b) Moral Philosophy, by Rev. T. H. Bullock, M.A.; and Demonstrations on Cutaneous Diseases by Dr. Addison and Dr. Gull. (c) And Palæo-Zoology. (d) Clinical Medicine by Dr. Alderson; Clinical Surgery by Mr. Ure; Military Surgery, Tropical Medicine and the Hygiene of Fleets and Armies by Dr. James Bird; and Aural Surgery by Mr. Toynbee. (e) And Organic and Physiological Chemistry by Dr. Mareet.

SCHOOLS IN IRELAND.—The names of the Lecturers in the Irish Schools will be found at page 297 *et seq.*  
CLINICAL LECTURES on Medicine and Surgery are now delivered in almost every Hospital attached to a Medical School.



Queen's Col., Birmngm.	Mr Bolton, Mr Freer	Mr S Cox Mr Parker	Dr Hoslop	Mr Shaw	Dr Fife Mr Knowles	Dr Johnstone	Mr S Cox	Mr Berry	Mr Knowles	Dr Davies	Dr Jordan								
Sydenham Coll., Birm.	Mr Jones, Mr Postgate	Mr Elkington, Mr Jones Mr Postgate	Dr Key- worth	Dr A Hill	Dr Russell Mr Bassett	Dr Fletcher	Mr A Baker	Dr Elkington Mr Blake	Mr Westcott	Mr Orford	Dr Russell								
Newcastle Coll. of Prac. Science in connexion with the U. of London(b)	Mr McNay, Mr J B Fife Mr Preston	Mr Nicholson	Mr Newton Mr Finness Mr Craster	Mr Gray, jun.	Mr Gibson Mr Craster	Dr Robinson (a)	Sir J Fife, Mr Potter, Mr Mr Fife, Mr Furness, Mr Rayne	Dr Dawson Dr Robinson Mr Rayne	Mr Sander- son, jun.	Dr Dawson Dr Robinson Mr Rayne									
Newcastle on-Tyne Col. of Med.&Sur. in connexion with Univ. of Durham(c)	Mr Pearse	Mr Pearse	Dr Embleton Mr Gibb	Dr Richard- son	Dr Humble	Dr Charlton	Dr and Mr Heath	Dr Gibson Mr Frost	Mr Thornhill Mr Oliver	Mr Robinson Mr Chater	Dr Fenwick Mr Gibb							Dr Richard- son	
Chatham-st. Sch. of Med. Manches. (d)	Mr Murphy	Mr J S Flet- cher, Mr J O Fletcher	Mr Damville	Mr Stone	Mr Somers	Dr Watts Dr Wilkinson	Mr Southam	Dr White- head, Dr Morei	Dr Stone	Dr Aikenhead	Dr Watts							Dr A Todd	Mr Stone
Sheffld. Med. Institution	Mr Walker Mr Favell	Mr Barber	Mr Gregory Mr Skinner Mr Allanson	Dr Bingley	Mr Hunter	Dr Bartolome	Mr Barber	Mr Jackson Mr Atkin	Mr H Walker	Dr Law								Dr Bingley	
Leeds Schl. of Medicine		Mr Price, Mr Wheelhouse	Mr Ikin, Mr S Hey, Mr Price, Mr Wheelhouse	Mr Morley Mr Scatter- good	Mr Bishop	Dr Chadwick Dr Heaton	Mr Hey Mr Nunneley	Mr Smith, Mr Braithwaite	Dr Heaton	Dr P Smith							Mr Nnn- neley	Mr Scatter- good	
Bristol Med. School ....		Dr Brittan Mr Leonard	Dr Brittan Mr Coe	Mr Herapath	Dr Stanton	Dr Bndd Dr Stanton	Mr Clark Mr Pritchard	Dr Swayne	Mr Etheridge	Dr Martyn								Mr Herapath	
Liverpool Royal Infr.	Mr Fletcher	Dr Vose, Dr Turnbull	Mr Long	Dr Brett	Dr Inman	Dr Dickinson	Mr Cooper	Mr Batty	Dr Nevins	Dr Brett Mr Fletcher	Dr Dickin- son Mr Cooper							Dr Brett	
York School of Medicine	Mr Hornby Mr North		Mr Allen Mr Hornby	Mr Procter	Mr Williams	Dr Laycock	Mr Key- worth	Mr Allen Mr Anderson	Mr Moore	Mr Procter									
Hull & East Riding Schl. of Medicine & Anatomy	Dr King		Mr Craven	Mr Beckett	Dr Daly	Dr Sandwith	Mr Gibson	Mr Hardey	Mr Reckitt	Mr Munroc									
Manches. Rl. Schl. of Med. and Surgery	Mr Lund	Dr Renaud	Mr Turner Mr Smith	Dr Allan	Mr Childs	Dr Browne	Mr Orr	Mr Heath	Mr Grindon	Mr Greaves	Dr Renaud							Mr Hmt Mr Lund	Dr Allan

University of Edinburgh	Prof Goodsir	Prof Goodsir		Dr Gregory	Dr Christi- son	Dr Bennett Dr Alison	Prof. Miller	Dr Simpson	Dr Balfour	Dr Traill	Prof Goodsir		Dr Hender- son	Dr Bennett				Dr Gregory	
Surgeon's Hall, Edin.	Dr Struthers Dr Greig	Dr Struthers		Dr Wilson	Dr MacLagan	Dr Robertson Dr Wood Dr Gairdner	Mr Macken- zie, Mr Spence	Dr Keiller Dr Dmcan		Dr Haldane			Dr Lees					Dr Wilson Dr Macadam	
University of Glasgow ...	Dr Thomson, Dr Aitken	Dr Thomson, Dr Aitken	Dr Thomson Dr Aitken	Dr Anderson	Dr Couper	Dr M'Farlane	Dr Lawrie	Dr Pagan	Dr Arnott	Dr Rainy			Mr Thomson					Dr Anderson	
Anderson's U., Glasgow		Dr Buchanan	Dr Buchanan	Dr Penny	Dr Easton	Dr Anderson	Dr Hunter	Dr Paterson	Dr Bell	Dr Crawford			Dr Taylor					Dr Penny	
Marischal Coll. and U., Aberdeen (e)	Prof. Lizars Dr Beveridge	Prof. Lizars	Prof. Lizars	Dr Clark	Dr Fender- son	Dr Ogilvie Dr Macrobin	Prof. Pirrie	Dr Dyce		Dr Ogston								Dr Clark Mr Brazier	
University & King's Coll., Aberdeen ..	Dr Redfern		Dr Redfern	Dr Fyfe	Dr Temple- ton	Dr William- son Dr Christie	Dr Kerr	Dr Rainy	Rev. J C Brown	Dr Reid			Mr Thomson	Dr Redfern				Dr Fyfe	



SYNOPSIS OF REQUIREMENTS FOR DEGREES, APPOINTMENT

	Descriptive and Surgical Anatomy.	General Anatomy and Physiology.	Comparative Anatomy.	Pathological Anatomy.	Chemistry.	Botany.	Materia Medica and Pharmacy.	General Pathology.	General Thera- peutics.	Forensic Medicine.	Hygiene.	Midwifery and Diseases of Women and Children.	Surgery.
LONDON UNIVERSITY. 1st Ex- amination for B.M. ....	A Course of Lectures on each of four of the Subjects in the above headings.												
Examined in .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Examination for honours ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Second examination .....	A Course of Lectures on two of each of the above Subjects, exclusive of the four in 1st Examination.												
Examined in .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Examination for honours.....	—	—	—	—	—	—	—	—	—	—	—	—	—
Doctor of Medicine(a) .....	—	—	—	—	—	—	—	—	—	—	—	—	—
ROYAL COLL. OF PHYSICIANS } Education must comprise (extending over a period of 5 years) .....	—	1st Exam. —	—	—	—	—	—	2nd Exam. —	3rd Exam. —	—	—	—	—
ROYAL COLLEGE OF SURGEONS: Studies .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Lectures .....	—	3 Winter Sessions.	—	1 Course	—	—	1 Summer Session.	—	—	—	—	1 Summer Session.	2 Win. Ses.
SOCIETY OF APOTHECARIES: } Lectures—1st Year, Winter Session .....	—	—	—	—	—	—	—	—	—	—	—	—	—
„ „ Sumr. ....	—	—	—	—	—	—	—	—	—	—	—	—	—
„ 2nd Year, Winter „ Sumr. ....	—	—	—	—	—	—	—	—	—	—	—	—	—
„ 3rd Year, Winter .....	—	—	—	—	—	—	—	—	—	—	—	—	—
NAVY MEDICAL DEPART. (b)	—	12 mos.	6 mos.	—	3 mos.	3 mos.	6 mos.	—	—	—	—	6 mos.	12 mos.
ARMY AND ORDNANCE MEDI- CAL DEPARTMENT (b) (c) ....	12 mos.	6 mos.	—	—	12 mos.	3 mos.	3 mos.	—	—	—	—	3 mos.	—
EAST INDIA COMPANY'S ME- DICAL SERVICE (d) .....	—	—	—	—	—	—	2 Courses 6 Months.	—	—	—	—	6 mos.	—
Examined in .....	—	—	—	—	—	—	—	—	—	—	—	—	—

(a) Having passed Examination for B.A. (b) Must have attended an Hospital 18 months subsequently to the age of 18. (c) And 1 Course of Natural Philoso

SYNOPSIS OF SCHOLARSHIPS, EXHIBITIONS,  
PRIZES, HONOURS, ETC.

LONDON UNIVERSITY.  
SCHOLARSHIPS—(5 of 50*l.* each), at M.B. degree.  
EXHIBITIONS—(5 of 30*l.* each), at 1st exam. for M.B.  
MEDALS, GOLD—(8 of 20*l.*, 10*l.*, and 6 of 5*l.*), at M.D. degree.  
„ „ (7 of 5*l.*), at M.B. degree.  
„ „ (7 of 5*l.*), at 1st exam. for M.B. degree.  
PRIZES—(3 of 5*l.*), at B.A. degree.  
„ (3 of 5*l.*), at Matriculation.  
KING'S COLLEGE.  
SCHOLARSHIPS—Ten; the Warneford (3 of 25*l.*), the Col-  
lege (1 of 40*l.*, 1 of 30*l.*, 3 of 20*l.*), the Daniell (20*l.*), the  
Divinity (30*l.*)  
PRIZES—The Leathes' (interest of 300*l.*), the Warneford (2  
of 25*l.* and 15*l.*)  
UNIVERSITY COLLEGE.  
SCHOLARSHIPS—Andrews' two; 1 of 100*l.*, 1 of 60*l.*  
MEDALS Fellowes' clinical; one gold, one silver, and certi-  
ficates of honour.  
„ Liston; gold, and certificates of honour.  
ST. BARTHOLOMEW'S HOSPITAL.  
SCHOLARSHIPS—Two, of 45*l.*  
PRIZES—Seven; the Wix, the President's, the Bentley, the  
Hichens, the Foster, Mr. Lloyd's, and the Collegiate.  
ST. THOMAS'S HOSPITAL.  
SCHOLARSHIPS—Three of 20*l.*, and others for 2nd and 3rd  
years' men.

PRIZES—Nine; the President's (2 of 10*l.* 10*s.* and 5*l.* 5*s.*),  
the Treasurer's (a gold medal, and 3 of 10*l.* 10*s.*), Dr.  
Roots (10*l.* 10*s.*), Mr. Newman Smith's (5*l.*), and the Go-  
vernor's (Cheselden Medal).  
RESIDENT ACCOCHEURS, selected from students on examin-  
ation; DRESSERS, fifteen, selected every six months, and  
provided with rooms and commons.  
GUYS' HOSPITAL.  
DRESSERSHIPS, CLINICAL CLERKSHIPS, and OBSTETRIC RESI-  
DENTS.  
WESTMINSTER HOSPITAL.  
PRIZES—2 of 5*l.* 5*s.*  
HONORARY DEMONSTRATOR, ANATOMICAL PROSECTOR, CLI-  
NICAL ASSISTANTS, CLINICAL CLERKS, and DRESSERS, ac-  
cording to merit.  
ST. GEORGE'S HOSPITAL.  
SCHOLARSHIPS—Three; of 30*l.*, 20*l.*, and 10*l.*, tenable for two  
years.  
PRIZES—Four; Sir B. Brodie's, Dr. Chambers', the Thomp-  
son, and Sir Charles Clarke's.  
CURATOR—with salary of 50*l.* } On recommendation of Mc-  
REGISTRARS— „ 20*l.* } dical School Council.  
LONDON HOSPITAL.  
PRIZES—Two gold.  
DRESSERSHIPS—Three, for twelve months.  
MIDDLESEX HOSPITAL.  
PRIZES—Three, of 10*l.* 10*s.*



## ETC., BY EXAMINING BODIES AND DEPARTMENTS IN ENGLAND.

Dissection.	Practical Chemistry.	Practical Pharmacy.	Attended Labours.	Medical Practice.	Surgical Practice.	Natural History.	Demonstrations.	Clinical Medicine.	Clinical Surgery.	Military Surgery.	
9 months	1 Course	q. s.									LONDON UNIVERSITY, 1st Examination for B.M.
											Examined in.
											Examined for honours.
			6	12 mos.	12 mos.						Second examination.
											Examined in.
											Examination for honours.
				2 yrs., or 1 yr. & 3 yrs. in practice							Doctor of Medicine (a).
											ROYAL COLL. OF PHYSICIANS Education must comprise (extending over a period of 5 years).
3 Winter Sessions		6 mos.		1 Win. and 1 Sum. Ses.	3 Win. and 2 Sum. Ses.						ROYAL COLLEGE OF SURGEONS: Studies.
			After Lects.				3 Winter Sessions.	1 Win. and 1 Sum. Ses.	3 Win. and 2 Sum. Ses.		Lectures.
							—				SOCIETY OF APOTHECARIES: Lectures—1st Year, Winter Session.
							—				„ „ Summr.
			—	—	—						„ 2nd Year, Winter.
			—	—	—						„ „ Summr.
—			—	—	—						„ 3rd Year, Winter.
12	3 mos.			12 mos.				6 mos.(Lect.)	6 mos.(Lect.)	6 mos.	NAVY MEDICAL DEPART. (b).
	6 mos.	3 mos.	3 mos.	12 mos., and 8 mos. Lect.		3 mos.	12 months		8 mos.(Lect.)	6 mos.	ARMY AND ORDNANCE MEDICAL DEPARTMENT (b) (c).
			6					6 mos.		6 mos.	EAST INDIA COMPANY'S MEDICAL SERVICE. (d)
		—				—					Examined in.

and 1 of Logic. (d) And 3 months' instruction on the Treatment of the Insane, and 3 months on Ophthalmic Disease and practical knowledge of Cupping.

## CHARING-CROSS HOSPITAL.

SCHOLARSHIPS—Free.

MEDALS—Three; the Gold, the Governor's General Proficiency, and the Governor's Clinical.

## ST. MARY'S HOSPITAL.

PRIZE—(10*l.*), Mr. Spencer Smith's.

RESIDENT MEDICAL OFFICERS (3), NON-RESIDENT (2), a MEDICAL and SURGICAL REGISTRAR, CLINICAL CLERKS, and DRESSERS, all open to competition among qualified perpetual pupils.

## SCHOOL OF ANATOMY AND MEDICINE,

(ADJOINING ST. GEORGE'S HOSPITAL.)

PRIZES—The Surgical and Medical Clinical.

## QUEEN'S COLLEGE, BIRMINGHAM.

FELLOWSHIPS—(all members holding a diploma are eligible.)

SCHOLARSHIPS—the Warneford (4).

MEDALS—the Warneford (2), the Governor's Gold (2).

PRIZES—the Webster (books to value of 5*l.* 5*s.*), the Percy (books to value of 5*l.*)

STUDENTSHIPS OF THE COLLEGE OF SURGEONS, and APPOINTMENTS as ASSISTANT-SURGEONS IN THE ARMY or E.I.C.

## SYDENHAM COLLEGE, BIRMINGHAM.

PRIZE for General Proficiency.

## LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

MEDAL—(10*l.* 10*s.*) for general merit, with six months' free residence, dressership, and clerkship, with title of Liverpool R. I. Medical Scholar.

FREE RESIDENCE to two pupils every six months.

PRIZE—Clinical.

DRESSERS (6), and CLINICAL CLERKS (6).

## MANCHESTER SCHOOL OF MEDICINE AND SURGERY.

SCHOLARSHIPS—Three; of 20*l.*, 15*l.*, and 10*l.*

## CHATHAM-STREET SCHOOL OF MEDICINE, MANCHESTER.

SCHOLARSHIPS—Three; of 20*l.*, 15*l.*, and 10*l.*

## NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE,

(IN CONNEXION WITH THE UNIVERSITY OF DURHAM).

EXHIBITION—One of 15*l.* for two years.

SCHOLARSHIP—One, in University of Durham.

Besides the above, PRIZES and CERTIFICATES OF MERIT are generally given in all the Classes.

## GENERAL HOSPITAL STATISTICS.

	No. of Beds.	In-patients 1853.	Out-patients 1853.	Days of Operation.	Average No. of Inmates 1851.
St. Bartholomew's	650	6846	76,390	Saturdays at 1½	522
St. Thomas's	520	4971	33,333	Saturdays at 1	440
Guy's	549	4172	36,738	Tuesdays at 1	475
Westminster	175	2000	16,000	Saturdays at 1	131
St. George's	325	..	..	Thursdays at 1	275
London	400	..	..	Fridays at 1	308
Middlesex	300	2192	11,675	Thursdays at 12½	255
University	120	..	..	Wednesdays at 2	86
Charing-cross	100	1203	13,798	Mondays at 2	100
King's	120 (b)	..	..	Saturdays at 1½	106
St. Mary's	150	1379	6818	Wednesdays at 1½	..

(b) Increasing.



TABLE OF MEDICAL AND SURGICAL OFFICERS OF THE LONDON HOSPITALS.

	CONSULTING PHYSICIANS.	PHYSICIANS.	PHYSICIAN- ACCOCHEURS.	SURGEONS.	SURGEON- DENTISTS.	OPHTHALMIC SURGEONS.	ASSISTANT- PHYSICIANS.	ASSISTANT- SURGEONS.
King's College Hospital ....	Dr. Watson Dr. Ferguson	Dr. Budd Dr. Todd	Dr. A. Farre	Mr. Ferguson Mr. Partridge	Mr. Cartwright..		Dr. Guy Dr. G. Johnson	Mr. Bowman Mr. Lee
University Col- lege Hospital..	Mr. Quain (a)	Dr. Walshe Dr. Parkes Dr. Garrod	Dr. Murphy	Mr. Quain Mr. Erichsen	Mr. Shelley	Mr. W. Jones	Dr. Jenner Dr. Hare	Mr. Marshall Mr. Statham
St. Bartholo- mew's Hospital		Dr. Hue Dr. Roupell Dr. Burrows Dr. F. J. Farre	Dr. West	Mr. Lawrence Mr. Stanley Mr. Lloyd Mr. Skey			Dr. Jeaffreson Dr. Black Dr. Baly Dr. Kirkes	Mr. Wormald Mr. Paget Mr. M'Whinnie Mr. Coote
St. Thomas's Hospital ....	Dr. Roots	Dr. Barker Dr. Bennett Dr. Goolden	Dr. Waller Dr. Griffith	Mr. South Mr. Mackmurdo Mr. Solly Mr. Clark Mr. Simon		Mr. Mack- murdo	Dr. Peacock Dr. Bristowe	
Guy's Hospital..	Dr. Bright	Dr. Addison Dr. Barlow Dr. Hughes	Dr. Lever Dr. Oldham	Mr. Cock Mr. Hilton Mr. Birkett	Mr. Bell	Mr. France	Dr. Rees Dr. Gull Dr. Habershon	Mr. Poland Mr. Callaway
Westminster Hospital ....		Dr. Roe Dr. Kingston Dr. Basham	Dr. Bird Dr. Ogle	Mr. Holt Mr. Guthrie Mr. Brooke	Mr. Clendon		Dr. Fincham Dr. Radcliffe	Mr. Holthouse Mr. Hillman
St. George's Hos- pital .....		Dr. Wilson Dr. Nairne Dr. Page Dr. B. Joues	Dr. R. Lee	Mr. Hawkins Mr. Cutler Mr. Tatum Mr. H. C. John- son			Dr. Pitman Dr. Fuller.	Mr. Hewett Mr. Pollock
London Hospital		Dr. Little Dr. Fraser Dr. Davies	Dr. Ramsbotham	Mr. Luke Mr. Adams Mr. Curling			Dr. Parker Dr. Gibbon Dr. A. Clark	Mr. Critchett Mr. N. Ward Mr. Wordsworth
Middlesex Hos- pital .....		Dr. Hawkins Dr. Crawford Dr. S. Thompson	Dr. Frere	Mr. Shaw Mr. de Morgan Mr. Moore	Mr. Tomes	Mr. Moore	Dr. Stewart Dr. Goodfellow	Mr. Henry
Charing - Cross Hospital ....	Dr. Shearman	Dr. Golding Dr. Chowne		Mr. Hancock Mr. Avery			Dr. Rowland	Mr. Canton
St. Mary's Hos- pital (c) .....		Dr. Alderson Dr. Chambers Dr. Sibson	Dr. T. Smith Mr. I. B. Brown (b)	Mr. Coulson Mr. Lane Mr. Ure	Mr. Nasmyth	Mr. W. Cooper	Dr. H. Jones Dr. Sieveking Dr. Markham	Mr. S. Smith Mr. Waltou Mr. Lane
Hospital for Con- sumption and Diseases of the Chest, Brompt- on .....	Sir J. Forbes Dr. Williams Dr. Walshe	Dr. H. Roe Dr. T. Thompson Dr. Cursham					Dr. Cotton Dr. Quain Dr. Wadham	
City of London Hospital for Diseases of the Chest .....	Dr. Babington Dr. Jeaffreson	Dr. Peacock Dr. Bentley Dr. J. R. Bennett Dr. Birkett		Mr. Hilton				

(a) To the Eye Infirmary. (b) Surgeon-Accoucheur. (c) Aural Surgeon, Mr. Toynbee.

## FEES FOR HOSPITAL PRACTICE.

	MEDICAL PRACTICE.						SURGICAL PRACTICE.						DRESSERSHIPS.		
	3 Mos.	6 Mos.	9 Mos.	12 Mos.	18 Mos.	Perpetl.	3 Mos.	6 Mos.	12 Mos.	18 Mos.	3 Years.	Perpetl.	3 Mos.	6 Mos.	12 Mos.
St. Bartholomew's .....	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.
St. Thomas's* .....	..	10 10	12 12	..	15 15	31 10	..	15 15	20 20	..	26 5	31 10	12 12	18 18	26 5
Guy's* .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westminster (a) .....	..	10 10	..	12 12	15 15	21 0	8 8	12 12	21 0	..	31 10	..	..	..	..
St. George's .....	..	8 8	..	16 16	..	25 4	..	15 15	21 0	..	..	52 10	(b)	(b)	(b)
London .....	..	6 6	..	11 11	..	..	..	..	12 12 (c)	18 18 (d)	26 5 (e)	..	..	..	5 5 (f)
Middlesex .....	6 6	10 10	..	..	15 15	21 0	..	10 10	12 12	..	18 18	21 0	..	..	..
University .....	..	10 10	..	15 15	..	26 5 (g)	..	10 10	15 15	..	..	26 5 (g)	..	..	..
Charing-cross (h) .....	..	10 10	..	15 15	..	..	..	10 10	15 15	..	..	..	..	..	..
King's (i) .....	6 6	10 10	..	..	15 15	21 0	10 10	15 15	..	21 0 (k)	..	26 5	..	..	..
St. Mary's .....	5 5	7 7	..	12 12	15 15	21 0	..	9 9	21 0	..	21 0	31 10	..	..	..

\* The Prospectus gives no particulars. General admission fee—£40 first year; £40 second year; £10 for each succeeding year.

(a) Pharmaceutical Practice: 3 months, £5 5s.; 6 months, £8 8s.; 12 months, £12 15s.

(b) Pupils entering to the Surgical Practice are allowed, when qualified, to dress patients, for three months, and perpetual pupils for six months, without additional fee. The dresser for the week boards at the Hospital free of expense.

(c) Including six months' dressership.

(d) Including twelve months' dressership.

(e) Including twelve months' dressership.

(f) Additional during the three years; and for twelve months' dressership after expiration of the three years, £8 8s.

(g) £26 5s. for both Medical and Surgical.

(h) Full period required to both Practices, £26 5s.

(i) Perpetual to both Practices for Matriculation Students, £31 10s.

(k) For twenty-one months.



No of Courses required by College and Hall .....	Anatomical Demonstrations.			Anatomy, Descrip- tive and Surgical.			Structural and General Anatomy and Physiology.			Chemistry.			Materia Medica and Therapeutics.			Principles and Practice of Medicine.			Principles and Practice of Surgery.			Midwifery and Diseases of Women and Children.			Botany.			Medical Jurisprudence.			Practical Chemistry.			
	2			3			3			1			1			2			2			2			1			1				1		
	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.				
St. Bartholomew's. ....	3 3	5 5	5 5	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	5 5	7 7	10 10	
St. Thomas's .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Guy's .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Westminster .....	..	..	..	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	5 5	7 7	7 7	
St. George's .....	5 5	10 10	10 10	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	5 5	8 8	8 8	
London .....	2 2	3 3	3 3	8 0(a)	10 10	10 10	3 3	8 0(a)	10 10	10 10	3 3	8 0(a)	10 10	10 10	3 3	8 0(a)	10 10	10 10	3 3	8 0(a)	10 10	10 10	3 3	8 0(a)	10 10	10 10	3 3	8 0(a)	10 10	10 10	3 3	8 0(a)	10 10	
Middlesex .....	..	..	..	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	6 0	9 0	9 0	
University .....	2 2	3 3	3 3	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	
Charing-cross .....	..	..	..	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	8 8	9 9	9 9	
King's .....	..	..	..	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	6 6	7 7	7 7	
St. Mary's .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Queen's Coll., Birmingham..	4 4	7 7	7 7	7 7(c)	9 9	9 9	4 4	7 7(c)	9 9	9 9	4 4	7 7(c)	9 9	9 9	4 4	7 7(c)	9 9	9 9	4 4	7 7(c)	9 9	9 9	4 4	7 7(c)	9 9	9 9	4 4	7 7(c)	9 9	9 9	4 4	7 7(c)	9 9	
Sydenham Coll., do.	4 4	7 7	7 7	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	5 5	9 9	9 9	
Bristol Medical School....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Hull and East Riding Sch. of Medicine .....	4 4	6 6	6 6	..	..	..	5 5	..	..	..	5 5	..	..	..	..	5 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Leeds School of Medicine (d).	..	..	..	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	4 4	6 6	6 6	
Liverpool Royal Infirmary School of Medicine....	3 3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Liverpool College of Che- mistry .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Manchester Royal School of Medicine and Surgery	2 2	..	..	4 4	..	..	4 4	..	..	..	4 4	..	..	..	..	4 4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Newcastle-on-Tyne College of Medicine, in connexion with University of Dur- ham .....	3 3(e)	..	..	3 3(c)	..	..	4 4	..	..	..	4 4	..	..	..	..	4 4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Sheffield Medical Institution	2 2	..	..	6 6	..	..	6 6	..	..	..	6 6	..	..	..	..	6 6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
York School of Medicine....	4 4	7 7	7 7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

(a) Single Course of Anatomy, Physiology, Demonstrations, and Dissection, £8 8s.; Perpetual, £15. (b) For General Pupils of the School, £2 2s. (c) £7 7s. for Surgical Anatomy, Descriptive Anatomy, and General Anatomy and Physiology. (d) The Sum placed under the head "Perpetual" is Extra Payment for a Second Season, entitling to Perpetual Attendance. (e) Surgical Anatomy and Demonstrations, £3 3s. together.

PERPETUAL FEES FOR LECTURES, ETC., REQUIRED BY COLLEGE AND HALL,—

St. Bartholomew's, £94 10s. (Lectures and Hospital Practice)	St. Mary's, £89 5s. (Lectures and Hospital Practice)	Manchester Royal School of Medicine and Surgery, £42 (Lectures only)
St. Thomas's, £90	School adjoining St. George's, £44 2s.	Chatham-street School of Medicine, Manchester, £42
Guy's, £100	Queen's College, Birmingham, £52 10s.	Newcastle-on-Tyne College of Medicine, £42
St. George's, £105	Sydenham College, Birmingham, £42	Sheffield Medical Institution, £42
London, £88 4s.	Bristol Medical School, £47 5s.	York School of Medicine, £42
Middlesex, £75	Hull and East Riding School of Medicine, £42	Westminster, £27 6s. (Hospital Practice only)
University, £88 15s.	Leeds School of Medicine, £42	Charing-cross, £45
King's, £112 7s.	Liverpool Royal Infirmary School of Medicine, £45	



TABLE OF FEES TO LECTURES NOT  
REQUIRED BY COLLEGE OR HALL.

	Comparative Anatomy.		Experimental and Descrip- tive Natural Philosophy.	Practical Pathology.		Microscopical Anatomy.	Dentistry.	Ophthalmic Surgery.
	One Course.	Per- petual.		One Course.	Per- petual.			
	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.
St. Bartholomew's	2 2	3 3	2 2	..	..	..	..	..
St. Thomas's	..	..	..	..	..	..	..	..
Guy's	..	..	..	..	..	..	..	..
Westminster	..	..	1 1	..	..	..	2 2	..
St. George's	..	..	..	..	..	..	..	..
London	..	..	..	..	..	..	..	..
Middlesex	2 2	..	..	..	..	2 2	..	..
University	7 0 (b)	8 0 (b)	..	3 0	4 0	..	1 1	3 0
Charing-cross	..	..	..	..	..	..	..	..
King's	3 3	4 4	3 3	..	..	..	..	..
St. Mary's	..	..	..	2 2	3 3	..	..	2 2
Sch. adj. St. Grg's.	2 2	3 3	..	..	..	..	..	..

(b) And Zoology.

## THE INTRODUCTORY LECTURES

AT THE OPENING OF MEDICAL SESSION 1854-55.  
(The Winter Session commences this year on Oct. 2, ending  
31st of March. The Summer Session begins May 1, lasting to  
the middle or end of July.)

King's College	...	J. Forbes Royle, M.D., F.R.S.
University College	...	Professor Carpenter, M.D.
St. Bartholomew's Hospital	...	George Burrows, M.D., F.R.S.
St. Thomas's Hospital	...	Samuel Solly, Esq., F.R.S.
Guy's Hospital	...	John Birkett, Esq.
Westminster Hospital	...	Barnard Holt, Esq.
London Hospital	...	W. J. Little, M.D.
Middlesex Hospital	...	C. H. Moore, Esq., F.R.C.S.
Charing Cross Hospital	...	Dr. W. D. Chowne, M.D.
St. Mary's Hospital	...	Dr. Alderson, F.R.S.
School of Medicine adjoining St. George's	...	Edwin Lankester, M.D., F.R.S., F.L.S.
Queen's College, Birmingham	...	Mr. R. D. Grainger.
Sydenham Coll., Birmingham	...	Dr. Elkington.
Leeds School of Medicine	...	J. T. Ikin, Esq., F.R.C.S.
Liverpool Royal Infirmary	...	F. D. Fletcher, Esq.
Manchester Royal School of Medicine and Surgery	...	Mr. Childs.
Chatham Street School of Med.	...	James Whitehead, M.D.
Newcastle College of Practical Science	...	H. G. Potter, Esq., F.R.C.S.
Newcastle-on-Tyne College of Medicine	...	Dr. Embleton, M.D.
York School of Medicine	...	Mr. Hornby.

HOSPITALS AND SCHOOLS OF SURGERY AND  
MEDICINE

FROM WHICH CERTIFICATES OF THE PROFESSIONAL EDUCATION OF  
CANDIDATES FOR THE FELLOWSHIP WILL BE RECEIVED BY  
THE ROYAL COLLEGE OF SURGEONS.

## HOSPITALS.

ENGLAND.—LONDON.—St. Bartholomew's.—St. Thomas's.—Westminster.—Guy's.—St. George's.—London.—Middlesex.—University College.—Charing Cross.—King's College.—St. Mary's, Paddington. PROVINCIAL: Bath United Hospital.—Bedford General Infirmary.—Birmingham General Hospital.—Queen's Hospital, Birmingham.—Bristol Infirmary.—Addenbrook's Hospital, Cambridge.—Derbyshire General Infirmary.—Devon and Exeter Hospital.—Gloucester Infirmary.—Hull Infirmary.—Kent and Canterbury Hospital.—Leeds General Infirmary.—Leicester Infirmary.—Liverpool Infirmary.—Liverpool Northern Hospital.—Manchester Royal Infirmary.—Newcastle-upon-Tyne Infirmary.—Norfolk and Norwich Hospital.—Northampton General Infirmary.—Nottingham General Hospital.—Radcliffe Infirmary, Oxford.—Salisbury General Infirmary.—Salop Infirmary.—Sheffield General Infirmary.—Stafford County General Infirmary.—Sussex County Hospital.—Winchester County Hospital.—Worcester Infirmary.—York County Hospital.

IRELAND.—DUBLIN: Richmond.—Dr. Stevens's.—City of Dublin.—Mercer's.—Meath.—Jervis Street.—St. Vincent's. PROVINCIAL: Belfast Hospital.—North and South Infirmary, Cork.

SCOTLAND.—EDINBURGH: Royal Infirmary. PROVINCIAL: Glasgow Royal Infirmary.—Aberdeen Royal Infirmary.

## SCHOOLS.

ENGLAND.—LONDON.—St. Bartholomew's.—St. Thomas's.—Guy's.—St. George's.—London.—Middlesex.—University College.—King's College.—Westminster.—Charing Cross.—Grosvenor Place.—Kinnerton Street.—PROVINCIAL: Royal School of Medicine and Surgery, Birmingham.—Old Park Medical School, Bristol.—Hull and East Riding School of Medicine.—Leeds School of Medicine.—Liverpool Infirmary School of Medicine.—Royal School of Medicine and Surgery, Manchester.—Chatham Street School of Medicine, Manchester.—Newcastle-upon-Tyne College of Medicine.—Newcastle-upon-Tyne School of Practical Science.—Sheffield Medical Institution.—York School of Medicine.

IRELAND.—DUBLIN.—Royal College of Surgeons.—Trinity College.—Apothecaries' Hall.—Carmichael School of Medicine.—Dublin School of Medicine.—Original School of Medicine, Peter Street. PROVINCIAL: The Queen's Colleges of Belfast, Cork, and Galway.—South Mall School of Medicine, Cork. The several Schools recognised by the Royal College of Surgeons in Ireland.

SCOTLAND.—EDINBURGH.—University. PROVINCIAL: University, Glasgow.—King's College, Aberdeen.—Marischal College and University, Aberdeen. The several Schools recognised by the Royal College of Surgeons of Edinburgh.

SCHOOLS AND HOSPITALS IN THE BRITISH COLONIES, ETC.—The Medical College, Calcutta.—The Church University, Toronto. IN FOREIGN COUNTRIES: Paris.—Montpellier.—Strasbourg.—Berlin.—Vienna.—Heidelberg.—Bonn.—Göttingen.—Leyden.—Liege.—Pavia.—Stockholm.—New York.—Philadelphia.

INSTITUTIONS FROM WHICH  
THE LONDON UNIVERSITY

IS EMPOWERED TO RECEIVE CERTIFICATES FOR DEGREES  
IN MEDICINE.  
ENGLAND.

Birmingham.—The Queen's College.—The Birmingham General Hospital.—Sydenham College.

Bristol.—The Bristol Medical School.—The Bristol Infirmary.—St. Peter's Hospital.

Haslar.—The Royal Naval Hospital.

Hull.—Hull and E. R. of York School of Medicine and Anatomy.

Leeds.—The Leeds School of Medicine.—The Leeds General Infirmary.

Leicester.—The Leicester Infirmary.

Liverpool.—The Liverpool Infirmary.—The Liverpool Fever Hospital and Infirmary.

London.—University College.—King's College.—The London Hospital.—The Middlesex Hospital.—School of Anatomy, adjoining St. George's Hospital.—The Charing-cross Hospital.—St. Thomas's Hospital.—St. Bartholomew's Hospital.—The Westminster Hospital.—Guy's Hospital.—St. George's Hospital.—The Physicians of the St. Marylebone Infirmary.—The Royal College of Chemistry.

Manchester.—Royal School of Medicine and Surgery.—The Union Hospital.—The Royal Infirmary.—School of Medicine in Chatham Street.

Newcastle-upon-Tyne.—College of Medicine in connexion with the University of Durham.—College of Medicine and Practical Science.

Northampton.—General Infirmary.

Nottingham.—The General Hospital near Nottingham.

Sheffield.—The Sheffield Medical Institution.

York.—The York School of Medicine.

## SCOTLAND.

Aberdeen.—King's College and University.

Edinburgh.—The University of Edinburgh.—The Minto House Dispensary.—The Royal Infirmary.

Glasgow.—The University of Glasgow.—The Andersonian Institution.—The Royal Infirmary.

## IRELAND.

The Queen's Colleges in Ireland.

Cork.—The Cork Recognised School of Medicine.—The Cork North Infirmary, and the Cork South Infirmary, in conjunction.

Dublin.—Original School of Anatomy, etc., Peter Street.—School of Physic in Ireland.—Apothecaries' Hall of Ireland.—Carmichael School of Anatomy, etc.—Theatro of Anatomy, etc., 27, Peter Street.—St. Vincent's Hospital.—Mercer's Hospital.—Jervis Street Hospital.—Dublin School of Anatomy, etc., Digges Street.—Royal College of Surgeons in Ireland.—Meath Hospital.—City of Dublin Hospital.—Coombe Lying-in Hospital.—Dr. Stevens's Hospital.

Maryborough.—Queen's County Infirmary.

MALTA.—The University of Malta.

CEYLON.—The Military Hospital in the Island of Ceylon.

BENGAL.—The Medical College of Bengal.

CANADA.—The University of McGill College, Montreal.—The St. Lawrence School of Medicine, Montreal.



## LIST OF SCIENTIFIC SOCIETIES IN LONDON.

TITLE OF SOCIETY.	PLACE OF MEETING.	DAYS OF MEETING.	Hour.
Abernethian Society .. ..	St. Bartholomew's Hospital ..	From 2nd Thursday in October to 3rd Thursday in March ..	8 P.M.
Entomological Society .. ..	12, Bedford-row .. ..	1st Monday in each month .. ..	8 P.M.
Epidemiological Society .. ..	53, Berners-street .. ..	1st Monday in each month till August .. ..	8 P.M.
Geological Society .. ..	Somerset House .. ..	Every alternate Wednesday from November to June .. ..	8½ P.M.
Guy's Hospital Physical Society ..	Guy's Hospital .. ..	Alternate Saturday evenings from October to March .. ..	8 P.M.
Harveian Society .. ..	64, Edgeware-road .. ..	1st and 3rd Thursdays of each month, from November to June ..	8 P.M.
Hunterian Society .. ..	4, Blomfield-street, Finsbury ..	Every Thursday evening during Medical Session .. ..	7½ P.M.
King's College Medical Society ..	King's College .. ..	1st and 3rd Wednesdays of each month .. ..	8 P.M.
London Medical Society of Observation ..	32A, George-street, Hanover-square..	Every Saturday, from 2nd in October to last in May .. ..	8 P.M.
Medical Society, the London ..	32, Sackville-street, Piccadilly ..	2nd and 4th Wednesday, from November to June .. ..	8 P.M.
Medico-Botanical Society .. ..	Horticultural Society's Rooms, 31, Regent-street.	3rd Wednesday in each month .. ..	8 P.M.
Microscopic Society .. ..	.. ..	2nd Wednesday in each month .. ..	7½ P.M.
North London Medical Society ..	.. ..	1st and 3rd Tuesdays of every month .. ..	8 P.M.
Pathological Society .. ..	33A, George-street, Hanover-square ..	2nd Saturday, from March to August .. ..	4 P.M.
Royal Botanic Society .. ..	Inner Circle, Regent's-park .. ..	Every Tuesday and Friday during the Season .. ..	3 & 8½ P.M.
Royal Institution .. ..	21, Albermarle-street .. ..	2nd and 4th Tuesday of the month until July .. ..	8½ P.M.
Royal Medical and Chirurgical Society.	53, Berners-street .. ..	Every Thursday, from November to June .. ..	8½ P.M.
Royal Society .. ..	Somerset House .. ..	Every 2nd Monday, from November to July .. ..	8 P.M.
Statistical Society .. ..	12, St. James's-square .. ..	Every alternate Thursday during Winter Session .. ..	8 P.M.
St. George's Hunterian Society ..	St. George's Hospital .. ..	Every alternate Thursday .. ..	7 P.M.
St. Thomas's Hospital Physical Society.	St. Thomas's Hospital .. ..	Every alternate Thursday .. ..	6½ P.M.
University College Medical Society ..	University College Theatre .. ..	1st and 3rd Fridays, from October to May .. ..	8 P.M.
Western Medical and Surgical Society.	44, Sloane-street .. ..	Every Saturday, from 3rd week in October to April .. ..	8 P.M.
Westminster Medical Society ..	17, Savile-row .. ..		

ST. LUKE'S HOSPITAL FOR LUNATICS,  
OLD STREET.

*Physicians.*—Dr. Alex. John Sutherland, F.R.S.; Dr. Henry Monro.

*Surgeon.*—James Luke, Esq.

*Resident Medical Superintendent.*—Henry Stevens, Esq.

The practice of this Hospital is open to a limited number of pupils. Lectures on the Nature and Treatment of Insanity are delivered annually by Dr. Sutherland; and clinical lectures are given from time to time. Clinical clerks are selected from such pupils as have completed three months of the Hospital practice. Sessions, of three months each, commence on the 1st October, 1st January, and 1st May in every year. Fee for each session, 3l. 3s.

HOSPITALS AND DISPENSARIES FOR  
PARTICULAR DISEASES.

*The figures attached denote the NUMBER OF BEDS.*

Asylum for Idiots, Park-house, Highgate.  
Bethlem Hospital for Lunatics St. George's-fields.  
Blenheim-st. Inf. & Free Dispensary, Blenheim-st., Oxford-st.  
Bloomsbury Dispensary, 62, Gt. Russell-street.  
British Lying-in Hospital, Endell-street, Long Acre.  
Central London Ophthalmic Hos., 1, Calthorpe-st., Gray's-inn-road, 6.  
Chelsea, Brompton, and Belgrave Dispensary, Sloane-sq., Chelsea.  
City Dispensary, 76, Queen-street, Cheapside.  
City of London and East London Dispensary, 13, Wilson-street, Finsbury-square.  
City of London Hospital for Diseases of the Chest, 6, Liverpool-street, Finsbury.  
City of London Lying-in Hospital, City-road.  
City Orthopædic Hospital, Hatton-garden, 6.  
Clapham General Dispensary, 2, Wellington-terrace, Clapham.  
Eastern Dispensary, 46, Great Aile-street.  
Farringdon General Dispensary and Lying-in Charity, 17, Bartlett's-buildings, Holborn.  
Finsbury Dispensary, 16, Woodbridge-street.  
Free Hos. for Women & Children, and Samaritan Institution, 27, Orchard-street, Portman-sq.  
General Lying-in Hospital, York-road, Lambeth.  
German Hospital, Dalston.  
Harrison's Spinal Institution, Middlesex-place, New-road.  
Holloway and N. Islington Dispensary, Francis-pl., Holloway.  
Hospital for Consumption & Diseases of the Chest, Brompton, 230.  
Hospital for Diseases of the Skin, 25, New Bridge-st., Blackfriars.  
Hospital for the Cure of Deformities, Portland-rd., Regent's-pk.  
Hospital for Sick Children, 30.  
Hospital for Women, Soho-sq., 21.  
Inf. for Fistula, Piles, & Diseases of the Rectum, 38, Charterhouse-square.  
Islington Dispensary, 1, Church-row, Islington.  
Kensington Dispensary, Church-street, Kensington.  
Lock Hos. & Asylum, Harrow-rd., 150.  
London Dispensary, 21, Church-street, Spitalfields.  
London Fever Hospital, Liverpool-road, Islington, 200.  
Lying-in Instn., 90, Newman-st.  
Metropolitan Convalescent Institution, 32, Sackville-street.  
Metropolitan Dispensary, 9, Fore-street, Cripplegate.

Metropolitan Ear Infirmary, 32, Sackville-street.  
Metropolitan Free Hospital, Devonshire-square, City.  
Middlesex Lunatic Asy., Hanwell.  
Middlesex County Lunatic Asy., Colney Hatch.  
National Vaccine Institution, 8, Russell-square, Fitzroy-square.  
Northern Dispensary, 9, Somers-place, New-road.  
North London Inf. for Diseases of the Eye, 31, Charlotte-street, Portland-place.  
Pimlico & W. London Gen. Disp., 11, Shaftesbury-ter., Pimlico.  
Public Disp. for the Relief of Sick Poor, 6, Carey-st., Lincoln's inn.  
Queen Charlotte's Lying-in Hos., Manor-house, Lisson-grove, St. Marylebone, 30.  
Royal Dispensary for Diseases of the Ear, Dean-street, Soho.  
Royal General Dispensary, 26, Burton-crescent, St. Pancras.  
Royal General Dispensary, 25, Bartholomew-cl., Aldersgate st.  
Royal Inf. for Asthma, Consumption, etc., City-road, near Windsor-terrace.  
Royal Inf. for Diseases of the Eye, Cork-mews, Cork-street.  
Royal Jennerian and London Institution, 18, Providence-row, Finsbury.  
Royal Kent Dispensary, Broadway, Deptford.  
Royal London Ophthalmic Hos., Moorfields.  
Royal Maternity Charity, for Delivering Poor Married Women at their own Habitations, 17, Little Knight Rider-st., Doctor's-commons.  
Royal Orthopædic Hospital for the Cure of Club Foot, Lateral Curvature of the Spine, and all other Contractions and Deformities, 6, Bloomsbury-sq., 36.  
Royal Pimlico Dispensary and Lying-in Instn., 1, Belgrave-ter.  
Royal Sea-bathing Infirmary, office, 4, Dowgate-hill, City.  
Royal South London Dispensy., 23, Laurie-ter., Westminster-road.  
Royal Universal Inf. for Children, Waterloo-bridge-road.  
Royal Westminster Ophthalmic Hospital, 30.  
Samaritan Free Hospital for Women and Children, Orchard-street, Portman-square.  
St. George's & St. James's Disp., 60, King-st., Golden-sq., and 1, Chapel-pl. South, S. Audley-st.  
St. George & St. James's Lying-in Charity for Home Relief, 17, Saville-row.  
St. Luke's Hospital for Lunatics, Old-street.  
St. Marylebone Free Dispensary for Diseases of Women, 47, George-street, Portman-sq.  
St. Marylebone General Dispensary, 77, Welbeck-street.  
St. Paul and Barnabas' Disp., 67, Upper Bury-street, Pimlico.  
Small-pox and Vaccination Hos., Upper Holloway, 75.  
Stamford-hill, Stoke Newington, Clapton, West Hackney, Kingsland, and Dalston Dispensary.  
Surrey Disp., 6, Great Dover-rd.  
Tower Hamlets' Disp., 40, Colet-pl., Commercial-road East.  
West London & Chelsea Inf. for Diseases of the Eye, Jubilee-place, King's-road.  
Western Dispensary, 59, Tothill-street, Westminster.  
Western Dispensary for Diseases of the Skin, 21A, Charlotte-st., Fitzroy-square.  
Western General Dispensary, Lisson-grove, New-road.  
Westminster General Dispensary, 9, Gerard-street, Soho.

## PROVINCIAL HOSPITALS AND DISPENSARIES.

**BEDFORDSHIRE.**  
Bedford Fever Hospital, 50.  
Bedford General Infirmary, 94.  
Bedford Lunatic Asylum, 270.  
Woburn Dispensary.  
**BERKSHIRE.**  
Newbury Dispensary.  
Reading.—Rl. Berks. Hosp., 90.  
Reading Dispensary.  
**BUCKINGHAMSHIRE.**  
Sonning Dispensary.  
Windsor Royal Dispensary.  
**CAMBRIDGESHIRE.**  
Aylesbury. — Buckinghamshire General Infirmary, 36.  
Cambridge. — Addenbrooke's Hospital, 106.



- CHESHIRE.**  
 Birkenhead Hosp. and Disp., 16.  
 Chester General Infirmary, 100.  
 Macclesfield Dispensary.  
 Stockport Infirmary, 45.  
 Stockport Fever Hospital.
- CORNWALL.**  
 Bodmin.—East Cornwall Elizabethan Hospital and Disp., 40.  
 County Lunatic Asylum, Bodmin.  
 Falmouth Public Dispensary and Humane Society.  
 Helston Dispensary.  
 Penzance Public Dispensary.  
 Truro Dispensary.  
 Truro.—Royal Cornwall In., 67.
- CUMBERLAND.**  
 Carlisle.—Cumberland Infr., 52.  
 Carlisle Dispensary.  
 Carlisle House of Recovery.  
 Whitehaven Fever Hospital.  
 Whitehaven and West Cumberland Infirmary, 50.  
 Workington Dispensary.
- DERBYSHIRE.**  
 Buxton Bath Charity.  
 Derby.—Derbyshire Gen. Infr., 160.  
 Derby Self-supporting Disp.
- DEVONSHIRE.**  
 Barnstaple and North Devon Dis.  
 Bideford Dispensary.  
 Devon County Lunatic Asylum, near Exeter, 450.  
 Devonport and Stonehouse General Dispensary and Institution for Diseases of the Eye and Ear.  
 Exeter.—Devon and Exeter Hos., 208.  
 Exeter Dispensary.  
 Exeter Lying-in Charity.  
 Honiton Dispensary.  
 North Devon Infirmary, 80.  
 Plymouth Public Dispensary.  
 Plymouth Royal Eye Infirm., 12.  
 St. Thomas's Hospital for Lunatics, near Exeter, 60.  
 South Devon and East Cornwall Hospital, Plymouth, 65.  
 Teignmouth and Dawlish General Dispensary and Marine Infirm.  
 Teignmouth Dispensary, 20.  
 Torbay Infr. and Dis. Torquay.  
 West of England Eye Infirm., 24.
- DORSETSHIRE.**  
 Dorset County Hos., Dorchester, 45.  
 Dorset County Lunatic Asylum, Forston, near Dorchester, 166.  
 Dorset County and Weymouth Royal Eye Infirmary, 15.  
 Weymouth Infirm. and Disp., 10.
- DURHAM.**  
 Darlington Dispensary.  
 Durham County Infirmary, 48.  
 Gateshead Dispensary.  
 Middlesboro'-on-Tees Dispensary.  
 Seaham Harbour Infirmary, 14.  
 South Shields Dispensary.  
 Stockton-upon-Tees Dispensary.  
 Sunderland Eyo Infirmary.  
 Sunderland General Infirm., 30.
- ESSEX.**  
 Essex and Colchester Hospital, Colchester, 96.
- GLOUCESTERSHIRE.**  
 Bristol Dispensary.  
 Bristol Disp. for Diseases of Skin.  
 Bristol Dispensary for the Cure of Complaints of the Eye.  
 Bristol Dorcas Society.  
 Bristol General Hospital, 31.  
 Bristol Royal Infirmary, 242.  
 Bristol Lying-in Institution.  
 Bristol Ophthalmic Hospital.  
 Bristol.—St. Peter's Hospital for Sick and Lunatic Paupers, 292.  
 Cheltenham Dispensary for Women and Children, and Lying-in Institution.  
 Cheltenham Gen. Hos. and Dis., 42.
- CLIFTON DISPENSARY.**  
 County Lunatic Asy. Gloucester.  
 Gloucester Dis. and Vaccine Inst.  
 Gloucester Infirmary, 161.  
 Stroud Gen. Hos. and Disp., 20.  
 Tetbury Dispensary.
- HAMPSHIRE.**  
 Hants County Hos., Winchester, 120.  
 Royal Portsmouth, Portsea, and Gosport Hospital, 30.  
 Royal Isle of Wight Infirm., 24.  
 Royal South Hants Infirmary, Southampton, 61.
- HEREFORDSHIRE.**  
 Hereford General Infirmary, 70.  
 Leominster Dispensary.  
 Ross Dispensary.
- HERTFORDSHIRE.**  
 Hemel-Hempstead.—West Herts Infirmary, 33.  
 Hertford General Infirmary, 35.  
 Hitchin.—North Herts and South Beds Infirmary, 30.
- HUNTINGDONSHIRE.**  
 Huntingdon Infirmary, 9.
- KENT.**  
 Canterbury Dispensary.  
 Canterbury—Kent & Cant. Hos., 120.  
 Dover Hospital and Disp., 12.  
 Dreadnought Hospital Ship, for Seamen, 250.  
 Folkestone Infirmary.  
 Hythe Dispensary.  
 Kent County Lunatic Asy., 650.  
 Kent County Ophthalmic Hos., 27.  
 Margate—Rl. Sea-Bathing Infr., 222.  
 Ramsgate & St. Lawrence Dis.  
 Ramsgate Seaman's Infirm., 20.  
 Rochester, Chatham, and Strood Dispensary.  
 Rochester, Chatham, and Strood Lying-in Institution.  
 Sandgate Dispensary.  
 Tunbridge-wells Dis. & Infr., 22.  
 Maidstone and West Kent Dispensary and Infirmary, 24.
- LANCASHIRE.**  
 Ardwick and Ancoats Dis.  
 Bolton Infirmary, 20.  
 Burnley Dispensary.  
 Bury Dispensary.  
 Chorlton-on-Medlock Dispensary, Manchester.  
 County Lunatic Asylum, Prestwich, near Manchester.  
 County Lunatic Asylum, Rainhill, near Prescott.  
 Lancaster County Lunatic Asym., 800.  
 Lancaster General Dispensary & House of Recovery, 40.  
 Liverpool Eye & Ear Infirm., 24.  
 Liverpool Infr. & Lunatic Asym., 226.  
 Liverpool Lock Hospital, 50.  
 Liverpool Lying-in Hos. & Dis. for Women and Children, 15.  
 Liverpool Northern Hosp., 120.  
 Liverpool.—St. Anne's Dis. & Ear & Eye Institution for the Eastern Division of the Town.  
 Liverpool.—Southern and Toxteth Hospital, 90.  
 Manchester House of Recovery.  
 Manchester Eye Hospital, 25.  
 Manchester Royal Infirmary and Dispensary, 209.  
 Manchester and Salford Lying-in Hospital and Dispensary.  
 Ormskirk Dispensary.  
 Preston Dispensary.  
 Rochdale General Dispensary.  
 Salford and Pendleton Royal Hospital and Dispensary, 10.  
 Warrington Dispensary.  
 Wavertree, Childwall, and Allerton Dispensary.
- LEICESTERSHIRE.**  
 Leicester General Dispensary.  
 Leicester Infirmary, and Leicester House of Recovery from Contagious Fever, 143.  
 Loughborough Dispensary, 9.
- LINCOLNSHIRE.**  
 Gainsborough Dispensary.  
 Horncastle Public Dispensary.  
 Lincoln County Hospital, 69.  
 Lincoln General Dispensary.  
 Spalding Dispensary.  
 Spalding Union Infirmary, 54.  
 Stamford, Rutland, & Gen. Infr., 32.
- NORFOLK.**  
 Norfolk and Norwich Eye Infr., 10.  
 Norfolk and Norwich Hos., 144.  
 Norfolk County Lunatic Asylum, 245.  
 Norwich Dis., for Med. cases only.  
 West Norfolk & Lynn Hospital, 50.  
 Yarmouth Hospital, 18.
- NORTHAMPTONSHIRE.**  
 Northampton Gen. Infirm., 114.  
 Northampton General Lunatic Asylum, 250.  
 Peterborough Infr. and Dis., 20.  
 Royal Victoria Dispensary.
- NORTHUMBERLAND.**  
 Alnwick Infirmary, 12.  
 Hexham Dispensary.  
 Newcastle-upon-Tyne Dis.  
 Newcastle-upon-Tyne Fever Hospital, 45.  
 Newcastle-upon-Tyne Infirmary, 180.  
 Newcastle-upon-Tyne Lying-in Hospital.
- NOTTINGHAMSHIRE.**  
 Newark-upon-Trent Dis. & Hos., 12.  
 Nottingham County Lunatic Asylum.  
 Nottingham Dispensary.  
 Nottingham General Hos., 122.  
 Nottingham Union Hos. & Dis., 128.  
 Wellow Hospital.
- OXFORDSHIRE.**  
 Oxford and Berks County Pauper Lunatic Asylum, 382.  
 Oxford Medical Dispensary and Lying-in Charity.  
 Oxford—Radcliffe Infirm., 158.  
 Warneford Hospital for Insane.
- SHROPSHIRE.**  
 Salop and Montgomery Counties Lunatic Asylum, 240.  
 Salop Infirmary, 140.  
 Shrewsbury Dispensary.  
 Shropshire Eye & Ear Dispos.  
 South Salop & Bridgenorth In., 10.  
 Wellington Dispensary.
- SOMERSETSHIRE.**  
 Bath Dispensary for Diseases of Women and Children.  
 Bath Ear and Eye Infirmary.  
 Bath Eastern Dispensary.  
 Bath Eye Infirmary, 4.  
 Bath General Hospital, 127.  
 Bath United Hospital, 120.  
 Bath Western Dispensary.  
 Bridgewater Infirmary, 45.  
 Cannington Dispensary.  
 Clevedon, Tickenham, & Walton Dispensary.  
 Inst. for Diseases of Chest, Bath.  
 Institution for Idiot and Imbecile Children, 35, Belvidere, Bath.  
 Lyncombe & Widcome Dis., Bath.  
 Somersetshire County Pauper Lunatic Asylum, Wells.  
 Taunton and Somerset Hospital, 81.  
 Taunton Eye Infirmary, 6.  
 Wiveliscombe Dispensary, 12.
- STAFFORDSHIRE.**  
 North Staffordshire Infirmary, 122.
- SOUTH STAFFORDSHIRE GEN. HOS.,**  
 Wolverhampton, 112.
- STAFFORDSHIRE GENERAL INFIRMARY,**  
 120.
- SUFFOLK.**  
 East Suffolk and Ipswich Hos.  
 Lowestoff Infirmary, 14.  
 Southwold Dispensary.  
 Suffolk County Lunatic Asylum.  
 Suffolk Gen. Hos., Bury St.-Edmunds, 60.
- SURREY.**  
 Croydon Dispensary.  
 Kingston-on-Thames Dispensary.  
 Richmond Dispensary.
- SUSSEX.**  
 Brighton Dispensary.  
 Brighton.—Sussex County Hos., 170.  
 Chichester General Infirm., 84.  
 East Sussex, Hastings, and St. Leonard's Dispensary.  
 Sussex and Brighton Infirmary for Diseases of the Eye, 8.
- WARWICKSHIRE.**  
 Birmingham & Midland Counties Lying-in Hos., and Dis. for the Diseases of Women & Children, 20.  
 Birmingham Gen. Dispensary.  
 Birmingham General Hosp., 230.  
 Birmingham.—Queen's Hospital, with detached fever wards, 130.  
 Coventry & Warwickshire Hos., 26.  
 Coventry Provident Dispensary.  
 Eye Infirmary, Birmingham, 6.  
 Leamington.—Warneford Hos., 44.  
 Southam Eye & Ear Infirm., 16.  
 Stratford-on-Avon Infirmary.  
 Warwick Dispensary.  
 Warwick County Lunatic Asy., 300.
- WILTSHIRE.**  
 Devizes Dispensary.  
 Salisbury General Infirm., 114.
- WORCESTERSHIRE.**  
 Dudley Dispensary.  
 Great Malvern Dispensary.  
 Malvern Wells Lying-in Inst.  
 Stourbridge Dispensary.  
 Tenbury Dispensary.  
 Worcester Dispensary.  
 Worcester Infirmary, 100.  
 Worcester Ophthalmic Inst., 3.  
 Worcestershire Humane Society.
- YORKSHIRE.**  
 Beverley Dispensary.  
 Bradford Infirmary, 62.  
 Doucaster Dispensary.  
 Halifax Infirmary, 50.  
 Harrogate Bath Hospital, 100.  
 Huddersfield Infirmary, 40.  
 Hull General Infirmary, 125.  
 Knaresborough Dispensary.  
 Leeds Dispensary.  
 Leeds Eye and Ear Infirmary, 6.  
 Leeds General Infirmary, 140.  
 Leeds Hospital for Women and Children, 15.  
 Leeds House of Recovery, 80.  
 Leyburn Dispensary.  
 Malton Dispensary.  
 North and East Riding Lunatic Asylum, Clifton, York, 320.  
 Northern Sea-bathing Infirmary, Scarborough, 50.  
 Ripon Dispensary and House of Recovery, 12.  
 Rotherham Dispensary.  
 Scarborough Dispensary.  
 Sheffield General Infirmary.  
 Sheffield Public Dispensary.  
 Stokesley Dispensary.  
 The Retreat—Quaker's Lunatic Asylum.  
 Wakefield General Dispensary.  
 Wakefield House of Recovery, 11.  
 Whitby Public Dispensary.  
 York County Hospital, 120.  
 York Dispensary.



York Lunatic Asylum. CARDIGANSHIRE.	FLINTSHIRE.
Aberystwith Infirmary, 14. CARMARTHENSHIRE.	Flintshire Dispensary, Holywell.
Carmarthenshire Infirmary, 20. CARNARVONSHIRE.	GLAMORGANSHIRE.
Carnarvonshire and Anglesey In- firmary and Dispensary, 18. DENBIGHSHIRE.	Glamorganshire and Monmouth- shire Infirmary & Dis., Cardiff, 36.
Denbighshiro Infirm.& Gen. Dis., 35.	Swansea Infirmary, 24.
North Wales Asylum for Insane, 170.	MONMOUTHSHIRE.
Wrexham Infirmary & Gen. Dis., 30.	Abergavenny Gen Dispensary. Monmouth Dispensary & Hos., 5. Newport Dispensary.
	CHANNEL ISLANDS.
	Isle of Man Gen. Hos. & Dis.

MEDICAL AGENTS.

THE LONDON AND PROVINCIAL MEDICAL PROTECTION SOCIETY,  
43, Lincoln's Inn Fields.  
BRITISH MEDICAL AGENCY, HENRY WILSON, 52, Regent Street.  
MR. BOWMER, 50, Lincoln's Inn Fields.  
HARRIS, C. J., 4, Adam Street, Adelphi.  
MR. JACOBSON, 38, Walbrook, Cheapside.  
Messrs. LANE AND LARA, 14, John Street, Adelphi.  
MR. ORRIDGE, 30, Bucklersbury.

SURGICAL INSTRUMENT MAKERS.

Arnold, James, 35, West Smithfield.  
Atkinson, B. F., 26, Strand.  
Bailey, William H., 418, Oxford Street.  
Baker, Charles, 243 and 244, High Holborn.  
Barry, J., 74, White Lion Street, Islington.  
Batchelor, A., 55, Perceval Street, Clerkenwell.  
Bigg and Son, 9, St. Thomas's Street, Boro', and 29, Leicester Sq.  
Blackwell, Henry, 104, High Holborn.  
Blackwell, William, 3, Bedford Court.  
Botschan, James, 22, Windmill Street, Finsbury.  
Bourjeaurd, P., 11, Davies Street, Berkeley Square.  
Brenuand, P., 217, High Holborn.  
Carsberg, George, 8, Meredith Street, Clerkenwell.  
Carsberg, H., 15, Clerkenwell Close.  
Chapman, William H., 12, Henrietta Street.  
Clark, John, 225, Piccadilly.  
Coxeter, James, 23, Grafton Street, East.  
Dixon, William, 60, Great Portland Street.  
Dunroch, W. F., 2, New Street, St. Thomas's Street, Boro'.  
Eagland, Edwin, H., 21, Coventry Street.  
Einsle, Edward, 46, St. Martin's Lane.  
Evans, John, and Co., 12, Old Fish Street, City.  
Evrard, J., 35, Charles Street, Middlesex Hospital.  
Ferguson, D., and Sons, 21, Giltspur St., and 34, West Smithfield.  
Fininley, Alfred, 6, Victoria Place, Lambeth.  
Fuller, John, 239, Whitechapel Road.  
Gray and Meakin, 25, Meredith Street, Clerkenwell.  
Griffin, J. J., 119 and 120, Bunhill Row, St. Luke's.  
Hainsby, J. H., 40, Brewer Street, Somers Town.  
Hallam, F. H., 74, Lisson Grove North, New Road.  
Harman, Mrs. C., 1, Robert Street, Waterloo Road.  
Heeps, Mrs. H. and Miss J. H., 46A, Liverpool Street, Bishopsgate.  
Jack, Wm. 14, Ratcliffe Row, St. Luke's.  
Jonas, Lavater Adolphe, 13, Broad Street Buildings.  
Kinseley, Thomas, 17, Wych Street, Strand.  
Limming, Geo., 90, Leadenhall Street.  
Lings, Wm., 1, Jewin Street, Aldersgate.  
Long, Mrs. Mary, 217, High Holborn.  
Lorberg, Charles H., 5, Brompton Road.  
Mabon, John, 16, Meredith Street, Clerkenwell.  
McLellan, J., 2, Mount Place, and 8, Turner St., Whitechapel Rd.  
Maddox, James Edw., 19, University Street.  
Martin, Thos., 3, Thornhill Place East, Caledonian Road.  
Matthews, Wm., 32, Carey Street.  
Matthews, Wm., 8, Portugal Street.  
Maw, Solomon, 11, Aldersgate Street, City.  
Merriott, W. H., 14, Tottenham Court Road.  
Millikin, John, 161A, Strand.  
Mundy, Wm., 15, Mount Place, Whitechapel Road.  
Nicholls, T., 24, Princes Street, Spitalfields.  
Nye, George, 37, Cranmer Place, Waterloo Road.  
Nye, Samuel, 79, Wardour Street, Soho.  
Paget, R., 195, Piccadilly.  
Paul, John, 36, Brownlow Street, Drury Lane.  
Pepys and Williams, 22, Poultry, City.  
Philp and Whicker, Wilton Wharf, Wilton Road, Pimlico, and 67, St. James's Street.  
Pine, Wm. Blackmore, 352, Strand.  
Pratt, J. F., 420, Oxford Street.  
Price, Charles, 9, Brownlow Street, Holborn.  
Read, Richard, 35, Regent Circus.  
Rein, Frederick Charles, 108, Strand.

Ruston, J., 31, Nottingham Place, Whitechapel.  
Shaw, Martin, 71, New Compton Street, Soho.  
Simpson, Henry, 55, Strand.  
Smith, E., 9, Gerard Street, Soho.  
Sparks, Wm., 115, New Bond Street.  
Stanton, Brothers, 73, Shoe Lane, Fleet Street.  
Stevens, J., 10, Gower Street North, Euston Square.  
Walsh, J. R., 12, Bartholomew Square.  
Walters, Fred., 16, Moorgate Street, City.  
Webster, James, 8, Long Lane, Smithfield.  
Weedon, Thomas, 41, Hart Street, Bloomsbury.  
Weiss, J., and Son, 62, Strand.  
Whitfield, Mrs. J., 32, Gloster Place, Bloomsbury.  
Whiting, W., and Co., 28, High Street, Camden Town.  
Wormull, A., 182, Union Street, Southwark.  
Wright, Henry, 18, London Road, Southwark.

CHOLERA.

In nine weeks the population of the Metropolis has suffered a gross mortality from cholera of 6120 persons. In the week ending Sept. 9, 2050 persons died of the disease—(954 males, and 1096 females). In the corresponding week of 1849, (Sept. 8,) the number was 2026, thus showing an excess in 1854 of 24; but against this excess must be placed the increase of the population since 1849. The deaths at 3 ages compared for the 2 periods are as follow:—

	0 to 15.	15 to 60.	60 & upwards.
1849... ..	530	1168	327
1854... ..	614	1146	287

Arranged in Districts the following is the result:—

DISTRICTS AND SUB-DISTRICTS.	Elevation above Trinity High-water Mark.	Popula- tion in 1851.	Deaths from Cholera registered		
			in the Nine Weeks ending Sept. 9.	in the Week ending Sept. 9.	in the Week ending Sept. 8, 1849.
LONDON ... ..	39	2,362,236	6120	2050	2026
WEST DISTRICTS ...	28	376,427	1310	545	181
NORTH DISTRICTS ...	135	490,396	460	208	157
CENTRAL DISTRICTS ...	49	393,256	312	117	227
EAST DISTRICTS ...	26	485,522	749	208	390
SOUTH DISTRICTS ...	6	616,635	3289	972	1071

The following have been the number of deaths from all causes in the General Hospitals of London for the week:—

	Deaths.		Deaths.
St. Mary's ... ..	13	King's College ... ..	3
St. George's ... ..	25	St. Bartholomew's ...	19
Westminster ... ..	15	London ... ..	9
Charing Cross ... ..	10	Guy's ... ..	35
Middlesex ... ..	56	St. Thomas's ... ..	12
University College ...	24		
Royal Free Hospital ...	16	Total ... ..	237

The Registrar-General says —“The sun has had great power, but clouds and fogs have intervened; no rain has fallen; the wind has been dry and languid; the electricity positive; but the temperature of the air and of the Thames is declining. Active measures have been adopted by the Board of Health for combating the present epidemic, and for obtaining by all the agents and instruments that science has now at command, such a thorough knowledge of the conditions that lend power to this enemy, as will enable us to oppose it with advantages that are not now possessed. The decline of the temperature, the analogy of the two epidemics of 1832 and 1849, as well as the remedial measures that are now brought into operation, justify us in anticipating that the epidemic will, ere long, gradually subside.”

The following Table shows the extent of the cholera's ravages in the district of St. James's Westminster (supplied with water



from the Grand Junction and New River Companies, the average annual value of houses being 128*l.*) :—

	Elevation in feet.	Population in 1851.	Deaths from Cholera.	
			Deaths in Nine Weeks ending Sept. 2.	Deaths in week ending September 9.
Berwick Street .....	65	10,798	31	133
St. James's Square .....	40	11,469	8	5
Golden Square .....	68	14,139	63	149

Deptford has also suffered severely,—91 deaths in the week against a total, in the 8 previous weeks, of 54.

## MEDICAL NEWS.

### DEATHS.

**FITZGERALD.**—Recently, at Port Louis, Mauritius, of cholera, George Fitzgerald, Esq., M.R.C.S.

**HARWOOD.**—Sept. 7, at St. Leonard's-on-Sea, deeply regretted, John Harwood, Esq., M.D., F.R.S., after a few hours' very severe illness.

**PARKER.**—Sept. 9, at Aspley Guise, aged 93, Thomas Parker, Esq., of Woburn, M.R.C.S., and one of the earliest Members in the Apothecaries' Company. Author of a "Practical Treatise on Fever," contrasting a tonic treatment with the antiphlogistic, wherein the early use of bark in full doses is maintained.—(Johnson St. Paul, 1796.) Mr. Parker was a favoured pupil of John Hunter, and devotedly attached to his Profession, which he practised unremittingly for full seventy years, having successfully performed most of the capital operations in Surgery, and earned a wide reputation in his own neighbourhood as an enterprising Practitioner, beloved especially of the poor, and generally esteemed for Christian benevolence and integrity of character.

**PROUT.**—Sept. 11, at Neasdon House, Middlesex, Alexander Adam Prout, Esq., M.D., of the Royal Hospital, Chelsea, aged 35.

**SHEGOG.**—August 27, at Varna, Turkey, with the Light Division of the Expeditionary Army, of cholera, in the 30th year of his age, Frederick Y. Shegog, M.D., 88th Regiment, very much regretted by his Regiment. The *Times*' Correspondent says:—"His exertions when the epidemic had been raging were of the most extraordinary kind. He was by the beds of his patients night and day; and by his care, and skill, and kindness he saved many a life. Mild, unassuming, indefatigable, and amiable, he added to nobleness of heart great decision and energy. His remains were followed to the grave by the regiment,—officers, men, and women."

**MEDICAL BENEVOLENT COLLEGE.**—The first legacy of 100*l.*, bequeathed by the late Mrs. Barr, has just been handed to the Treasurer, by the executor, J. R. Unwin, Esq., Surgeon, of Brixton, at whose suggestion it was bequeathed. As it is doubtless in the power of many members of the Profession to benefit the College in like manner, we trust that this is only the precursor of many such benefactions.

**THE ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.**—The patronage of Her Majesty has been given to a bazaar in aid of this valuable institution. It was held on Wednesday and Thursday last, at the King's Rooms, on Southsea Common. This Institution is one that possesses peculiar claims on the friends of the naval and military services, as, in addition to the great benefit it confers on the poorer classes resident within the sphere of its operations, large numbers of those who partake of these blessings are the wives and families of men who are now engaged in defending the honour and interests of the nation. So extensive have been its past operations, and so increased a demand is expected in the future to be made upon its resources, that an enlargement of the building is absolutely a

matter of necessity, and it is to provide funds for such enlargement that the bazaar has been held.

A NEW INSTRUMENT for the extraction of bullets has been invented by Mr. Coxeter. The Army Medical Board have ordered a hundred to be transmitted to Lord Raglan.

**MORTALITY IN PUBLIC INSTITUTIONS for the week ending Sept. 9 :—**

	Malcs.	Females.	Total.
Workhouses...	109	124	233
Military and Naval Asylums	13	...	13
General Hospitals	133	104	237
Hospitals for Special Diseases	4	4	8
Lying-in Hospitals	...	1	1
Lunatic Asylums	6	4	10
Military and Naval Hospitals	21	...	21
Hospitals for Foreigners, etc.	3	1	4
Prisons	...	...	...
	289	240	529

**DEATHS REGISTERED in the Metropolis for the Week ending Saturday, September 9, 1854.**

CAUSES OF DEATH.	SEPT. 9.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	1357	1528	523	3413	11676
SPECIFIED CAUSES .. .. .	1357	1527	523	3412	11635
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	986	1223	346	2558	5110
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Di- seases of uncertain or variable seat .. .. .	10	23	12	45	392
3. Tubercular Diseases .. .. .	90	123	7	220	1753
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	59	33	39	131	1056
5. Diseases of the Heart and Blood- vessels .. .. .	5	30	10	45	272
6. Diseases of the Lungs and of the other Organs of Respiration ..	59	25	16	100	776
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	31	17	8	56	669
8. Diseases of the Kidneys, etc. ..	1	6	1	8	99
9. Childbirth, Diseases of the Uterus ..	..	9	1	10	91
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	1	6	1	8	81
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	2	..	2	4	15
12. Malformations .. .. .	5	..	..	5	40
13. Premature Birth and Debility ..	34	4	..	38	237
14. Atrophy .. .. .	46	2	7	55	290
15. Age .. .. .	..	..	66	66	372
16. Sudden .. .. .	9	7	3	19	57
17. Violence, Privation, Cold, and In- temperance .. .. .	19	19	4	41	324
CAUSES NOT SPECIFIED .. .. .	..	1	..	1	41

## TO CORRESPONDENTS.

*Erratum.*—In the notice of Mr. Wilde's appointment last week, a misprint, which was overlooked, occurred. It is stated that his appointment was that of Surgeon-Dentist in ordinary to Her Majesty in Ireland. We need scarcely say that this should have been Surgeon-OCULIST.

COMMUNICATIONS have been received from—

Dr. ROBERT LEE; Dr. RANKING; Dr. ALLEN, Abergavenny; Dr. SMART, R.N.; Mr. GAY; Dr. GIBB; H. H. O.; A GENERAL PRACTITIONER; Mr. FERNIE; Mr. KESTEVEN; Mr. H. RAYNES; Dr. VEITCH; Mr. HOLTHOUSE; Mr. NEWHAM, Bury St. Edmunds; Dr. SNOW; Dr. LOWES; Monsieur SOYER; Dr. RADCLIFFE; Mr. REED; Mr. HANDS; Mr. JESSOP; Dr. SANDERS; Mr. WALKER; PROTECTIONIST; Dr. BLISS, of Oxford University; Dr. S. MUSPRATT; Dr. STANTON; Mr. W. SANDS COX; Dr. PITMAN; the SECRETARIES or REGISTRARS, &c., of the following Institutions:—St. Bartholomew's, St. Thomas's; Guy's; Westminster; St. George's; London; Middlesex; University; Charing-cross; King's; St. Mary's Hospitals; the Pharmaceutical Society; St. Luke's Hospital; Queen's College, Birmingham; Sydenham College, Birmingham; Bristol Medical School; Hull and East Riding School of Medicine; Leeds School of Medicine; Liverpool Royal Infirmary School of Medicine; Liverpool College of Chemistry; Manchester Royal School of Medicine and Surgery; Newcastle-on-Tyne College of Medicine, in connexion with University of Durham; Newcastle-on-Tyne School of Practical Science; Sheffield Medical Institution; York School of Medicine; SECRETARY GENERAL BOARD OF HEALTH; Mr. W. H. VEASEY, Woburn; Mr. F. OUGHTON; Mr. HILLIER.

[Our replies to Correspondents are necessarily delayed until next week.—Ed.]



## ORIGINAL LECTURES.

## TWO LECTURES ON THE TREATMENT OF ANEURISM BY COMPRESSION.

DELIVERED AT THE  
Royal College of Surgeons.

By F. C. SKEY, F.R.S.,  
Professor of Surgery to the College.

PERHAPS there is no example of the progress of Surgery, in the direction of benefit to the community, at the expense of both pecuniary interest, and the *éclat* of our Profession, more positive than is manifested in the treatment of aneurismal diseases. The treatment by ligature of any aneurism of the limb, not involving the cavity of the abdomen, is so practicable, so readily executed, and so conclusive in its effects, that no small credit is due to us for the substitution of a safe operation for one which with all its merits is not destitute of danger. I know of no operation that bespeaks a higher tone of feeling, or a nobler disinterestedness in the medical mind than this. Because, perhaps, next to amputation of a limb, there was no effort of surgical skill giving a greater renown to the career of the operator than that of tying one of the large arterial trunks of the body. The disease requiring this agency is a large disease, necessarily fatal to life, if not cured; the operation simple, and comparatively facile of performance, but still linked with danger, though not proximately. This feature is sufficient, and the treatment by pressure became known and practised, and will prevail, when practicable, throughout the Profession, if it be proved, on inquiry, that it is justified by success. The treatment of external aneurism, as it is called, by compression, is an operation, though remote of introduction, which owes the frequency of its application to modern, nay, to recent enterprise. The Dublin Surgeons, with reason, claim the merit of having brought it to the test of an enlarged inquiry, and with a degree of success to justify a precedent of a very authoritative kind. Here, as with other operations, having for their object the cure of large diseases, there is wanting experience in the manipulation required to carry out an important principle, and without which, however sound the principle, professional ardour is damped by repeated failure; and deducing from examples of individual cases, men even of eminence, if they do not repudiate, at least hesitate in the acceptance of, an operation which, however promising in theory, has proved, in their charge, practically fatal. There needs a more than ordinary degree of moral courage to dare the repetition of an operation that has in our hands hitherto failed, and the justification of which is found in the success of others not more gifted than ourselves in the requirements of operative proceedings. It cannot be denied, that in comparison with the Surgeons of Dublin, those of our own Metropolis have not been happy in the results of their cases; and this fact leads to the inquiry, which is too significant to justify omission, whether the success of our colleagues in Dublin, in America, and elsewhere, be not attributable to the experience obtained by repetition; or, in other words, whether failure was not a more common attendant on their early than on their later cases.

In raising this question, I have no desire to qualify their claims to the grateful acknowledgments of society; but, for the cause of truth, I would ascertain exactly how far success has been acquired by the fortunate opportunities of repetition of the operation, and how far that want of opportunity has told unfavourably in the more limited opportunities which have fallen to the lot of others.

This is a kind of statistical inquiry, that, however important, is rarely obtained. Thus, we may readily explain individual failure in the paucity of the opportunities of acquiring excellence. Treatment of aneurism by compression can be applicable only to the forms of that disease in which compression for a considerable period of days can be employed without serious injury, or great suffering; and it is obvious that such conditions can obtain but in few situations of the body. Fortunately it is applicable to the kind of aneurism which, from whatever cause it may be attributed, is, next to aortic aneurism, by far the most prevalent, viz., popliteal. It is well known, that the treatment by ligature contemplates the gradual reduction or absorption of the sac by obliteration of the supplying trunk for some distance above the sac. In the treatment by compression, a somewhat distinct principle is involved, viz., that by which, while the parent vessel retains its patency, the current of blood is so far

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restricted in its flow, as to bring the power of mechanical distension of the sac within the influence of the natural tendency of of all structures to resume the form and attributes of health. In other words, to effect just that degree of pressure as shall modify, but not entirely arrest the flow of blood into the sac; and it would appear, from past experience, that the degree of pressure required to accomplish the complete arrest of the circulation in the vessel is not only uncalled for, but is positively injurious. Firm pressure on the artery would appear at first sight more promising than moderate pressure; for as the progress towards recovery is accelerated in proportion to the degree of the arrest of blood through the trunk, it is very natural that we should commit an error rather on the side of excess than of deficiency of pressure, especially when we consider how entirely the power is within our reach. Mr. Hunter recognised and proclaimed the important fact, that Surgeons might rely on the co-operation of nature for a large proportion of curative aid. He asserted, that the entire arrest of impulse of blood into the sac of a true aneurism was not necessary; but all that was required was a considerable reduction of the force of pulsation. This being accomplished, that nature would do the rest of the work.

Mr. Hunter expresses his opinion in the following words: "That simply taking off the force of the circulation from the aneurismal artery is sufficient to effect a cure of the disease, or at least to put a stop to its progress, and leave the parts in a situation from which the actions of the animal economy are capable of restoring them to a natural state."

Now, as it is very difficult to regulate the degree of pressure, it is so far fortunate that we possess some evidence of the required force, in the success attendant on cases in which sufficient pressure has been employed to arrest the pulsation of the sac when tested by the senses of sight and of touch, but continues palpable to the ear,—the two former senses appealing to the surface, the latter to the centre of the tumour.

Having myself personally had comparatively few opportunities of observation of cases of aneurism treated by pressure, I enter on the subject rather in the relation of an inquirer than of an instructor. But as there appear ample materials before us on which to form an opinion, I shall venture to analyse the recorded facts, and to observe how far they bear upon the important question at issue, viz., whether the treatment of popliteal aneurism by pressure is, or is not, to be deemed a step forward in the progress of conservative surgery.

This is a large issue,—one of the great crises in surgical practice; and I consider that the high name of this College, of which I am at this moment the unworthy representative, cannot be called into a field of more interesting and more important inquiry than in criticising the grounds of reputed superiority possessed by one mode of treatment for a large and formidable disease of no infrequent occurrence over another. Of rivalries between man and man, of personal or of national jealousies, we know nothing; and I speak the sentiments of the Council of this Institution, both individually and collectively, when I assert that they will uphold the cause of truth, by deferring to, and adopting the opinions of any man, or any class of men, who will establish a just claim to superiority over the dicta or the opinions of others.

I will first state the prominent features of some of those already recorded cases which have been treated by the Surgeons of our own Metropolis and in the provinces, omitting unnecessary details, and restricting myself to such features as bear upon the apparent explanations of success or failure.

In the year 1850, a stout, muscular man, aged 31, was treated for aneurism of the left popliteal artery, of recent occurrence, and caused by violent action of the limb, by Mr. Adams of the London Hospital. A tourniquet was applied, but the pressure was unbearable. The artery was tied. Inflammation followed the operation, but the man recovered.

Under the care of Dr. Bergin, of Cornwall, in March, 1850, a man, aged 27, was placed, with popliteal aneurism of two years' duration. The limb was rolled from the toes. Pressure was employed by means of two tourniquets placed over the artery on the inner side of the thigh, where the femoral trunk lies in Hunter's canal. These tourniquets were alternately tightened. Severe pain followed their application, and derangement of health. No advantage to the tumour had been gained at the expiration of a week, when the limb was threatened with gangrene. The artery was tied, and the man recovered.

In January, 1851, a case of popliteal aneurism was treated by pressure, by Mr. Lawrence, in St. Bartholomew's Hospital. The age was 31. Tumour in right ham, and large; seven months' duration. The trunk was compressed in the groin and in Scarpa's space, by two tourniquets, and they were employed to



compress the vessel alternately. When in action, the pulsations in the sac entirely ceased. The pressure occasioned severe suffering, and the instrument was removed in two hours. The ligature was applied, and the man recovered.

A man, aged 29, was treated by Mr. Cock, of Guy's Hospital. Large popliteal aneurism of the left leg, of four months' duration. A roller was applied from the toes upwards and over the tumour. He took digitalis. The tourniquet was applied in Scarpa's space, and occasional pressure in the groin alternated with it. The application caused considerable pain. In three days the tumour increased in size. The tourniquet was removed and the artery tied. The operation was followed, at the period of a fortnight, by disturbance; fetid pus was discharged from the wound, and the thigh suppurated, the sac became greatly enlarged, and the man sank with purulent deposits in the lungs and thickening (probably phlebitis) of the venous system of the affected leg.

A thin man, aged 43, was treated by Mr. Hilton, of Guy's Hospital, having popliteal aneurism of nine months' duration in the left leg. The limb was bandaged from the foot to the groin. Two tourniquets were employed, one in the groin, the other in Scarpa's space. Relief from pain followed their application, and on the third day pulsation was scarcely perceptible in the sac. In two days afterwards, pain returned, and the tumour enlarged, and the pulsations increased in force. These evils advanced with so much suffering, that it was determined to tie the femoral trunk. The coats of the vessel were thickened and infiltrated, and the operation was followed by severe pain. On the 10th day, the temperature of the leg became reduced; he had pain in the limb, and rigors followed, and fetid, grumous blood was evacuated from the sac. The foot became gangrenous, purulent deposits took place in various joints, and the man died. (b)

In November, 1851, a case of popliteal aneurism was treated in the Norwich Hospital by Mr. Norgate. The tumour was of about the size of a hen's egg, and of eleven weeks' duration. Pressure was applied over the femoral trunk in the upper third of the thigh. Under the pressure, which was continued during six days, the tumour increased enormously, and the pain was most severe. The idea was, that the aneurism had become diffused. The artery was tied. Gangrene followed of foot and leg, and the thigh was removed by amputation. On examining the diseased vessel, the aneurismal mass was unusually large, and nearly globular in form. All the small vessels around were obliterated by pressure, and the veins and peroneal nerve had been subject to considerable pressure also.

A woman, aged 39, was admitted into the Westminster Hospital, under the care of Mr. Phillips, in December, 1851, with popliteal aneurism on each side. Treatment was first directed to the right side, which was subjected to pressure by means of a ring tourniquet near the apex of Scarpa's triangle, to an extent sufficient to render the pulsation imperceptible to the touch. In two hours the pain was intolerable. A Signorini's instrument was applied at the groin. It slipped, but was replaced, and slipped again. Pressure was then maintained by the ring tourniquet, the situation of which was altered from time to time. The pulsation lessened, but the knee and leg became oedematous. Pressure, with slight intervals, continued through seven following days, when the tumour became more solid, and no whiz could be detected. It was continued for twelve days more, and subsequently thirteen days more, but the aneurism became diffused, and the artery was tied. The woman died on the 17th day. The posterior ligament was ulcerated, and the cavity of the joint contained sanguineo-purulent fluid. No account is given of the condition of the right popliteal aneurism, which probably belonged to a class of disease hereafter to be described.

The following case occurred in St. Bartholomew's Hospital, under the care of Mr. Lloyd, and, as it presented some features peculiarly interesting, or possibly which appeared interesting because more critically scrutinized, I will venture to mention it more in detail:—

A man, aged 34, with popliteal aneurism of the left leg, was admitted on the 7th July, 1853.

The tumour had reached the size of a hen's egg. The whole limb was swollen to about two inches in circumference beyond its fellow, and was occasionally painful. The duration of the disease was about three months. On reaching the Hospital he was bled to sixteen ounces, and took sulphate of magnesia and digitalis; on the following day the limb was placed on its outer

side, and two tourniquets were fixed on the thigh, one immediately below Poupart's ligament, and the other about four inches lower down. Compression was made till the pulsation in the sac ceased. The pressure occasioned considerable pain in the limb, and in the region of the instrument, and he had a restless night. Pulsation on the day following was reduced, but the temperature of the limb was reduced also. On the fourth day he appeared to be progressing satisfactorily as regards the pain, which was diminished, but the pulsation was unchanged. On the ninth day the upper tourniquet was shifted nearer to the groin. On the eleventh the limb became much enlarged and oedematous, and the tumour increased in size, and was increasing in all directions. Pressure was now discontinued. The removal of the tourniquet gave him relief, and his condition improved on the following day; the pain in the limb diminished, but its temperature was higher than the opposite, and he complained of some numbness of the toes. On the fourteenth day, he had had more pain in the region of the aneurism, and the entire limb was more swollen and increased in temperature; twelve leeches were applied to the knee. During the following night he suffered considerably. The pulsation was unaltered, though it was reduced since the date of his admission into the Hospital.

On the seventeenth day the tumour pulsated more feebly, and was more circumscribed, and he had less pain; but on the following day he complained of increased suffering from deep-seated pain, and the limb was still very much enlarged from oedema. The tumour appeared to progress very favourably, and the pulsation to be scarcely perceptible; but the bruit was distinguishable to the ear.

He had an attack of rigors repeated, but not severe. In the evening the pain increased; twelve leeches were ordered to be applied to the knee, and his bowels were purged on the nineteenth day. He had much tenderness in the popliteal space, although the pulsation was scarcely to be detected. Up to the 22nd day all the symptoms improved.

On the 23rd day, coupled with the absence of pain in the tumour and calf of the leg, the limb was more swollen and more oedematous, and decidedly more pulsation in the tumour.

On the 24th more pain and more oedema.

Up to the 27th less oedema but more pain.

Up to the 29th the limb was less swollen, but the tumour exhibited a soft swelling on the outer side, which communicated with the popliteal space.

On the 35th day, he had a very severe attack of pain in the ham and knee, and the toes were benumbed, but the limb was not more swollen, and the pulsations were faint.

Twelve leeches were ordered to the knee, and a purgative, which appeared to have relieved him. On the 36th day, while moving in bed, he was seized with severe pain in the ham, rapidly followed by increased swelling and tension.

Twelve leeches were ordered, but applied without much relief. The limb was increased in size, and raised in temperature. Pulsation very indistinct, bowels confined. He was ordered sulphate of magnesia, with tincture of digitalis, and ice to the limb. On the 39th day increased pain relieved by opium; limb more oedematous and swollen than heretofore; loss of sensation in the toes; fluctuation in the tumour on its outer side; pulsation obscure, but bruit distinct. The man was losing strength, and the sac looked likely to burst. The artery was tied on the 39th day, and the exposed parts were healthy. The man ultimately recovered.

I have thus brought before you a succession of seven cases of popliteal aneurism treated by pressure, and treated unsuccessfully by eminent members of the profession, and occupying positions which necessarily attach weight to their recommendation and to their example. What consequence can be anticipated, but that, by their pupils and followers, the treatment of aneurism by compression will not be adopted? And the inference of probable failure in other examples treated on the principle of compression is clearly at variance with the nature of evidence. A case of failure is surely not to be placed on a par, in point of value, with a case of success. A successful case proves a positive; the want of success proves merely a negative. The success is nature—the failure, art. In the first we find that on such and such terms nature will cure a disease. In the following cases, in which success does not attend on our exertions, is it not obvious that we have not adopted the previous conditions, and that some error, some defect, has crept into our management?

It is unreasonable to suppose that cases will progress favourably in one country or one district, and unfavourably in another, the constitution and climate, and all other extraneous conditions; being the same; and, for the sake of the cause of truth, no less than for the sake of our professional reputation; it be-

(b) The fact is well worthy of remark, that all the above cases in which pressure of the leg was effected by means of a roller terminated unfavourably!



hoves us to inquire into the real cause of the different results attending cases treated in different parts of the United Kingdom. The treatment of aneurism by compression is an old practice. Indeed, a case of femoral aneurism is related by Mr. Hunter, which was successfully treated by compression,—accidentally, though, it must be confessed. The pressure was applied on the upper part of the thigh, the sac became inflamed and enlarged, and was threatened with gangrene; the pain caused by the pressure was very great, and it was laid aside, but the man recovered.

In my endeavour to advocate the cause of conservative surgery, you will not, I am sure, then, be surprised that I should draw largely on this important subject; and to ascertain how far it can be made to contribute its quota of coincidence with the improvements in other branches of operative surgery. Without the claims of great personal experience, I shall venture to place before you the evidence obtainable from the best and almost the only source, viz., that derived from the Dublin Surgeons, who, judging from the precise and minute records of their cases of aneurism, appear to have advanced at a rapid pace in the onward march of humane and scientific surgical treatment. It would appear almost incredible, if a practice that is reputed eminently successful in one part of the British Islands, should be repudiated and discountenanced in another, and that treatment which is especially successful in the hands of our brethren in Dublin, should be unproductive in our own. Truth cannot prevail in both views. The same principles govern the cases of both Dublin and London. Whence the discrepancy? If one be sound, the other must be unsound. Rely on it, nothing is required but inquiry and investigation,—inquiry dictated by a love of truth, and an earnest desire to promote the real cause of Medical science, by the entire subjection of all partiality and prejudice, if such obstacles prevail, in favour of our own established views and practice!

The Dublin Surgeons, Dr. Bellingham, Dr. Hutton, Mr. Cusack, Mr. Tufnel, Sir P. Crampton, Mr. Porter, and other eminent members of our Profession, assert, or at least represent, that they can treat successfully cases of external aneurism in a shorter period, and without danger, by means of pressure, than are treated in London by means of the knife and the ligature.

Now, before I enter into the requisite details set forth by many of the leading Surgeons of the Metropolis of Ireland, on whose reports I shall base the inferences I am about to draw—written, I may venture to remark, in a tone of high professional feeling, most worthy of imitation in any country or profession—I will remind you, with a view to obtain a fixed starting-point by which to compare our general results, of the statistics of the operation for popliteal and femoral aneurism, on the principle of Mr. Hunter. We can thus judge how far that operation, based on what was justly deemed at the period of its introduction a brilliant discovery in Surgical practice, still retains the superiority formerly attached to it. Dr. Norris has published, in the *American Journal of Medical Science*, the results of 177 cases of aneurism treated by the ligature. Of these, 38 died from the operation, or more than one-fifth; and 6 of the remainder underwent amputation. Dr. Crisp, in his treatise on diseases of blood-vessels, in 188 cases, records 103 cured, and 35 died, or nearly one-fifth; 11 of the cured underwent amputation. Mr. Phillips, quoted by Mr. Storks, collected 171 cases, of which 57 died, or one-third; 15 of the successful cases had secondary hæmorrhage. When we consider the natural reluctance men exhibit to place themselves in an unfavourable position before the world, it is probable that the total of cases would not produce a larger proportion of recovery than four-fifths of the entire number.

We may reasonably conclude that these statistics are reliable, and that about four persons in every five subjected to the operation of Mr. Hunter for femoral and popliteal aneurism recover.

(To be continued.)

**BERIBERI.**—It appears that on board an emigrant vessel, the *Epsom*, with Chinese emigrants on board, there had been a mortality of 15 per cent. among a small number of passengers. This result has been attributed to the incapacity of the "Surgeon Superintendent," who says himself that he "was perfectly ignorant of the disease—Beriberi—until he learnt it practically" on board the *Epsom*. It results from all that we can gather, that 33 Chinese died before the ship arrived at Port Royal, 5 between that place and Kingston harbour, and 1 expired on being landed from the vessel. On the 31st July, the day of the arrival of the ship at Kingston, and during the next day, 59 sick were landed and placed in the Hospital; all these men were found to be affected, not with scurvy, but with a disease quite different and distinct from it—Beriberi.

## ORIGINAL COMMUNICATIONS.

### MENORRHAGIA.

By EDWARD RIGBY, M.D., etc.

Senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London.

IN selecting cases of menorrhagia coming on at that period of a woman's life when the menses are either about to cease, or ought to have done so, and attended with local symptoms and conditions of the uterus which I have considered to be of a suspicious, if not dangerous, character, let it be understood, that I by no means point them out as cases of actual malignant disease, but merely as exhibiting more or less of a disposition thereto, although still, in many instances, admitting of considerable relief by treatment.

If we examine into the history of malignant uterine disease, we shall, in most instances, find that there has been an early passive stage of considerable duration; that the health has become gradually impaired, the uterine functions deranged; in women who have been pregnant several times, their two or three last pregnancies have probably terminated in abortion, which has come on without any very assignable cause. I am aware that this applies equally well to non-malignant disease, like fibrous tumour; but it is not the less worthy of note, as it often furnishes us with the earliest data respecting the commencement of the disease, and enables us, in reviewing the history of the case, to trace it back to an earlier period than would otherwise have been suspected. That abortion is not an invariable forerunner of malignant or non-malignant disease, is proved by the well-known fact of pregnancy being associated with every form of it, and running its course undisturbed to a late, or even the full period, even under circumstances where it could scarcely have been supposed possible. This, however, must be rather looked upon as an exception to the rule, that pregnancy occurring during the two or three years which precede the outbreak of uterine disease mostly terminates in abortion. I hold, therefore, that abortion coming on without any very evident cause in a woman past 40, is a suspicious symptom, and the more worthy of attention, as the early symptoms of uterine disease are generally too inappreciable to attract even the notice of the patient, and are of a nature about which she would not willingly consult a Medical man if she could possibly avoid it.

In most instances, is abortion rather a retrospective symptom, to afford some probable clue as to how long the disease has existed, when the fears of the patient and suspicions of the Medical man have been excited by attacks of menorrhagia. It is to these attacks (of menorrhagia), in their earliest stages and slightest degrees, and more particularly to that group of symptoms which I mentioned in my last report as chiefly connected with chylo-poietic derangement, and to the anæmic, chlorotic appearance of the patient, that I am peculiarly anxious to draw the attention of the Profession, because this is the period when treatment will be of most avail, and produce the most striking effects.

Mrs. H., aged 50; married 21 years; four children; aborted in her last three pregnancies; short and stout; pale and flabby.

Dec. 10, 1849.—Profuse bloody discharge, coming on irregularly, sometimes bright, at others dark. The periods have varied a good deal of late, sometimes appearing every fortnight, at others only once in five weeks. They last more than a week, and are profuse for the first four or five days; sometimes preceded for some hours by rather sharp pain about the hips, which she is in the habit of relieving by a sedative pill. These attacks are attended with much nervous depression. Has pain sometimes of one and sometimes of the other groin. Tongue clean, but sulcated. Bowels regular.

The catamenia have been gradually becoming profuse during the last ten years, and first showed this disposition two years after her last abortion. During the last year she has had a slight watery discharge, which stiffens her linen.

*Examination per vaginam.*—Os uteri high up, small and soft; cervix short; uterus much enlarged. The uterine sound would not pass at first beyond one inch, but the dilator passed easily through the os internum, and then the sound passed  $3\frac{1}{2}$  inches. A quantity of thick, clotty, dark brown fluid came away. The fundus is inclined to the right side.

R. Pil. hydrarg. gr. iij., ferri sulph. gr. ij., extr. hyoscyami gr. v. M. ft. pil. ij. o. n. s. Mist. potassæ bicarb. et nitratis ter die.

12th.—Catamenia coming on. Omitt. mist.

R. Acidi. gallici, extr. hyoscyami aa. gr. v. M. ft. pil. ij., bis die sumend.



15th.—Catamenia came on freely, but not profusely, and without clots. The discharge was brown and rather thick. Has not felt weakened by it. Bowels confined.

R Pil. hydrarg. extr. coloc. co., extr. hyosc. aa ʒj. M. ft. pil. xij., sumat ij. h. s.

20th.—Was seized during the night with severe pain of spasmodic character in different parts of the abdomen, which feels full and loaded; she bears gentle pressure, but vomits occasionally; pulse feeble; looks very ill.

R Ol. ricini ʒvj. statim; et repet. si opus sit. Enema magnum.

R Hydrarg. c. cretâ, pulv. ipecac. comp. aa. gr. v., h. s. s.

24th.—Is much better; has continued the pills every night, and castor-oil every morning; large quantities of knotty scybala have come away daily with very great relief; still, however, the abdomen is large and doughy.

R Ext. hyosc., ext. gentianæ aa. gr. v., o. n.

R Ferri sulph. gr. xvj.; magnesiae sulph. ʒj.; acidi sulph. dil. ʒj.; syrupi rhœados ʒss.; aquæ menthæ pip. ʒvijss. M. ft. mistura, sumat cochl. magn. ij. primo mane.

1852, Dec. 2.—Has had no catamenia or discharge of any kind for a year; is looking better; has kept the bowels regular with a rhubarb draught and an occasional blue pill. Has pains (apparently hepatic) across the middle of the back and right shoulder; lies best on the right side; these pains come on every four or five weeks, at which time the right hypochondrium is tender.

R Pil. hydr. ext. hyosc. aa. gr. v. h. s. p. r. n.

R Acidi hydrochlor. dil., acidi nitrici dil. aa. ʒj.; liq. tarax. ʒj.; infusi aurantii comp. ʒvij. M. ft. mistura cujus sumat cochl. magna ij., ter die.

R Sodæ potassio tart. mannæ opt. aa. ʒss.; pulv. rhœi ʒss.; aq. menthæ pip. ʒij. M. ft. haust. sumat demid. primo mane post pilulas.

1854, April 1.—Is suffering from pains of a spasmodic character, commencing beneath the right scapula, and extending round to the left side; evacuations dark; urine rather scanty; no discharge of any kind; the right hypochondrium is tender during an attack. Has taken pil. hydr. three times during the week. Rep. pil. hydr. p. r. n.

R Liq. taraxaci cochl. min. j. om. nocte ex aquâ vel lacte.

R Lin. camph. co. ʒiiss.; tinct. opii ʒss. M. ft. linimentum parti dolenti applicand.

In this case, it is worthy of the remark, that her three last pregnancies terminated prematurely in abortion, that the catamenia, in two years after the last abortion, had gradually assumed a menorrhagic character, and latterly had become irregular as to the periods, and variable as to the appearance of the discharge; moreover, during the last year, she had had in the intervals a watery discharge, which rendered the linen stiff on becoming dry. The uterus was larger and more bulky than natural; the os uteri internum did not admit the sound; but, as is frequently seen with the urethra, allowed a larger blunt instrument to pass; the uterine cavity was increased in size, and filled with dark-brown, grumous fluid. The sum of this evidence is decidedly of an unfavourable character; it shows that the uterus was much enlarged from passive congestion, and that the upper part of the canal of the cervix was sufficiently obstructed by swelling to retain a quantity of the last catamenial discharge.

The bowels were stated to be regular; I did not, therefore, venture to give a purgative in her exhausted state, and even combined the small dose of blue pill with a tonic, and as soon as there were evidences that the catamenia were returning, I gave her the gallic acid with good effect; the discharge, although free, did not become profuse, and she was spared the severe prostration which she had suffered on previous occasions; further observation, however, convinced me that the bowels were much loaded; purgative medicine of mild but effective character was given, and its action still further assisted by a large enema; great quantities of scybala were dislodged with striking relief, and their evacuation was followed by general improvement of her symptoms. There can be little doubt but that this intestinal accumulation had tended much to aggravate the uterine congestion, and thereby the hæmorrhage; and, *vice versâ*, that the enlarged uterus, thus pressed upon by the loaded bowels, had much increased the constipation by the pressure which it exerted upon the rectum.

I regret much that I had not the opportunity of making another examination, that I might ascertain what amount of change had taken place in the uterus, and especially how far it had diminished in size; but her improved state of health rendered it unnecessary.

The hepatic pains, for which she consulted me this year, were merely evidences of the disposition to return to the same state of chylo-poietic derangement as had formerly existed. All uterine discharge has ceased long ago; she has been very attentive to the state of the bowels; she is now 55, and I trust will continue free from the symptoms which once threatened her.

## ANALYSIS OF CASES OF STRANGULATED HERNIA, OPERATED UPON AT ST. GEORGE'S HOSPITAL.

WITH SOME PRACTICAL REMARKS.

By PRESCOTT HEWETT, Esq.

Assistant-Surgeon to St. George's Hospital.

HAVING read with great interest Mr. Nathaniel Ward's valuable memoir on Strangulated Hernia, and thinking that the results obtained in cases of a similar nature in the wards of two large Institutions, where the practice in some respects differs most materially, might prove interesting, I venture to lay before the Profession an analysis of cases of strangulated hernia, operated upon at St. George's Hospital, notes of which I happen to have by me. The total number of operations amounts to 78, and the period includes the years 1842-43—1852-53, and 1854 up to the present date. My only reason for thus taking years so far distant from each other is, that in 1842-43, accurate tables of all the cases of hernia operated upon at the Hospital were kept for a special purpose. This purpose, owing to circumstances altogether independent of the Hospital, was not carried out; and, being pressed by Hospital duties, which occupied the greater part of my time, I then gave up keeping these tables. Since 1852, Mr. Holmes, the Surgical Registrar of the Hospital, has once more undertaken these tables; and I must say, having seen nearly every case myself, that he has done it most admirably. I may also mention, that I feel the less reluctance at bringing these years thus together, as it so happens that there is little or no difference in the cases of 1842-43 and those of 1852-23, the number of operations and the results being all but similar in both periods. Of the two periods, I may, however, state that the former is a little less favourable than the latter.

1842-43—1852-53, and 1854 to August.

Number of operations, 78.

Age.—Maximum, 97; minimum, 11 weeks.

Sex.—Men, 36; women, 42.

Nature of Hernia.—Inguinal, 26: 6 were congenital, 1 was infantile, and, 1, a direct inguinal, occurred in a woman. Femoral, 50: 11 of which in men. Umbilical, 2: both in women.

Period of its Existence.—Maximum, 50 years (congenital); minimum, 6 hours.

Situation.(a)—Right side, 50: inguinal, 18; femoral, 32. Left side, 25: inguinal, 8; femoral, 17. Umbilical, 2.

Period of Strangulation.—Maximum, 10 days; minimum, 3 hours. In upwards of half the cases of femoral hernia, strangulation had existed above 48 hours, whereas, in the cases of inguinal hernia, strangulation, in by far the greater number, had existed under 36 hours.

Contents of the Sac.—3 were not opened, and in one the sac was empty. Small intestine, 69: all were inguinal or femoral. Large intestine, 5: cæcum, 2—inguinal, right side, with small intestine; transverse colon, 2—1 inguinal, left side (congenital), 1 umbilical; colon 1—inguinal, right side. Omentum, 32: alone, 2—1 right femoral, 1 umbilical; with small intestine, 26—16 right side, 5 inguinal, 11 femoral, 11 left side, 5 inguinal, 6 femoral; with large intestine, 4—2 inguinal, right side, 1 inguinal, left side, 1 umbilical. In 20 cases, the omentum was found firmly adhering to various parts of the sac. In 1 case, the omentum was behind the intestine. In 5 cases, the omentum formed a complete sac, with a narrow neck, in which the bowel was contained: in 3 of these cases the omental sac was more or less adherent.

Result.—Cured, 59; died, 19.

In 45 cases, it was ascertained that no truss had ever been worn, and in 5, that it had not been worn lately. In 27 cases a truss had been worn, but in several it fitted very badly. In 1 case, no report was made as to the truss. Of those where a truss had never been worn, the shortest period of the existence of the hernia was 6 hours, and the longest period was 50 years (congenital.) In 75 cases the sac was opened; in 3 only, femoral, it was not opened; they recovered.

(a) In one case the side was not mentioned.



In 4 cases, the gut could not be returned into the abdomen on account of adhesions: in one of these, the gut itself was united to the neck of the sac, and the sac was adherent to the skin. The patient, a man, recovered; he had been operated upon before, on the same side, for strangulated hernia in 1818. The other 3 cases proved fatal. The omentum was removed in 12 cases, and in 5 it was left in the sac. Of these cases, 14 recovered.

In the few remarks which I have to make at present, I shall confine myself to three practical points of great importance.

I quite agree with Mr. Nathaniel Ward in his strong conviction as to the taxis. At the present time there is, I cannot help thinking, no question of greater, I might say more vital importance, than that of the protracted efforts at reduction, and the consequent delay now so commonly seen. How seldom do cases of hernia apply for admission into our Hospitals until after 24 hours of strangulation! How much more commonly do they come after 48 hours of strangulation! What a material influence must this long period have, not only on the proceedings of the Surgeon, but on the subsequent progress of the case! Not satisfied with the efforts of the Surgeon, the patients or their friends oftentimes make use of great violence, and thus increase the mischief. It is surprising to see how far these persevering efforts are carried, and it would appear as if the protrusion must be at all hazards got back without an operation. In one of the last cases I operated upon at the Hospital, every tissue and the gut itself, as in Mr. Ward's cases, was literally black from extravasated blood produced by long-continued and forcible pressure repeatedly made at short intervals. In another case, so great had been the force used by the patient himself, that the hernial sac had given way; and in a third case, I found a stout young woman rejoicing at the idea of having, as she thought, succeeded in reducing the size of an umbilical hernia of a friend of hers by sitting down upon it.

The successful reduction of a strangulated hernia by the taxis is highly satisfactory, both to the patient and to the Surgeon; but there is no doubt that these efforts may be carried on too long; and that, however carefully managed, they lead to delay; and a delay of a few hours at such a time often involves the life of the patient.

Amid the various improvements so strongly urged in the present day for the treatment of strangulated hernia, none, I feel confident, would be greater than that of resorting to an earlier operation. Every case of this nature must necessarily be judged of by itself; but it would be well were a general rule laid down, that, after a fair trial of the taxis, with all necessary appliances, the operation should at once be resorted to; and especially should this rule be applied to cases of femoral hernia, which, among our operations, are by far the most common. Were such a plan once adopted generally, the statistics of operations for strangulated hernia at our different hospitals would, without doubt, be very much more satisfactory than they are at present.

An operation having been decided upon, the next question of importance is,—Whether the sac is to be opened or not? To this subject great attention has of late been devoted, and admirable are the essays which have been written upon it. At some of the metropolitan hospitals the present rule is, *cateris paribus*, not to open the sac. Such is the rule at the London Hospital, and most satisfactory are the results in those cases where this plan was carried out; but, taking the aggregate number of operations and the deaths in Mr. Nathaniel Ward's Memoir, the results, on the whole, although very favourable, are certainly not more so than they are at St. George's Hospital, where the practice, as to this point, differs widely from that of the London Hospital. At St. George's, the rule is, to open the sac freely. The numbers in the present analysis from the cases at St. George's are 78 operations, in 75 of which the sac was freely opened, and in the whole of these operations there were 19 deaths. The numbers from the London Hospital, given in Mr. Ward's Memoir, are 69 operations, and 21 deaths, the sac not having been opened in a little less than one-half of the sixty-nine cases. I have no wish to make the returns from St. George's appear better than they really are; but still it is right, I think, to mention that in the nineteen cases of death, the fatal result may fairly be attributed to other causes, not necessarily connected with the operation, in at any rate six of them.

The following were the *post-mortem* appearances observed in these six cases:—1. Granular kidneys and pneumonia, peritonitis, intestine dark coloured, with patches of slate colour, and very soft. 2. A young woman who had been confined shortly before the operation, the uterus was large and soft, with some

remnants of sloughy placenta at the fundus, peritonitis, intestine slightly discoloured. 3. Died comatose a few hours after the operation; disease of the brain, peritonitis, intestine slightly discoloured. 4. Acute bronchitis, which existed before the operation, every symptom connected with the hernia being favourable. 5. Just recovering from a severe attack of erysipelas; well marked symptoms of peritonitis previous to the operation. 6. Lived forty-one days after the operation, and appeared to sink ultimately from exhaustion, brought on by extensive sloughing connected with large bed sores.

The number of operations and of deaths from the two Hospitals, although small, prove, at any rate, I think, that the fatal result usually observed in these cases does not depend, as has been said, so much upon the opening of the sac, as upon other causes which have not been duly considered. There is no doubt that if cases of this nature were seen at a much earlier period than they commonly are at our Hospitals, and if protracted efforts at reduction were more generally given up, there is no doubt, I say, that then the rule of not opening the sac would find many more advocates.

The last point I shall touch upon is that of purgatives after the operation. Not many years ago, it was very generally the practice, immediately after an operation of this nature, to give at once some aperient medicine; and that which I then saw most frequently used, was Epsom salts and infusion of roses, every three or four hours, until the bowels acted, a dose of calomel having sometimes been previously given. I must say, however, from all I have seen, that I cannot help thinking that repeated doses of salts are much more likely to do harm than good; in fact, so decided is my opinion on this point, that I have, of late years, never prescribed this purgative in such cases. As far as my own experience is concerned, I am decidedly of opinion, that generally it is very much better not to be anxious as to the early action of the bowels, and to give as little medicine as possible. Repeatedly, of late years, I have seen in the wards of St. George's Hospital cases of strangulated hernia in which the bowels were not open for four or five days after the operation. These cases were left to themselves; the bowels acted of their own accord, and the patients did well. Far from soliciting the action of the bowels at an early period, I have seen large doses of opium given in many instances immediately after the operation, and that with decided benefit. Should it become necessary to administer a purgative, castor oil, with or without a mercurial, according to circumstances, is, I think, on the whole, the best remedy.

The wise plan, however, in these as in all other cases, is for the Surgeon not to act on any particular plan, but to treat each and every case of strangulated hernia in all its phases, according to its own particular symptoms.

I cannot conclude without offering my best thanks to Mr. Nathaniel Ward for his valuable memoir; and I trust, that, ere long, we may have statistics on this all-important subject from the various Hospitals in London, several of which could doubtless furnish many more cases than those referred to in this communication.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING AUGUST.

THE subjoined report includes, as usual, the following Hospitals:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-Cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

*Lithotomy.*—The case left under treatment last month (No. 4) has recovered. Number of cases, 2; recovered, 1; died, 1.

*Case 1.*—A boy, aged 12, in fair health, under the care of Mr. Luke, in the London Hospital. A stone, somewhat larger than a pigeon's egg, was extracted, which consisted of oxalate of lime thinly coated by a layer of phosphates, and had a very irregular exterior. The boy suffered afterwards from severe pain in the back, chiefly affecting the left loin, and attended by much constitutional disturbance. Inflammation of the kidney was feared, and the affection was combated by means of large relays of leeches over the part. The recovery was at length established,



the wound having healed well, and a considerable degree of debility being all that remained at the time of discharge. *Case 2.*—A man, aged 45, a drunkard; the usual lateral operation was performed, Blizard's knife being used, and the stone was quickly extracted. The man died on the third day, and at the *post-mortem* there was found an incision in the coats of the bladder, opposite to where the knife had entered. The mucous membrane was the most extensively injured, and it was doubtful whether the peritoneal coat had originally been cut through, or had been torn in the removal of the parts after death. The knife which had been used being one with a blunt point, it was difficult to account for the infliction of the injury discovered, excepting by the supposition that the bladder might have been irregularly contracted at the time, and that the cutting edge of the knife had been applied, possibly during withdrawal, to the edge of a fold.

*Lithotomy.*—Mr. Curling's patient was discharged from the Hospital about a month ago, several operations having been performed, and the entire stone having, as far as could be determined, been removed. He has since, however, complained of some recurrence of his former symptoms, and as an enormous prostate rendered examination difficult, Mr. Curling thinks it not improbable that some small fragment may have escaped detection. The man is to be examined again shortly. (a)

*Removal of Calculus from the Urethra.*—A child, aged a year and a-half, was admitted under Mr. Cock's care into Guy's Hospital, suffering from retention of urine. He was found, on examination, to be the subject of hypospadias, the urethra opening at the base of the glands. On probing, a calculus was felt impacted at a short distance from the orifice. Mr. Cock made a small incision in the under lip of the meatus, and then extracted the stone, which proved to be somewhat larger than a coffee-bean. The infant recovered well.

*Lithæctasy in the Female.*—For the conclusion of Mr. Prescott Hewett's case (No. 1 of last month's report) we must refer to page 264 of the *Medical Times and Gazette*, for September 9. Mr. Hillman's case (No. 3) has perfectly recovered, and the girl has full power of retaining her urine.

*Herniotomy.*—In the case of Mr. Poland's, mentioned last month (No. 2), it was erroneously stated, "sac not opened;" it should have been "sac opened." The patient is recovered, as also the others then left under treatment.

Number of cases, 8; recovered, 5; under treatment, 1; died, 2.

*Case 1.*—A woman, aged 62, under the care of Mr. Birkett, in Guy's Hospital; hernia femoral, strangulated twenty-seven hours; sac not opened. Death followed on the third day. The autopsy showed that the stricture had been freely divided. Death had been simply from exhaustion; there was no evidence of peritonitis, and the bowel had so far recovered itself that the strictured portion was scarcely distinguishable from the rest. Gimbernat's ligament had been incised, but the fascia propria had not been opened. A mass of adherent omentum remained in the sac. It should be stated that the woman was of extremely feeble health, and had been brought to the Hospital a distance of more than twenty miles. *Case 2.*—A woman, aged 75, under the care of Mr. Hancock, in the Charing Cross Hospital; hernia femoral, of old standing, strangulated nine hours; sac opened. The tumour was as large as a fist, and, when the sac was opened, it was found to contain a large mass of omentum and a short portion of bowel. The former was returned; the latter, being adherent, was allowed to remain in place. No peritonitis followed, although there was some suppuration about the exposed omentum. The woman made a good recovery. *Case 3.*—A woman, aged 30, under the care of Mr. Luke, in the London Hospital; hernia femoral, strangulated two days. The patient had been operated on on the same side by Mr. Critchett, about a year ago, when it had been found necessary to open the sac. The tumour on the present occasion was about the size of a pigeon's egg. Mr. Luke attempted to reduce without, but, finding it not easily practicable, opened the sac. Some peritonitis followed, but the woman ultimately recovered. *Case 4.*—A woman, aged 58, under the care of Mr. Johnson, in St. George's Hospital; hernia femoral, strangulated four days; sac opened; recovered. *Case 5.*—A woman, aged 50, under the care of Mr. Pollock, in St. George's Hospital; hernia femoral, strangulated three days; sac opened; recovered. *Case 6.*—A woman, aged 66, under the care of Mr. M'Whinnie, in St. Bartholomew's Hospital; hernia femoral, strangulated four days; sac opened. The woman was in a much sunken condition at the time of the operation, and she died about ten hours afterwards. At the *post-mortem*, the bowel was found gangrenous, but had been com-

pletely relieved from stricture. On the affected side the obturator artery was given off in a common trunk with the epigastric, and passed round the neck of the sac; it had escaped division from the circumstance, and Mr. M'Whinnie had notched the ligament by two slight incisions instead of one free one. On the opposite side the arterial distribution was natural. A strange history was connected with this patient. It was stated, that, for four days before her admission, she had, as an inmate of a workhouse, been under surgical care, on account of the symptoms of strangulated hernia; and that meanwhile no operation had ever been proposed to her. *Case 7.*—A woman, aged 52, under the care of Mr. Cock, in Guy's Hospital. The tumour was about the size of a large orange, and was firmly fixed in its position, filling the groin, and being placed over the border of Poupart's ligament. Its outline was rather irregular; the overlying skin was tense and reddened, adhering closely to the tumour. The woman gave a very confused history of the affection; but it appeared certain, in the first place, that a tumour had existed in that part for several months; and, in the second, that for the last thirty-eight hours there had been present the symptoms of strangulated bowel. The general aspect and condition of the mass resembled much more nearly a growth of soft cancer from the glands on the point of ulcerating, than a hernial protrusion; but, as the symptoms of the latter had been well marked, Mr. Cock determined to operate. The skin having been cautiously divided, the sac was found immediately beneath it, and closely adherent both to it and the surrounding fascia. So fixed was the tumour by adhesions, that it was not practicable, before opening the sac, to draw it sufficiently down to admit of the femoral ring being reached. The sac having accordingly been opened, it was found to contain a large mass of adherent omentum considerably congested, and also a fold of intestine, about five inches long. The stricture having been divided, the bowel was returned, and the omentum left *in situ*. Some bleeding from about the neck of the sac persisting, Mr. Cock deemed it necessary to place a ligature on the spot in which the bleeding vessel appeared to be; it was not, however, quite effectual, and plugging with sponge had to be adopted. After the latter expedient no hæmorrhage occurred. The sponge was not removed until the following day. Excepting that there has been considerable suppuration of the exposed omentum, and also some sloughing, the progress of the case has been favourable since the operation. The patient remains under care. *Case 8.*—A woman, aged 40, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral; of small size, but very tense; sac not opened. Recovered without any bad symptoms.

*Trephining of the Skull.*—The patient in *Case 1* of our last month's report has died. At the *post-mortem*, the fracture was found to be very extensive, and there was much disorganisation of the brain. *Case 2* has recovered.

*Case 1.*—A man, aged 36, was admitted into the London Hospital, under the care of Mr. Ward, on account of an injury to the head. All the symptoms of severe compression were present. The right pupil was dilated, and the left contracted. Mr. Ward trephined first over the right parietal bone, where a compound fracture with depression existed. After removing some blood from between the dura mater and the bone, and placing a ligature on a branch of the middle meningeal, which bled freely, the pupil of the opposite eye became sensible to light, but the other remained quite motionless. This induced the suspicion that the fracture had extended to the opposite side, which was confirmed by the existence of a slight puffiness over that part, and the trephine was accordingly applied there. The conjecture proved correct, for a large quantity of coagulated blood was found and removed. No fresh bleeding afterwards occurred. The respiration of the patient became much easier after the operation, but he never regained consciousness, and death followed about twenty-eight hours afterwards. At the autopsy, the line of fracture was discovered, extending from the apex of the petrous portion of the left temporal bone, over the arch of the skull, to the basilar process of the opposite side. No apparent cause of death existed in the skull, since the brain was neither compressed nor lacerated. Death had probably resulted, as in a case of very severe concussion, from inability on the part of the nervous system to rally from the shock, and resume its functions. *Case 2.*—A boy, aged nearly 4 years, admitted into St. Bartholomew's Hospital, under the care of Mr. M'Whinnie, suffering from the symptoms of compression. There was a compound fracture of the skull with depression in the left temporal region. Hey's saw was employed, and the bone elevated; but the symptoms were not thereby materially relieved. The dura mater had not been torn in the accident; but as, when exposed, it bulged into the wound, and did not receive pulsations from the brain, it was thought advisable to puncture it, in search of blood extravasated

(a) Since the above was in type, the examination has been made, and no stone found. The case may be considered cured.



beneath it. This having been done, a small quantity of coagula was removed. Much improvement followed, and the boy regained sufficient consciousness to speak, and to recognise his friends; he afterwards, however, again became insensible, and death took place on the third day. There had been paralysis of the right side, and frequent muscular twitchings of the face. At the *post-mortem* a layer of pus was found effused beneath the dura mater, over all parts of the cerebral hemispheres. The brain substance beneath the seat of injury was much softened.

*Ligature of Arteries.*—*Case 1.*—A man, aged 40, applied at the Charing-cross Hospital, on account of a wound across the course of the radial artery, at the wrist. There had been much bleeding, but was none at the time; and Mr. Diamond, the House-Surgeon, accordingly applied a compress, and dressed the wound. In the evening he applied again, having suffered from fresh bleeding; but, as it had a second time ceased, no further measures were adopted. On the following day, a third attack of arterial hæmorrhage made it necessary to examine the wound. Ligatures were placed on both ends of the wounded radial, and the case has since done well. *Case 2.*—A woman, aged 24, had received a deep wound in the middle of the forearm, and applied at the Charing-cross Hospital, on account of profuse arterial hæmorrhage. Mr. Diamond at once cut down upon and tied both ends of the radial. Recovered. *Case 3.*—In University College Hospital, by Mr. Statham, ligature of the anterior tibial for the relief of a condition of spurious elephantiasis of the leg. Some benefit has resulted, and there have been no ill effects from the operation.

*Treatment of Aneurism by Compression.*—Mr. Cock's case, previously mentioned, may now be considered cured. All trace of tumour or induration has disappeared, and the degree of pulsation remaining is not more than that natural to the popliteal trunk. Much benefit appears to have resulted from direct pressure over the sac. The man has now been walking about at his occupation for several weeks, and the tumour shows no tendency to refill.

*Amputations.*—Of the cases left under care by previous reports, the following have terminated fatally:—*Case 9* of the report for May. Death took place from phlebitis with pyæmia about a month after the operation. *Case 8* of the report for June. Death from exhaustion, consequent on extensive sloughing. *Case 6* of the report for June. Death occurred about five weeks after the operation, and when the stump was all but healed. The autopsy showed phlebitis of the profunda vein, and a single small secondary deposit in one kidney. The man had suffered from repeated rigors.

Number of cases, 22; recovered, 8; under treatment, 4; died, 10.

Of the *thigh*.—*Case 1.*—A woman, aged 40, one of the sufferers by the Croydon railway accident, admitted into Guy's Hospital, under the care of Mr. Poland. The left thigh was fractured just above the knee, and the soft parts were much torn. The hæmorrhage had been severe, and there was at first great collapse. As soon as she had a little rallied, chloroform was administered, and primary amputation performed. The patient has done well since; and, within the last week, has been removed to her home. The lines of the incision in the skin were united, excepting at one spot, in the course of a week; but deposits of matter subsequently formed in the stump, and hindered healing. *Case 2.*—A boy, aged 7, under the care of Mr. Luke, in the London Hospital, on account of old-standing disease of the knee-joint. He was hectic and emaciated to an extreme degree. After the amputation, recovery was unusually rapid; and, within the first week, he had perceptibly gained flesh. *Case 3.*—A man, aged 42, admitted after a railway accident, having sustained a compound fracture into the right knee-joint, and a simple but comminuted fracture of the left leg, just above the ankle. Primary amputation of the right thigh was performed. Death followed on the seventh day. At the autopsy a large collection of matter was found surrounding the femur, above the site of amputation, but none of the internal viscera were diseased. *Case 4.*—A woman, aged 42, under Mr. Birkett's care, in Guy's Hospital, on whom three operations had previously been performed for the removal of fibroid recurrent tumours from the leg (see *Medical Times and Gazette* for May 27, page 542). The growths again appearing, it was determined to remove the limb. The patient was in tolerably good health, and the stump has since healed well; there has formed, however, an indurated mass beneath the spot where the pad of the tourniquet pressed, the nature of which is suspicious. *Case 5.*—A female child, aged 11, of strumous constitution, under the care of Mr. Birkett, in Guy's Hospital, for diseased knee-joint. Recovered. *Case 6.*—A man, aged 46, under treatment for compound fracture of the leg.

Erysipelas followed, and necessitated amputation through the thigh, which was performed four weeks after the accident. The man had previously had repeated rigors. Death took place a week after the operation. No autopsy. *Case 7.*—A man, aged 52, of intemperate habits. The injury was a compound and comminuted fracture of the lower part of the femur, and much blood had been lost. Primary amputation was performed. The man sank into collapse after the operation, and died in about fifty hours. *Case 8.*—A man, aged 22, of feeble health, under the care of Mr. Poland, in Guy's Hospital, on account of a large growth of osteo-chondroma from the lower part of the thigh. Amputation through the upper third was performed, and the man recovered well. *Case 9.*—A brewer's man, aged 50, admitted on account of compound fracture of the leg. An attempt was made to save the limb, but gangrene followed, and amputation became necessary. The man sank, and died apparently from the shock of the operation. *Case 10.*—A man, aged 19, in Guy's Hospital, under the care of Mr. Birkett, on account of strumous disease of the knee-joint. Abscess had opened in several directions, and his cachexia was extreme. He made a very good recovery. *Of the Leg.*—*Case 11.*—A boy, in good health, admitted under the care of Mr. Hillman, into the Westminster Hospital, on account of compound fracture. Primary amputation by the double flap method was performed, and the lad has made a good recovery. *Case 12.*—A man, aged 38, in cachectic state, much reduced by diarrhoea and abscesses in different parts of the body. Amputation was performed on account of disorganisation of the ankle-joint. Death from pyæmia followed on the seventh day. *Case 13.*—A young woman, aged 19, in very feeble health, suffering from partial necrosis of the tibia, with extensive destruction of the soft parts. Amputation just below the knee was performed. Death from collapse occurred on the following day. There had been very little blood lost during the operation, and none afterwards. Chloroform had been administered. At the autopsy, the liver was found fatty, and the spleen large, and almost diffident. *Case 14.*—A man, aged 33, very feeble, and exhausted by long suppuration. He had been in Hospital for a long period, suffering from phlegmonous erysipelas, in the course of which his ankle-joint had been attacked and disorganised. He had had abscesses in several parts, and large bed-sores. The erysipelas had quite subsided, and the ulcers mostly healed, and, as the discharge from the ankle seemed to be what mainly retarded his recovery, it was determined to amputate. After the operation, he appeared to do well, until about the tenth day, when a rigor occurred, which was repeated frequently afterwards. In the intervals of the rigors there were profuse perspirations. No autopsy. *Case 15.*—A man, aged 60, under care on account of large sloughing ulcers of the leg consequent on injury. He was in an almost hopeless condition of exhaustion at the time of the operation, and died a few days afterwards. *Case 16.*—A man, aged 54, admitted with compound comminuted fractures of both legs. The right leg was quite crushed, and there had been profuse bleeding; the left was not so much injured. Primary amputation of the right, below the knee, was performed. The man sank, and died of exhaustion on the fourth day. *Of the Foot.*—*Case 17.*—A child, aged 5, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of diseased os calcis and tarsus, the ankle-joint being sound. Syme's operation was performed. No sloughing followed, and the parts united to a considerable extent by first intention. The child was able to be about the garden three weeks after the operation, and the parts have since become perfectly sound. *Case 18.*—A man aged 28, in St. Mary's Hospital, under the care of Mr. Ure, on account of diseased tarsus. Syme's amputation was performed. The greater portion of the flap was lost by sloughing, but a very tolerable stump is promised. *Of the Upper Extremity.*—*Case 19.*—A man, aged 60, under the care of Mr. M'Whinnie in St. Bartholomew's Hospital, on account of a large cancerous ulcer on the back of the left hand. The disease had existed for eighteen months, and had involved a large extent. The man, however, was in fair health, and the lymphatics were not affected. An interesting fact connected with the history of the case was, that the man had been used to frequently sweep chimneys by machinery, in doing which his hands were necessarily much exposed to soot. Mr. M'Whinnie amputated through the fore-arm, and the man has made a good recovery. *Case 20.*—A man, aged 30, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of diseased carpus. He was much enfeebled by the long standing disease. Some exploratory incisions were first made, but it being evident that the condition of the bones was hopeless, as regards recovery, amputation through the forearm was performed; slight erysi-



pelas followed, but it soon subsided, and the man has made a good recovery. *Case 21.*—A man, aged about 50, under the care of Mr. Walton, in St. Mary's Hospital, with a compound fracture of the olecranon. The whole arm became involved in phlegmonous inflammation, and a secondary amputation through the upper arm had to be performed in the third week. The stump has since all but healed, but the man has suffered from severe rigors, and is in a very doubtful condition. He had been extremely intemperate. *Case 22.*—A healthy man, aged 35, admitted under the care of Mr. Birkett, into Guy's Hospital, having had his wrist joint crushed by the wheel of a loaded cart passing over it. Primary amputation through the forearm was performed. Symptoms of pyæmia set in on the 13th day, and death followed on the 26th. At the autopsy, phlebitis was found, and also inflammation of the pleura, and purulent deposits in the lungs and liver.

*Excision of Bones and Joints.*—Mr. Fergusson's excision of the knee-joint, mentioned last month, is doing well, and the line of incision is all but healed. In Mr. Paget's case of excision of the elbow-joint, the patient is about to leave the Hospital. Considerable thickening still remains, and one or two small and superficial sores; there is, however, excellent motion, and the case promises a most successful result. Mr. Erichsen's last case of excision of the head of the femur is doing well. In the preceding one, the patient was discharged from the Hospital to go to Margate, and has since died at the latter place. The other cases of this class remain under treatment.

During the month, the following have been performed:—*Case 1.*—A boy, aged 7, under the care of Mr. Fergusson, in King's College Hospital, on account of old-standing disease of the knee-joint. He was hectic and extremely emaciated. Excision of the entire joint, with removal of the patella, was practised. The boy suffered extreme constitutional disturbance after the operation, and sank, in spite of the very free use of stimulants. Death took place on the fifth day. During the last day there had been very frequent vomiting. The parts about the knee were not swollen, and the edges of the flaps lay in apposition, covered by greyish lymph, without any attempt at union. At the *post-mortem*, the bones were found in exact apposition. No evidences of phlebitis were discovered. *Case 2.*—A boy, aged 9, in the Westminster Hospital, under the care of Mr. Holt, on account of diseased knee-joint; the fistula communicating with the interior of the joint both in front and in the popliteal space. The boy was hectic, and very feeble. Mr. Holt made his first incisions with the view of exploring the joint; but finding that the latter was quite disorganised, he afterwards enlarged them, and performed an ordinary re-section of the articulation. The patella was not removed. But slight constitutional disturbance ensued on the operation, and within a few days afterwards, the boy began to improve in health. Some suppuration, of course, followed, and the pus escaped partly in front and partly by the popliteal fistula. The lines of incision are now almost healed, and the boy's condition is very satisfactory. *Case 3.*—A woman, aged 20, under the care of Mr. Statham, in University College Hospital, for diseased knee-joint. The disease had existed one month. Excision of the whole articulation was performed, and the patient has since done fairly. *Case 4.*—A woman, aged 27, under the care of Mr. Hancock, in the Charing Cross Hospital, on account of old-standing disease of the elbow-joint. He was much reduced in health by the disease, and almost hectic. Mr. Hancock performed re-section of the entire joint, by means of the usual H shaped incision. The bones were found carious, and deprived of cartilage. Much improvement in the patient's health has followed the operation, and a very good local result is promised, as the parts are almost healed. *Case 5.*—A lad, aged 19, in St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of diseased wrist and carpus. Being in good general health, and the condition of the soft parts being favourable, the case was judged suitable for removal of the diseased bones. Mr. Stanley exposed the back part of the carpus, by dissecting up a flap which included both tendons and integument, and was curved from above downwards. A large abscess was opened, and the articulations between most of the carpal bones were found diseased, their synovial membrane and cartilage being destroyed. Either portions or the whole of most of the carpal bones were removed by means of the forceps, such parts being dissected out as appeared most diseased. The flap of skin was afterwards replaced, and confined in position by sutures. The condition of the hand since the operation has, perhaps, been as satisfactory as might have been expected. The incision has united in almost all parts, but there is still some general swelling, and several sinuses probably communicating with bone. *Case 6.*—A woman, aged 74, under the care of Mr.

Statham, University College, on account of disease of the elbow-joint of three months' duration. Excision of the articulation has been performed, and the case is making favourable progress. *Case 7.*—A girl, of strumous constitution, under the care of Mr. Statham, in University College Hospital, on account of disease of the ankle. The joint has been excised, and the case is doing very well. *Case 8.*—A man, aged 44, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased carpus, the result of acute inflammation, consequent on a sprain received eight or nine months previously. Mr. Birkett enlarged freely the fistulous openings already existing, and removed five of the carpal bones, all of which were denuded of cartilage. Under treatment. *Case 9.*—By Mr. Birkett, in Guy's Hospital, removal of a necrosed portion of the os calcis from the foot of a child, aged 10, who had suffered from the disease for three years. Under treatment.

*Operation for Abscess in Bone.*—The following interesting example of circumscribed abscess in the middle of the shaft of a long bone has occurred under the care of Mr. Paget, in St. Bartholomew's Hospital. The patient, a girl, aged 18, had long been under care, on account of fistulous openings over the middle of the front of the left tibia, which led deeply into the middle of the bone. There was slight enlargement of the shaft round this part. The history was, that a year ago, while recovering from fever, she had suffered an attack of intense pain in the part now affected, and which had lasted for several weeks with such severity that she had scarcely slept. An abscess shortly afterwards formed, and was opened, after which the pain almost ceased. After discharging for a month, the abscess healed, but did not remain so for more than a few days, and it had ever since continued to discharge. Mr. Paget thought it probable that some necrosed fragment of bone was enclosed in the diseased part of the shaft, and he accordingly performed the operation of trephining, in the hope of being able to remove it. A free opening having, however, been made, it was found that no necrosis existed, but that there was merely the cavity of a circumscribed abscess, about capable of containing a walnut, and lined by soft membrane. The wound is now granulating from the bottom, and appears likely to heal.

*Excision of Malignant Growths.*—*Case 1.*—By Mr. Pollock, in St. George's Hospital, removal of a medullary growth from the front of the chest of a woman, aged 30. The tumour had been twice excised from the same part before. *Case 2.*—By Mr. Luke, in the London Hospital, removal of a testis affected with medullary cancer, from a child aged four years. The patient is a stout, but very pale child; there are no indications of affection of the glandular system or of the structures composing the cord. Some inflammation of the scrotum and about the inguinal canal followed the operation, but has since subsided, and the wound is now all but healed. *Case 3.*—By Mr. Hilton, in Guy's Hospital, amputation of the penis, on account of epithelial cancer. The patient, a man in fair health, had been admitted into the venereal ward, suffering from phymosis and supposed concealed sores. The prepuce having been slit up, a large ulcer, with warty indurated edges and much wart-like growth around it, was exposed. Suspecting its malignancy, Mr. Hilton had a small portion excised and submitted to Professor Quekett for microscopic examination, and the characters of epithelial cancer having been found, amputation was determined on. The mode of operating selected was one which, in two or three previous cases, Mr. Hilton had practised with success, its peculiarity consisting in cutting through the corpora cavernosa, higher up than the corpus spongiosum and urethra. A sound having been passed into the urethra for the convenience of steadying the part, operator transfixed the penis with a narrow-bladed knife, just above the urethra, and then cutting directly upwards, divided the corpora cavernosa and integument. The next step consisted in separating the portion to be amputated from the upper surface of the urethra for a distance of about half an inch forwards, at which point, by a cut downwards, the latter, together with the corpus spongiosum, was divided. The parts healed well, and it seemed probable that the orifice of the urethra would continue to be prominent, and quite free from contraction. *Case 4.*—By Mr. Le Gros Clarke, in St. Thomas's Hospital, amputation of the penis, on account of epithelial cancer. The patient was a man aged 54. Recovered. *Case 5.*—By Mr. Paget, in St. Bartholomew's Hospital, amputation of the penis on account of epithelial cancer. The patient was a man aged 40; the operation was performed in the usual way, by a single sweep of the knife. *Case 6.*—By Mr. Birkett, in Guy's Hospital, excision of a large melanotic growth from between the scapulae of a woman, aged 34. The case had been previously operated on in another Hospital five months ago (see *Medical*



*Times and Gazette* for May 27, page 542). Within a month of the operation, and almost before the wound had quite scarred, there were indications of its re-development, and it quickly attained a large size. It was a large ulcerated mass at the time of Mr. Birkett's operation, but still quite limited to the skin, and the woman's health was tolerably good. A considerable quantity of blood was lost during and after the operation. Chloroform was exhibited. The patient sank subsequently into a condition of great exhaustion, and died on the sixth day. At the autopsy, no deposit of secondary cancer was discoverable in any organ. The internal viscera were softened and anæmic.

**Removal of Non-malignant Growths.**—*Case 1.*—By Mr. Adams, in the London Hospital; excision of a very large fibrous tumour from the inner side of the left leg of a woman, aged 43. The tumour had been growing for fourteen years, and was placed just above the knee, the skin covering it being intersected by numerous large and tortuous veins. It was movable, and consisted of two firmly-connected lobes, each as large as an adult fist. During the excision considerable bleeding occurred. The inner part of the tumour was found to dip under the border of the vastus internus muscle. The hæmorrhage was easily arrested afterwards; and for a few days the patient seemed to do well. Subsequently, however, the leg was attacked by phlegmonous erysipelas, after which the symptoms of pyæmia occurred. Death took place five weeks after the operation. The tumour, after removal, was found to consist of firm fibro-cellular tissue, in some parts being almost as solid as a fibrous tumour of the uterus. *Case 2.* Excision of the testis on account of supposed malignant disease. The patient was a soldier, aged 24, and he attributed his disease to a blow which he had received eighteen months previously. The whole scrotum was reddened, and the testis was enlarged to the size of a goose's egg. There were two small fistulæ which led deeply into the organ, and from which small quantities of thin matter escaped. Excision of the entire gland was performed in the usual way, and the man has since recovered well. In the middle of the testis was found a circumscribed abscess, about the size of a hen's egg, distended with thick pus, and lined by a villous membrane. Around the cavity, the structure of the gland was spread out; in most parts, however, it appeared to be quite healthy. *Case 3.*—By Mr. Simon, in St. Thomas's Hospital; excision of a small hard tumour from the left breast of a girl, aged 15. It proved to be simple lobular hypertrophy. The wound soon healed. *Case 4.*—By Mr. Ward, in the London Hospital; removal of a fatty tumour from the abdomen of a woman, aged 30. The frigorific mixture was used preparatory to the incision in the skin.

**Puncture of the Bladder.**—Mr. Hilton's patient, the subject of case No. 2 in the last report, has been discharged well. The canula was retained in the bowel for ten days, since which the stricture has been successfully treated by dilatation. Mr. Ince, the dresser of the case, succeeded in passing a No. 8 before he left the Hospital.

**Removal of Necrosed Bone.**—Numerous successful operations of this class have been performed, but in one a fatal result has ensued. The patient was a girl aged fourteen, in very feeble health, from whom portions of a necrosed tibia had been removed. Death from erysipelas followed.

**Ligature, etc., of Nævus.**—In Mr. Coek's case, mentioned last month, a second injection with the perchloride has been performed. It remains under treatment. The cases of aneurism by anastomosis also remain under treatment.

**Operations for Ununited Fracture.**—In Mr. Lawrence's case of ununited fracture of the tibia in a boy, in which the introduction of a seton had been tried, no benefit has resulted. The threads were removed on the tenth day, and it was hoped that consolidation might follow, but the bones are now as moveable as ever. A further operation is contemplated.

**Plastic Operations.**—*Staphyloraphy.*—In Case 3 of the report for June a second operation has been performed. The patient is a girl, aged 16, under the care of Mr. Pollock, in St. George's Hospital, for cleft palate. On the former occasion, Mr. Pollock united only the soft palate, which healed well. The present operation consisted in paring the edges of the aperture in the hard palate, and uniting them, free lateral incisions having been made to prevent tension. For *fungous testis*, in the case of a young man under his care in St. Bartholomew's Hospital, Mr. Paget has performed the operation recommended by Mr. Syme in cases of protruded testis. The protruded mass had a circumference about the size of a halfpenny, and an elevation of the third of an inch. The whole testis was much enlarged, and the tissues of the scrotum were somewhat thickened by inflammation. Mr. Paget made an incision down the vertical axis of the scrotum almost from its upper to

its lowest part, crossing the middle of the protrusion; the adherent margins of skin by the side of the latter were then dissected away by elliptical incisions, which joined the vertical ones. The next step consisted in separating the testis from the sides of the scrotum sufficiently to allow of its being covered in by the latter without tension. The fungous granulations which formed the protrusion were not interfered with. The sides of the incision were lastly united together over the testis by numerous interrupted sutures, the appearance presented afterwards being that of a single longitudinal cut, about seven inches long. A little swelling on the few following days was present about the lips of the wound, and they did not unite by first intention. A week later the greater part of the cut was soundly healed, but in the centre there was a little gaping, and a small part of the fungous granulations of the testis had again become visible. At present (three weeks after the operation) the healing is all but complete, and the testis, excepting a point not larger than a pea has been perfectly covered. The remaining part promises to heal rapidly. *For the Closure of an Aperture in the Urethra.*—A man, in good health, aged about 36, was admitted into the London Hospital, under Mr. Curling, on account of a long opening in the floor of the penile portion of his urethra, and of stricture anterior to it. Several operations had been performed for its closure, at an Indian Hospital, and he had now come to England with the express intention of having it treated. The aperture commenced just in front of the scrotum, and was about three-quarters of an inch long; it had resulted from sloughing. Mr. Curling's first measure was to secure the patency of the front portion of the canal by dividing the stricture from within. Ten days after that had been done, a full-sized catheter could easily be passed, and the following operation was then adopted:—In order to prevent the risk of the flow of urine through the urethra preventing the union of the flaps, it had been determined to puncture the canal in the perinæum. This was accordingly done, and a flexible catheter introduced into the wound. The sides of the false opening were then dissected freely up, and their edges pared. By applying together their under surfaces (not the edges) for a breadth of about the third of an inch, a sufficient extent of apposition was easily got, and, by means of portions of silver wire passed through a fold of wash-leather and secured by shots, the parts were effectually kept in close contact. For the four days immediately following the operation all seemed to be going on well. By the expedient of placing a bladder of ice at the perinæum during sleep, nocturnal erections had been prevented, and the escape of urine had been solely by the catheter in the perineal wound. During the fourth night, however, the catheter by some accident got stopped, and the urine forced itself into the natural channel, and broke down the adhesions already formed at the seat of operation. The sutures had to be taken out, and the failure was for the time complete. Since, then, however, by the process of healing by granulation, the size of the opening has been very considerably diminished, and will probably be yet more so. The perineal wound has closed. [At page 421 of the *Medical Times and Gazette* for Oct. 22, 1853, the reader may find the notice of an operation by Mr. Paget, almost similar to the above, and which issued in the same results.] *Hare-lip.*—Two operations for single hare-lip have been successfully performed, and one has failed. An operation for the restoration of part of the lower lip which had been destroyed by sloughing many years previously, has also failed.

**Tenotomy.**—In several cases of club-foot, tenotomy has been performed with success. The following occurred in Guy's Hospital, under the care of Mr. Coek. A muscular man, aged 50, was admitted on account of a dislocation of the tibia inwards and forwards. All attempts to reduce it, even when made under the influence of chloroform, failed, until the tendo-Achillis had been divided, after which the reduction was easily effected. No difficulty has since occurred in keeping the foot in place.

#### MORTALITY IN PUBLIC INSTITUTIONS for the week ending Sept. 16:—

	Males.	Females.	Total.
Workhouses...	83	127	210
Military and Naval Asylums	14	...	14
General Hospitals	92	64	156
Hospitals for Special Diseases	3	4	7
Lying-in Hospitals	2	1	3
Lunatic Asylums	7	5	12
Military and Naval Hospitals	23	...	23
Hospitals for Foreigners, etc.	2	1	3
Prisons	...	...	...



# Medical Times & Gazette.

SATURDAY, SEPTEMBER 23.

## THE CHOLERA AND THE BOARD OF HEALTH.

THE columns of the daily Press, during an epidemic like that now affecting us, cannot fail to impress every respectable and well-educated Practitioner of Medicine with a sense of deep humiliation. There is something in our Profession which seems to bind us in a manner together; we feel that a brother cannot lower himself professionally without degrading us, that he cannot publicly display ignorance or cupidity without casting a stigma on the intellectual or moral character of the Profession itself. The self-puffing, self-deception, ignorance, credulity, and vain-glorious boasting shown by the writers of letters on cholera in the *Times* newspaper, during the last few weeks, make one almost ashamed to own oneself of the same Profession with their writers. Now opium is declared to be the remedy for cholera, then astringents and stimulants, and again, aperients are vaunted as specifics. Men without experience, or with the least possible amount of experience—for fools rush in, etc., here as elsewhere—drop epistles in the post-box, and the day after the next find themselves famous, their names carried over the world as widely as “the *Times*”—and that is as widely as the English tongue is understood—and then their worthless, perhaps even injurious, drugs are swallowed by thousands of sufferers.

Now, for the suppression of this nuisance, it would be a step gained if the best treatment for diarrhoea and cholera could be authoritatively stated. Before us is a circular addressed to the members of the Medical Profession, by Sir Benjamin Hall; two large schedules accompany the circular. The chief object the President of the Board of Health has in view, in issuing these papers, is to ascertain the comparative and absolute value of the various modes of treatment of diarrhoea and cholera at present practised by Medical men. Since then the matter is taken up by competent authorities, we trust the columns of the newspapers will be filled with something more useful and instructive than letters advancing baseless hypotheses, and advocating fanciful practices.

In issuing these schedules, drawn up for him by the Medical Council, Sir Benjamin Hall has done his part towards collecting data for solving some of the most important practical Medical questions before the world. It will be for the Profession to determine whether his efforts shall be successful, for they alone can supply the facts. If the Tables should be filled up in conformity with the specimen sent with them, the trouble of analysing them, and drawing conclusions, will not be very great. That Medical men engaged in large practice will find considerable difficulty in recording their cases, even as briefly as these Tables require, we have no doubt; still, when they reflect on the benefit likely to accrue to the Public and to the science of Medicine from their labours, we have no doubt they will endeavour as far as in them lies to forward the good work.

At the same time that we would urge on our brethren to make the required sacrifice of time and labour, we cannot but fear too many will remember the exceedingly shabby conduct of the Government to them on almost every occasion in which they have had to reckon pecuniarily with the Home Office or the Treasury.

Our Poor-law officers are paid in the meanest manner; the remuneration under the Vaccination Bill is trumpery in the

extreme; and we have been refused all relief from the injustice of the Income-tax Bill. We trust, however, these acts of injustice towards us by the Government will not lead any to refuse to benefit the race. Valuable results cannot fail to be obtained; the quack will be confounded, the vain boaster silenced, the Profession raised, and the community at large greatly benefited, if the Profession act cordially in this matter with the Council of Health. Should however, unfortunately, from any cause, the great mass of the Profession stand aloof, and decline to fill up these tables, there will be danger of a few men, bigoted to particular plans of treatment, sending in returns by no means representing the general experience of the Profession. The numerical method of determining the value of therapeutic agents is about to be tried on a large scale; the value of the results obtained will depend on the accuracy of the returns, much more than on their number. And, unless the Profession enter on the investigation with spirit, the effect will be, not so much a lack of returns to the Council, as of erroneous returns. Theorists, seeing all facts through their own glasses, will report them all of one colour.

Of the tables themselves we may remark that they are very good, especially because they do not attempt too much; but they ought to have been printed in a much more convenient form. A sheet of the size just sent forth is very inconvenient for the purpose for which it is intended; its very bulk will cause it to be thrown on one side—to be mislaid—to be never at hand when it is wanted. A small book, similar to that given by the Registrar-General for the registration of deaths, would have been far better than these sheets; such a book might have hoped for a place in a working Practitioner's pocket.

With reference to the sheet of instructions, we find no place for cases of diarrhoea, with cramps of the extremities. It would appear as if those who drew up these tables supposed that cramps were never present till the alvine evacuations presented the rice-water character, while, as every one knows, the contrary is the fact.

When defining choleraic diarrhoea, instead of saying “cramps of the extremities absent,” we think it should have been “cramps of the extremities occasionally present.”

We repeat, that we earnestly trust the Profession will aid the Medical Council in this matter so far as they are able, remembering, that by so doing they serve at once the Public, the Profession, and the Science of Medicine itself.

## ST. PANCRAS VESTRY AND THE PRESENT EPIDEMIC.

WE learn from the report of recent proceedings of the vestry of St. Pancras, given in the public papers, that the parochial authorities are at variance with some of the Medical men of the district, and that, in one case, they charge a gentleman with a refusal to assist them in repressing the ravages of the prevailing epidemic.

We find upon inquiry, however, that the case is very different from that which appears on the perusal of the report. It seems that the vestry, without any previous communication with the Medical gentlemen of the parish, passed a Resolution, requiring the district vaccinators to assist the parish Surgeons in attending to any cases of diarrhoea or cholera which might break out, and to supply the necessary medicines, but, as usual, offering no definite remuneration for the services to be rendered.

It so happened, that Dr. Hullett Browne, a gentleman of high respectability, held the appointment of district vaccinator; but, being largely engaged in private practice, and having no dispensary for the supply of medicines, he was compelled to decline the duty imposed upon him, of attending to the cases of cho-



leric disease. Upon this declaration of inability on the part of Dr. Browne to comply with the request of the vestry, not only is that gentleman held up to public indignation as a person who refuses to lend his aid in repressing the prevailing disease, but the usual threat is held out, that the vestry must consider whether he ought not to be *dismissed* from his office of district vaccinator.

Now, we have not the slightest doubt that, although, from private and personal considerations, Dr. Browne is compelled to decline rendering his services as an assistant to the parish Surgeons, many other gentlemen would be found to come forward, *if the vestry would pay them*; and as to the threat of dismissal from the post of district vaccinator, it can only excite derision and contempt from all those who are aware of the lucrative character of such a valuable appointment.

We understand that Dr. Browne, in conversation with some of the authorities, represented the expediency of treating Medical men like gentlemen, to which the reply was, "Oh, we have nothing to do with gentlemen in our Board,"—a truism which is applicable to other parochial conclaves besides the vestry of St. Pancras, and one to which innumerable parochial Surgeons can bear painful testimony.

#### THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

WE have devoted so much space to-day to the report of the Anniversary Meeting of the Association, at Manchester, that we are compelled to defer all comment upon the principal questions discussed. Those questions, relating to the *Journal*, the removal of the Secretary's residence from Worcester to London, the change in the name of the Association, the publication of the Transactions, the proffered resignation of Sir Charles Hastings, and the increasing influence of the Metropolitan Counties Branch, are all matters which may require notice from us. This week, however, we would simply refer our readers to the report we have given of the discussions at the meeting.

#### REVIEWS.

*Sulphur as a Remedy in Cholera and Diarrhœa.* By JOHN GROVE, M.R.C.S.E., Fellow of the Royal Medical and Chirurgical Society, etc., etc. Second Edition. 8vo. Pp. 35. London. 1854.

*Observations on the Nature and Treatment of the Asiatic Cholera.* By JAMES TUCKER, M.D., M.R.C.S. 8vo. Pp. 49. London. 1854.

*On the Use of Vegetable and Mineral Acids in the Treatment, Preventive and Remedial, of Cholera, and other Epidemic Disorders of the Bowels.* By J. H. TUCKER, Surgeon, etc.; Honorary Secretary of the Epidemiological Society. 8vo. Pp. 32. London. 1854.

MR. GROVE believes that "sulphur is an antidote to the cholera poison." Three cases are given, to show the value of the remedy in the stage of collapse. Mr. Grove does not state how many cases, in the stage of collapse, he treated, and what was the mortality in his practice. He praises sulphur in the strongest general terms.

The following is Mr. Grove's method of preparing and exhibiting sulphur:—

"R Sulph. præcip. pur.  $\mathfrak{z}$ iv., sodæ bicarb.  $\mathfrak{z}$ iv., sp. lavand. co.  $\mathfrak{z}$ xxiv., aq. destil.  $\mathfrak{l}$ xxij."

Of this compound the patient takes two teaspoonsful, in a little water, every two, three, or four hours, in simple diarrhœa; but, if the case is urgent, every ten minutes or quarter of an hour.

"In sudden attacks, or if the patient is suffering severely, I commonly add from 10 to 30 minims of liq. opii sed., or tincture of opium, to the first dose of the mixture." P. 19.

Dr. Tucker affirms, in the plainest terms, that there is a cure for the developed or collapsed stage of cholera. Dr. Tucker

sneers, however, at Mr. Grove's panacea. "Even," he says "such means as charcoal, sulphur, and creosote have been recommended."

The subjoined is a specimen of Dr. Tucker's style:—

"After the reading of Dr. Snow's paper, 'a Mr. Richardson approved of astringents and creosote, believing them to act by glazing the mucous membrane.' But, after this specimen of vitrification for what must be considered human crockery by a Medical authority, we may expect, on the same principle, to hear of soft solder, Roman cement, and French polish prescribed to stop the leakage from the material bodies of the sinking sick."—Pp. 12, 13.

Dr. Tucker is the advocate of Dr. Stevens' views and salines. He argues thus: More persons died of cholera in London in 1849 than in 1832; there must have been a cause for the difference. As salines were much talked about in 1832, it is probable (he says) that they were more extensively given in 1832 than in 1849; consequently, the excess of deaths in 1849 was due to the Profession having abstained from the extensive employment of salines in that year.

At page 19, we find the following condensed account of Dr. Tucker's master, Dr. Stevens' views:—

"Dr. Stevens' views are, that cholera manifests itself in three stages: the first consists of vomiting and diarrhœa—symptoms which are nature's efforts to expel the morbid poison from the tainted blood by means of the gastric organs; the addition of cramps or spasms, and a sinking pulse, form the second stage; the collapsed, or third stage, consists of lividity and coldness, stagnant circulation, and universal congestion."

Dr. Tucker repeats the oft-repeated statement of Dr. Stevens, namely, that, of 465 cases of cholera treated by salines under his own immediate superintendence, *the mortality was only about one per cent.*

Dr. Tucker's own experience is this:—

"During the six weeks that I had an opportunity of observing the cholera, I had recourse to the saline treatment in near 100 cases; the result was successful in every case where I had commenced the treatment before the collapse stage set in,—while many other patients even in the last stage, who appeared beyond all hope, recovered under the use of the electric salts. I found that small bleedings, blisters sprinkled with turpentine, applied over the heart, and sinapisms to other parts, together with the steady internal use of the electric non-purgative salts, were very successful."—P. 17.

Dr. Tucker does not state how many cases of cholera in the stage of collapse he saw, nor the mortality of the cases that were first seen in that stage.

Mr. Tucker adduces certain facts to prove that cider is useful as a preventive of cholera. Vegetable acids generally, Mr. Tucker thinks, have a similar property. Cider districts are, he thinks, exempt, or nearly so, from cholera.

Of the mineral acids Mr. Tucker writes—

"That sulphuric acid alone, or in conjunction with nitric, will prove of service in the premonitory stage of cholera, I have no doubt; and I have reason to think the time will come when they will be considered *prophylactics*."—P. 23.

#### GENERAL CORRESPONDENCE.

##### THE CHOLERA NEAR GOLDEN-SQUARE, AND AT DEPTFORD.

[To the Editor of the Medical Times and Gazette.]

SIR,—As soon as I became acquainted with the situation and extent of the late outbreak of cholera in Broad-street, Golden-square, and the adjoining street, I suspected some contamination of the water of the much-frequented street-pump in Broad-street, near the end of Cambridge-street: but on examining the water, on the evening of the 3rd inst., I found so little impurity in it of an organic nature, that I hesitated to come to a conclusion. Further inquiry, however, showed me that there was no other circumstance or thing common to the circumscribed locality in which this sudden increase of cholera occurred, and not extending beyond this locality, except the water of the above pump. I found, moreover, that the water varied, during the next two days, in the amount of organic impurity it contained; and I concluded that, at the commencement of the outbreak, it might have been still more impure. I requested permission, therefore, to take a list at the General Register Office of the deaths from



cholera registered during the week ending September 2, in the sub-districts of Golden-square, Berwick-street, and St. Ann's, Soho. Eighty-nine deaths from cholera were registered during the week, in the three sub-districts. Of these, only six occurred in the four first days of the week, four occurred on Thursday, the 31st ult., and the remaining seventy-nine on Friday and Saturday. I considered, therefore, that the outbreak commenced on the Thursday; and I made an inquiry, in detail, respecting the eighty-three deaths registered as having taken place during the last three days of the week. On proceeding to the spot, I found that nearly all the deaths had taken place within a short distance of the pump. There were only ten deaths in houses situated decidedly nearer to another street pump. In five of these cases the families of the deceased persons informed me that they always sent to the pump in Broad-street, as they preferred the water to that of the pumps which were nearer. In three other cases the deceased were children who went to school near the pump in Broad-street. Two of them were known to drink the water, and the parents of the third think it probable that it did so. The other two deaths, beyond the district which this pump supplies, represent only the amount of mortality from cholera that was occurring before the eruption took place. With regard to the deaths occurring in the locality belonging to the pump, there were 61 instances in which I was informed that the deceased persons used to drink the pump water from Broad-street, either constantly or occasionally. In 6 instances I could get no information, owing to the death or departure of every one connected with the deceased individuals; and in 6 cases I was informed that the deceased persons did not drink the pump water before their illness.

The result of this inquiry, then, is, that there has been no particular outbreak or prevalence of cholera in this part of London except among the persons who were in the habit of drinking the water of the above-mentioned pump-well.

I had an interview with the Board of Guardians of St. James's parish, on the evening of the 7th inst., and represented the above circumstances to them. In consequence of what I said, the handle of the pump was removed on the following day. The number of attacks of cholera had been diminished before this measure was adopted, but whether they had diminished in a greater proportion than might be accounted for by the flight of the great bulk of the population I am unable to say. In two or three days after the use of the water was discontinued the number of fresh attacks became very few.

I have not thought it necessary to inquire into the very large number of deaths that occurred in the week ending Sept. 9, as I deem the above inquiry sufficient to establish the cause of the outbreak. I have, however, inquired respecting a few deaths in that week, which took place a little further from the pump than the others; and I found that, in all the cases but one, the persons had been drinking water from that pump. A great number of work-people who were employed in and near Broad-street died of cholera at their own homes in other parts of London. Mr. Marshall, surgeon, of Greek-street, was kind enough to inquire respecting seven workmen, who had been employed in the manufacture of dentists' materials at Nos. 8 and 9, Broad-street, and who died at their own homes. He learned that they were all in the habit of drinking water from the pump, generally drinking about half a pint once or twice a-day, while two persons who reside constantly on the premises, but do not drink the pump-water, have only had diarrhoea.

The pump-well in Broad Street is from 28 to 30 feet in depth, and the sewer, which passes a few yards from it, is 22 feet below the surface. This sewer proceeds from Marshall-street, where some cases of cholera had occurred before the great outbreak.

I am of opinion that the contamination of the water of the pump-wells of large towns is a matter of vital importance. Most of the pumps in this neighbourhood yield water that is very impure; and I believe that it is merely to the accident of the cholera evacuations not having passed along the sewers nearest to the wells that many localities in London near a favourite pump have escaped a catastrophe similar to that which has just occurred in this parish.

In the autumn of 1848, when cholera had just commenced in London, a number of cases occurred about Bridge Street, Blackfriars; and it was found by Mr. Hutchinson, Surgeon, of Farringdon Street, that the well of St. Bride's pump had a communication with the Fleet ditch, up which the tide flows. I have a strong impression that many a case of typhoid fever occurring in a respectable neighbourhood has its origin in the water of the neighbouring pump.

On the 12th instant, I went to Deptford, to make inquiries respecting a most fatal outbreak of cholera which had taken

place there, being confined to two streets, called New Street and French's Fields. I found that this outbreak of cholera was caused by an accidental contamination of the drinking water, occurring in an unusual manner. The people in these two streets, in which about ninety deaths from cholera occurred in a few days, have the water of the Kent Water-works; but for three or four weeks before my inquiry, they told me that the water, when it first came in, had generally smelt highly offensive, and frothed like soap-suds. They had been in the habit of throwing away a few pailsful of what first came in, and retaining that which came afterwards, and was pretty clear. On inquiring in all the surrounding streets, viz., Wellington Street, Old King Street, and Hughes' Fields, I found that there had been no alteration in the water. I conclude, therefore, that some leakage had taken place into the pipes supplying these two streets, during the intervals when the water was not turned on. There are no sewers in these streets, and the refuse of all kinds, consequently, saturates the ground in which the pipes are laid. There were a few cases of cholera in and near New Street just before the great outbreak.

I have very nearly concluded the inquiry respecting the comparative influence of the water of the Lambeth Water Company and that of the Southwark and Vauxhall Company, of which I gave some account in the Number of the *Medical Times and Gazette* of the 2nd inst. The result, which I shall communicate when completed, will show that among the population having the impure water of the Thames, from Battersea Fields, the mortality from cholera has been ten times as great as among the population having the improved water from Thames Ditton.

I am, Sir, &c.

JOHN SNOW, M.D.

18, Sackville Street, September, 1854.

## THE TREATMENT OF CHOLERA.

[To the Editor of the *Medical Times and Gazette*.]

SIR,—I am desirous to correct some misapprehensions which appear to prevail with regard to the influence of castor oil in the treatment of cholera. I have not proposed castor oil as a remedy possessing any specific powers for the cure of cholera, but I have used it merely as a very mild, and therefore, as I think, a very safe emetic and purgative. I believe that it is chiefly, if not entirely, by its emetic and purgative action, that it has influence; and I am, therefore, at no loss to understand the reported ill-success of those who, believing that vomiting is injurious, combine the oil with opium or other drugs, to check this most beneficial eliminative effort, or who, not considering that it is desirable to favour the escape of the choleraic discharges from the bowels, do not adopt the necessary means to insure the purgative action of the oil. I wish to offer a few remarks upon each of these points.

The act of vomiting is so manifestly beneficial in all cases of cholera, that our practice now is to commence the treatment with an emetic; for which purpose, we give either ipecacuanha and tartar-emetic,—a scruple of the former with a grain of the latter to an adult,—or mustard and salt, a dessert spoonful of each in warm water. We have a double motive for this practice: one being to clear the stomach of any choleraic discharges which it may contain; and the other, to cast out such narcotic drugs as may have been previously given. I regret to have to state, that most of the patients who come into the Hospital have taken either opium or brandy, and sometimes both, before their admission, and that the choleraic collapse is thus rendered more profound and unmanageable. After the action of the emetic, we order the castor oil, in doses of half an ounce every half-hour, and we forbid every drink except cold water. The nurse has a slate, on which is written the name of the patient, and by the side of the name are three ruled columns, in one of which is written the exact time when each dose of oil is given; in another, the time of each act of vomiting; and in the third, the time of each evacuation by stool. A glance at these tables enables us to see the quantity of oil which each patient has taken, and also its emetic and purgative action. These tables are all copied into our note-books, and when they are published, as they probably will be hereafter, they will perhaps assist in determining the question,—Whether patients suffering from cholera are benefited, or otherwise, by frequent vomiting and purging.

If the patient rejects some doses of oil, but retains others, and if the bowels are freely acted on, we continue the oil, in the same doses, and at the same intervals, carefully observing the character of the stools. In a period, generally varying from six to twelve hours, bile appears in the motions and in the vomited



matters, and the symptoms of collapse begin to subside. We then give the oil in the same doses at longer intervals, first every hour, then every two hours, and then, perhaps on the second or third day, giving only an occasional dose to assist in carrying off the remains of the morbid secretions, which always have a very peculiar and most offensive odour.

This is an outline of the method which we pursue when, in a case of choleraic collapse, the action of the oil is such as we desire, namely, emetic and purgative. In some cases, the stomach rejects nearly every dose of the oil, and, although this great intolerance of the medicine is of favourable import, as proving that the powers of life are comparatively little prostrated by the disease, yet it has this disadvantage, that the immediate rejection of the oil prevents its passing on into the intestine, and so exerting its purgative action. We find that we can generally overcome this difficulty by first making the patient take a copious draught of cold water so as to excite vomiting; we now give the oil floated on a small quantity of cold water, and then we allow no liquid to be given for half-an-hour, by which time the oil will probably have passed into the intestine. If we do not succeed in our first attempt, we repeat the experiment until we have succeeded, our object being not merely to give a certain dose at particular intervals, but to produce a definite effect.

A difficulty of a more serious kind arises in the case of those patients who reject none of the oil by vomiting, and who are not easily made sick by other means. Our rule now is, to give to a patient in collapse, who is not occasionally made sick by the oil, an emetic of mustard and salt every two hours. We have had the most unequivocal evidence of the benefit arising from the action of an emetic while the patient has been in a nearly fatal stupor and collapse.

Those of your readers—if there be such—who think of cholera only as a disease which kills its victims by excessive vomiting and purging, will be surprised to learn, that in some cases we have considerable difficulty in obtaining the purgative action of the oil. In two cases we attribute the fatal result to the failure of our efforts to evacuate the bowels; and in other cases which have recovered, the difficulty of exciting purging has been considerable. In such cases we have given the oil in doses of an ounce, and in two or three instances we have given in addition a few small doses of calomel with apparent benefit. We also give enemata of salt and water, by means of a long flexible tube. I trust that any one who may hereafter report cases of cholera unsuccessfully treated by castor oil, will favour us with the full particulars—the quantity given, the emetic and purgative action of the medicine, and the precautions taken to insure the regular exhibition of the medicine during the absence of the medical attendant. I attribute much of our success to the constant watching which our patients have had.

Mr. Holberton, the Physician's Assistant, two of our Clinical Clerks, Messrs. Stewart and Tutin, and some others among the pupils of the Hospital, have taken it in turn to watch the urgent cases; and to these zealous and intelligent gentlemen I owe it that no patient, in a state of collapse, is now left for more than an hour or two at any time of the day or night to the exclusive care of a nurse. The necessity for such superintendence was impressed upon us by the loss of two patients through the gross negligence of nurses during the night; and I attribute the saving of several lives to the judicious and watchful care of my assistants.

I beg to reiterate my former statement, that those methods of treating cholera which have been attended with the largest amount of success have been essentially *eliminative* in their tendency, while the mortality in the practice of those who give freely opium and stimulants has been notoriously very great.

Since I last addressed you Dr. Ayre has endeavoured to prove, in a letter to the Editor of the *Times*, that calomel, given in repeated small doses, as recommended by him, does not act as a purgative, but that, on the contrary, it lessens the discharges from the bowels. I think, however, that not only is there a strong *à priori* improbability in this statement, but that Dr. Ayre's published cases, and even those cases related in his letter to the *Times*, prove the contrary. One of the patients there referred to passed a measured gallon of liquid before the exhibition of the calomel, and half a gallon after the use of the medicine was commenced. Therefore, argues Dr. Ayre, the calomel lessens the discharges. The same kind of argument would prove that castor oil is an anti-purgative, for we find invariably that in the early stage of the choleraic disease, when the fluids in the blood are abundant, the stools are copious; but after a considerable drain of liquid from the bowels, the evacuations, though frequent, are less bulky and less liquid.

I am convinced that calomel owes its efficiency, as a remedy for cholera, entirely to its purgative action, and that the variable results of its use are due to the fact that it is an uncertain and an irritant purgative. Now, see the effect of prejudice. I have reason to believe that many members of our Profession conscientiously believe that the practice of giving castor oil for the cure of cholera is unscientific and dangerous; and yet these very men, under the influence of a "dominant idea" that cholera depends essentially on a suppression of bile (an opinion for which there is just the same ground as for believing that suppression of urine is the essence of the disease), and that the great agent for restoring the secretion is mercury, do not hesitate to give, in the course of a few hours, hundreds of grains of calomel. Their good intentions are directed towards the liver; but their drug is exerting a powerfully irritant action upon the mucous membrane of the stomach and intestine, and as a purgative has a double action—partly promoting secretion into the bowel, and partly evacuating the intestine; and, as the latter action of calomel is uncertain, so, we find, that Dr. Ayre has sometimes occasion to give a dose of castor oil to assist in removing materials which had been accumulating in the bowel.

If you give insertion to this letter it will, I fear, occupy much of your space; but the subject is one of such pressing importance that I trust to your indulgence to do so.

I am, &c.

GEORGE JOHNSON.

Sept. 20, 1854.

[To the Editor of the Medical Times and Gazette.]

SIR,—On reading Dr. Johnson's letter, in your Journal of last week, on the treatment of cholera by castor oil, our Physicians, Drs. Parkes and Hare, determined that they would adopt the course of treatment recommended by Dr. Johnson in the next cases of cholera that came under their care. Since that time, six cases of cholera have been admitted to our Hospital, of which five have been at once put on the castor oil treatment, as prescribed by Dr. Johnson, with the addition of the subsidiary measures recommended by him, such as heat to the extremities, etc. The first three cases died, although the utmost care was taken that the remedy should be administered with regularity; they got gradually worse from the time of their admission. Two other cases, admitted yesterday, are still under treatment, and it is very doubtful whether either of them will recover. One case, treated with castor oil, has recovered, but in this one the patient had rallied, and there was very decided improvement, while the patient was under a different line of treatment, before the castor oil was commenced. In a seventh case, admitted on the 1st inst., castor-oil was given, in ounce doses, every hour; but this also proved fatal. These cases have not been selected on account of their severity, but have been taken in succession as they have been admitted; three of the cases, indeed, presented a very favourable aspect on admission.

I can, at a future period, if desirable, give more full particulars; but I am anxious that the main points should be published at once, in order to counteract a rather general opinion that appears to have gone abroad among the public that an almost infallible remedy has been discovered for cholera, and that Medical men who do not adopt this new remedy show themselves to be bigoted and unwilling to give up preconceived views by any amount of evidence. If you can give insertion to this communication in your Journal this week you will much oblige yours, &c.

THOMAS HILLIER,

Resident Medical Officer,  
University College Hospital.

Sept. 14.

#### PREMONITORY DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—At a moment when everyone is anxious for pathological facts relative to cholera, permit me to call your attention to a circumstance which has only within these few days come to my knowledge.

In 1849, I was in charge of Poplar Union as Medical Inspector. A form of a register was then settled on to record all the cases of cholera, stating the name, age, profession, occupation, habits, locality where he resided, premonitory symptoms, simple diarrhœa, rice-water purging, premonitory symptoms terminating in cholera, cholera, medical treatment, issue of case, remarks, medical attendant.

I am again Medical Inspector at Poplar Union, and I find that this register has been carefully carried on since 1849, by the intelligent and zealous clerk of the union, Mr. Symons, and that up to this day, 745 cases are recorded, and that every one of these had a premonitory diarrhœa.



And I have the authority of Dr. Bains, and that of Mr. Webb, both Medical Officers of this union, to state, that from their sincere desire for the advancement of Medical science, and, as they also themselves informed me, from a very sincere desire to find that it was wrong in laying it down as an axiom that cholera is in every case preceded by diarrhoea, for a few hours, for a few days, or for a few weeks, and that in no instance does it attack an individual in perfect health, and free from diarrhoea, suddenly, they examined minutely every case of cholera which fell under their notice, for the last five years, and that they have found no exception to the rule laid down above.

Consequently, from the great care with which Mr. Symons has carried on this register, and from the well-known professional standing of Dr. Bains and Mr. Webb, this document will be esteemed by all true pathologists, as the first, the most important step yet made, in any country, towards a knowledge of the pathology of cholera.

I am, &c. D. MACLOUGHLIN, M.D.

Member of the Legion of Honour.

34, Bruton Street, Berkeley Square.

London, Sept. 16, 1854.

#### USE OF A GALVANIC CURRENT IN CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Allow me to call your attention to some observations which I have had occasion to make with regard to the remarkable influence of mild continuous currents of electricity in cases of choleraic diarrhoea.

The symptoms were—violent diarrhoea, pains and strong movements in the bowels; in two cases vomiting, and in one case cramping sensations in the legs accompanying the diarrhoea.

The positive disc of one of my portable Electro-Generators was applied to the spine between the shoulders, the negative pole was placed on the abdominal region, and moved higher up and lower down, according to the varying seat of the pains and coldness in the bowels. The effect of the current was perceived at once, in a feeling of warmth and tone in the bowels, and the pains disappeared in about half an-hour entirely; but the diarrhoea and vomiting subsided only gradually, in the course of from two to five hours, when proportionately slight weakness was left. The urine re-appeared shortly after the application, probably through the action of the current on the urinary organs.

I have witnessed these results in eight cases, one of them in my own person, in which case I purposely abstained from employing any other remedy whatever. It was found necessary to communicate the current to the abdomen by means of a metallic plate, of sufficient size to cover the whole abdominal region, as the patients complained that the warmth was limited to the exact position of the small disc, and did not sufficiently pervade the whole abdomen. In one or two cases, I observed the remarkable circumstance, that while the diarrhoea lasted the pricking sensation at the negative pole was almost nil, whereas after the disappearance of the complaint, the skin was blistered in about a quarter of an-hour by the power of the current.

Now, Sir, I certainly look upon these observations as of sufficient importance at the present juncture to induce Physicians to test their validity; the more so, as it can be done without trouble, without precluding the use of other remedies, and as the successful results here stated may very easily be accounted for.

Whatever may be the difference of opinion as to the cause of cholera, and the nature of its symptoms, and consequent treatment, two points will be conceded by most thinking men:—

1. That it is of the utmost importance to keep up the power of the central as well as of the digestive system, so that, if diarrhoea there must be, the other functions are disturbed as little as possible.

2. That in this disease that remedy is the most preferable and certain of effect which is the most directly applicable, and the most independent of the disturbed digestive functions.

In sending a continuous mild stream of electricity (no interrupted or shock current) from the spine to the abdomen, I vitalize—keep up the power of the whole central and digestive systems, and by keeping in action all functions, I prevent the diarrhoea from taking a virulent and passive character. I do this instantly, independently of digestive functions, strongly or mildly, continuously or intermittingly, at option.

All the effects purported to be produced by the means generally employed, are produced much more perfectly and instantaneously by this simple application.

However, volumes of reasoning will never supply the test of experience; therefore, let it be tried, and stand upon its own

merits; this is all that I call for, and I will, with the greatest pleasure, supply any number of apparatus deemed necessary to decide the question.

With regard to cases of collapse, I cannot speak from experience, never having witnessed such a case. It is, however, a fact, witnessed, by me dozens of times, and very easily ascertained, that spasms and cramps of the ordinary description cease in a few minutes under the influence of strong, but continuous (not shock) currents along the spine and the contracted limbs; and with regard to the maintenance of irritation in any given part of the body, it will be obvious to every one that no other means at command can bear the most distant comparison with electricity for such purpose.

In cases of collapse, I would fix a generator, one disc on the spine the other on the abdomen, as above stated, and, in addition, I would send the strong continuous current from a battery, first along the spine, and from the spine along the contracted parts, also through the liver, stomach, and bowels; a few shocks to be used only where it was necessary momentarily to stir up the whole system—in fact to keep up life.

Trusting that these imperfect observations may induce some philosophical Physician to take up and investigate the subject, when, I am very confident, he will find much more in this remedy than what I can venture here to express. I am, &c.

London, September 8.

C. MEINIG.

#### TREATMENT OF CHOLERA BY SAND BATH.

[To the Editor of the Medical Times and Gazette.]

SIR,—Thinking over my cholera cases the other day, and what means I could use for supplying heat to their bodies, the idea of a hot sand bath, or bed, struck me. Being on a sandy soil, I immediately had some heated to a high temperature, sufficient to fill a palliasse, and placed my patient on it, and he found very great benefit and relief from it; his body became warm, and free from the cold moisture. The case, however, I regret to say, proved fatal. The hot sand had, however, evidently prolonged life, and relieved the severe cramps of the extremities.

Should you consider the hot sand bed worthy of mention, I beg that you will give it circulation; but I presume that it or hot-water beds have been used in the Hospitals at home.

I am, &c.

JOHN DAVIES,

Surgeon 49th Regiment.

Toombay Camp, Bulgaria, Aug. 28, 1854.

#### TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Taking up the argument of Dr. Snow, that the cholera poison is swallowed, it appears to me, on reflection, the only satisfactory solution of a very difficult problem, and leads us further to inquire into the nature of the poison, or *materies morbi*. Reasoning from analogy, I am inclined to believe that it has either a vegetable or animal existence, propagating itself in the same way that the sarcinae ventriculi, torulae, yeast plant, etc., are known to do. We know the remarkable phenomena produced by the propagation of the yeast plant, and the symptoms resulting from the presence of sarcinae. Why, may I ask, should this deadly venom not be in the shape of some such subtle agency, which has as yet escaped chemical or microscopical observation? Certain crystalline fatty bodies and sarcinae have been found in the vomited matter of cholera patients. If of the nature of a vegetable substance, may it not act by exciting a species of morbid fermentation in the primæ viæ?

From this subject I turn with pleasure to the treatment laid down by Dr. Fuller; and I am happy, from this corner of the globe, to be able to bear testimony to its value. Within the last ten days, choleraic diarrhoea has been prevalent in Rothesay. Those cases which have come under my observation were followed by cramps and collapse; and in every case I have prescribed the sulphuric acid mixture, with sinapisms to the abdomen. In a few cases, chloric ether was added. But the acid mixture, in the majority of cases, was administered alone, without any auxiliary in the shape of stimulants or opiates, except in those patients previously addicted to the use of ardent spirits. Beef-tea, with muriate of soda, was allowed *ad libitum*, toast and water, etc., but no cold water. My practice hitherto had been, acet. plumbi ℞j., pulv. opii gr. i., divided into 12 doses, given every quarter of an hour. This, in some cases, arrested the diarrhoea, but certainly had no effect upon the cramps and collapse; whereas the sulphuric acid had a most decided effect. In illustration of this, I may



eite here the words of one of my patients :—"Before you came I took some brandy, which I threw up; my feet were getting cold, and I felt cramp in the calves of my legs. After taking the third dose of the mixture, vomiting and purging ceased, and in a short time my feet felt as if the circulation was coming back again; cramps now ceased, and in a short time I became warm again, all sense of alarm subsiding." A very great advantage in the sulphuric acid mixture is the readiness with which patients take it; even children of two years of age drink it greedily, with the addition of a teaspoonful of sugar. Of this I had an opportunity of witnessing two nights ago, in the child of a sailor, who was seized with all the symptoms of Asiatic cholera, and whose recovery I attribute entirely to the acid mixture. I insist upon my patients not raising their heads from the pillow; I think this an important precaution, and deserving of attention. The powers of life, already at their lowest ebb, are easily extinguished on the slightest exertion. To promote heat, I have found the following a very convenient plan :—

Take a lime-shell, cover it with rags dipped in water and gently squeezed, place a shell in each hand, cover with blankets, and in a few minutes you have your patient in a warm-air bath. To those who know the difficulty of procuring hot-water at unseasonable hours in the dwellings of the poor, this will be found a most ready means of applying heat. The rationale of the treatment of cholera by sulphuric acid, seems to depend upon its action as an astringent and diuretic, at once checking the discharges, and, by so doing, determining to the kidneys, whereby the poison is eliminated by its diuretic action; for in a very few cases is any further treatment required. The advocates of the calomel and opium treatment have not yet shown in what way calomel can act in cholera. I have always found it exceedingly difficult to get the patient to swallow either pill or powder; and of the pills administered, if searched for, they will be found floating in the contents of the basin. If you give pills or powders, you must allow fluids, and in large draughts, as it is almost impossible to restrain the feelings of the sufferer; this fluid alone must interfere with the action of the secretions and absorbents of the stomach on the medicine administered, granting that the pills or powders were retained.—I am, Sir, &c.

WM. AUG. WOLSELEY, M.D.

Formerly Physician to Hospitals for Emigrants,  
British Guiana.

Rothesay, Bute, August 24, 1854.

#### RUPTURED PERINÆUM.

[To the Editor of the Medical Times and Gazette.]

SIR,—I was much gratified, on my return to town, to find in your review of my work, that you had justly given me credit for truthfulness in the reports of my cases: as I have always been extremely anxious to narrate my cases correctly, so now I am most desirous of stating, that one of my patients, *Case 3*, p. 53, has not proved so successful as I had anticipated. On reference to my work, p. 55, it will be seen that I left her with a slight recto-vaginal fistula; and I speak of her case as of one of almost complete cure. I have lately seen this patient, and find that the opening has increased, and her annoyance is very great; her health has become completely shattered from other causes, which in some measure may account for the relaxation of the parts. I have not the slightest doubt, that if her health is improved, as it could be, that I could completely cure her of the present serious affection. I shall justify this confidence, by shortly publishing in your Journal some interesting cases which have come under my care since the publication of my book.

I am, &c. I. B. BROWN.

16, Connaught-square, Hyde Park, Sep. 17, 1854.

#### PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

##### ANNUAL MEETING HELD AT MANCHESTER.

THE Annual Meeting of this Association was held on the 13th and 14th inst., at Manchester. The weather on Tuesday and Wednesday was remarkably fine; and, notwithstanding the lateness of the season, a large concourse of members had assembled at Manchester by Wednesday morning. Parties of them were seen examining the valuable museum and library of the Royal Infirmary as early as half-past seven in the morning; and, on the evening of that day, as well as on the previous evening, beds began to be

very scarce, even at the magnificent hotels of this large city. Every preparation had been made by the resident members of the Association to receive their brethren with attention and hospitality. The managers of the Royal Institution in Mosley-street, granted the use of their lecturing theatre for the meetings of the day, and gave up the entire use of the spacious picture-galleries of the Institution to the members on Wednesday evening, when they were entertained by their Manchester brethren at an elegant *soirée*, the rooms being supplied with every attraction which science, taste, and hospitality could suggest. Care was also taken by the resident Medical Practitioners, that every visiter should be invited to the hospitable table of some one or other of their body; and thus members who might have come from afar, having no personal friends at Manchester, were, by a sort of masonic privilege, pleasantly introduced to the society of their brethren.

##### WEDNESDAY.

The members assembled at the Royal Institution, and at ten a.m. the President elect, William James Wilson, Esq., F.R.C.S., Senior Surgeon to the Manchester Infirmary, took the chair in the absence (through illness) of the President, George Gwynne Bird, M.D., of Swansea, who was to have taken the chair, and to have resigned it to his successor.

The President, in a brief and eloquent address, urged the duty and necessity of approaching every subject before the meeting in the spirit and temper of calmness, moderation, and mutual forbearance.

The President then called for the report of the Council, which was read as follows :—

##### REPORT OF COUNCIL.

The Council have great satisfaction in meeting their brethren in the City of Manchester, to celebrate the twenty-second anniversary of the Provincial Medical and Surgical Association.

The number of our members has been considerably increased since we assembled in 1853, and we have still the pleasure of seeing in our ranks many of the most distinguished cultivators of medical science, and most eminent and honourable practitioners of the medical art.

While your Council refer to these facts with feelings of sincere gratification, they cannot omit an expression of equally sincere regret, when they remind you that during the present year our Society has lost the fellowship and services of one of its oldest and most valued officers, James Pook Sheppard, Esq., who discharged his responsible duties as General Secretary to the Association with strict fidelity until he was removed from us by death.

Dr. Williams was unanimously appointed as Mr. Sheppard's successor until the present anniversary, by the Central Council, and the appointment will be submitted to the meeting for confirmation.

*District Branches.*—Your Council are happy to state that the District Branches are generally in a flourishing condition. Our cordial thanks are offered to the Honorary Secretaries for their cheerful and efficient co-operation. There are now on the books of the Society no fewer than 2,227 members,—an increase of 348 since our last Report was published.

*Journal Finances.*—The Association Journal has been continued weekly, under the management of Dr. Cormack, but at an expense so large that, in the present state of the finances of the Association, it becomes a question for very careful consideration, whether our resources will be adequate for the maintenance of the Journal in its present form, and also for the publication of the Transactions, the twentieth volume of which ought shortly to be in the possession of every member of our Society.

The motion, of which notice has been given by Dr. Malden, will bring the whole subject under the review and judgment of the meeting.

*Finance.*—The following is an accurate account of our pecuniary position :

[The account shows a balance of 24*l.* 18*s.* 11*d.* in the hands of the Treasurer.]

A Report of the *Journal Committee* will be presented by Dr. Cowan.

*Medical Reform.*—This long debated question has not yet been settled, notwithstanding the anxious and numerous endeavours that have been made to obtain definite and effective legislation on the subject.

A special meeting of the Association was held in London, with the hope of introducing into Parliament a fair and comprehensive measure. This measure, approved at the last anniversary meeting at Swansea, was subsequently discussed at a conference held at the Royal College of Physicians, and was returned to the Reform Committee, in order that further amendments might be introduced.

The Registration Bill of Mr. Brady did not, as is well known, pass into law.

The Reform Committee will be prepared with a report of their proceedings during the past year. Their task has been an arduous one; and the many difficulties encountered by them have required great and long-sustained exertions. The funds already voted to



this Committee by the Association being nearly exhausted, the Council recommend that a further sum of 50*l.* be placed at their disposal.

*Benevolent Fund.*—During the past year the Benevolent Fund, although not supported as it deserves to be, has extended its relief, without ostentation, in the genuine spirit of Christianity, to about the usual number of applicants.

A distinct Report will be presented at the Anniversary.

*Bye-Laws of District Branches.*—A request was sent by the Metropolitan Counties Branch to the Central Council to confirm an alteration in a bye-law respecting the admission of members. It was the unanimous opinion of the Council that the change proposed was contrary to the fundamental laws of the Association; the point therefore remained in abeyance until the meeting of the General Council at the present anniversary. The original rule for the admission of members to a Branch is this: "That all members of the Provincial Association be admissible to the District Branch on signifying to one of the secretaries their desire to have their names enrolled." The alteration proposed is the addition of the following words: "Provided the majority of members present at a General Meeting of the Branch concur in their admission."

On the proposal of Mr. Peter Martin, seconded by Sir J. Forbes, the Council resolved,—

That the bye-law proposed by the Metropolitan Counties Branch, providing that the concurrence of a majority of members present shall be necessary to the admission of members of the Association to the Branch, be sanctioned.

In conclusion, your Council desire to express their hope that dignity, harmony, and prosperity may never fail to characterise the Provincial Association.

Dr. Theophilus Thompson (London) moved, that the Report just read be received.

Mr. Adams (London) seconded the Resolution, which was unanimously carried.

Mr. Bowling (Hammersmith) inquired how it was that a subject referred to this meeting by the Metropolitan Counties Branch, affecting the character of a member of the Association, was not adverted to in the Report.

Dr. Williams, Secretary, stated that, Dr. Stewart having given notice of a specific Motion on the same subject, the communication of Dr. Ogier Ward (Secretary of the Metropolitan Counties Branch) on the subject referred to had not been embodied in the Report of the Council.

Sir John Forbes, ex-President of the Metropolitan Counties Branch, said, that the painful subject referred to had occupied the attention of the meeting at which he had presided, when the whole matter was fully gone into; and he hoped it would not be re-opened here, particularly as Dr. Cormack's veracity was not in the slightest degree impeached, nor was there the least shadow of a shade cast on his character by the charges which had been brought against him. (Loud applause.)

Dr. Cormack said that, after the expression of opinion which had been elicited by Sir John Forbes, he was inclined to think that the time of the meeting need not be occupied with the subject while there was so much business of vital importance pressing upon its attention. (Applause.)

Dr. Barclay (Leicester) said, he was requested by Dr. Stewart, in his absence, to take charge of a Resolution to have been proposed by him in reference to this painful subject; but, after what had transpired, he felt that he was best using his discretion by withdrawing Dr. Stewart's proposition from the programme of business.

Mr. Bowling expressed his satisfaction with the explanation of Dr. Williams, and with the course which had been pursued in reference to the subject.

Dr. Conolly (Hanwell) moved—

"That the members present are desirous to record their grateful recollection of the valuable services of the late Mr. Sheppard as Secretary to the Association, and to express their regret at the loss of so estimable and amiable an officer, whose conduct had always elicited their warmest esteem."

Mr. Bartram (Bath) seconded the Resolution, which was carried unanimously.

Sir Charles Hastings moved—

"That the thanks of the meeting were due to Dr. Gwynne Bird, the President of the Association, for his kindness and ability in presiding over the Association during the last year; and that W. J. Wilson, Esq., be requested to act as President during the present year."

Dr. Radford (Manchester) seconded the Motion, which was carried unanimously.

The Rev. Dr. Bell proposed the thanks of the meeting to the Council for their services during the past year, and that they should be requested to resume their office during the present year, with the addition of the following gentlemen, viz.:—Edward Wilson, M.D., Stafford; Joseph Walker, Esq., Burslem;

Joseph Hesslegrave, Marsden, Huddersfield; Jonathan Morley, Esq., Blackburn, Lancashire; Francis Sibson, M.D., F.R.S., London; James Risdon Bennett, M.D., London; Henry Ancell, Esq., London; J. L. White, Esq., Dowlais, South Wales; H. L. Prichard, Esq., Taibach, South Wales; John Propert, Esq., London; Joseph Toynbee, Esq., F.R.S., London; J. Brewer, Esq., Newport; J. Tetley, Esq., M.D., Torquay; P. C. De la Garde, Esq., Exeter; P. W. Swain, Esq., Devonport; Samuel Budd, M.D., Exeter; C. K. Webb, Esq., Exeter; Augustus Drake, M.B., Exeter; G. Lillies, M.D., Chudleigh; N. J. Haydon, Esq., Bovey Tracey.

Mr. Windsor (Manchester) seconded the Resolution, which was carried unanimously.

Dr. Cormack moved that the Report of the Council be adopted.

Dr. Tunstall seconded the Motion.

Mr. Michael proposed, as an Amendment—"That the Report of the *Journal* Committee be now read," which was seconded by Mr. Ancell (London), and carried.

Dr. Cowan (Reading) then read the Report of the *Journal* Committee.

After a lengthened statement, the Committee conclude as follows:—"Having now laid before the Association a complete and faithful financial statement, your Committee close their Report by offering certain suggestions which they believe ought to be acted on, as matters both of justice and expediency.

"1. That as the business department involves the exercise of talent and responsibility, it ought no longer to be managed gratuitously, nor without the manager, whoever he may be, giving security for at least 500*l.*

"2. That in the meantime the business department could be conducted with safety, efficiency, and economy, under the direction of the present Editor, the details being carried out by a salaried commercial assistant, whose time would be devoted to the business of the *Journal* office from ten to five daily, and occasionally in the evening.

"3. That Dr. Cormack be requested to continue to regulate (with the assistance of a clerk) the business department of the *Journal*.

"As the funds of the Association do not perhaps warrant a vote for an adequate increase of salary to Dr. Cormack, (to which he is fully entitled, irrespective of his services in the business department,) your Committee suggest that, should he accept the enlarged duties, he be required to furnish security for himself and his clerk to the extent of 500*l.*, and that he receive (dating from the 1st of January of the current year) an increase of salary of 100*l.* per annum, with an understanding that the salary be further augmented next year, should the *Journal* funds of the Association justify this measure.

"By adopting these suggestions, Dr. Cormack would be more justly dealt with; the business of the *Journal* would be placed upon a proper footing in all its details; and the finances of the Association, so far as the *Journal* is concerned, would be kept constantly under observation, and subject to criticism as a matter of right and not of favour.

"It should also be stated, that the appointment of an efficient commercial agent, to undertake the advertising department, instead of an additional expense, would be highly advantageous to the funds of the Association; our revenue from this source of income admitting of considerable and rapid increase.

"Lastly, your Committee beg to congratulate the members upon the present and future prospects of the Association, and would strongly express their conviction that our additional numbers and influence are mainly, if not wholly owing to the changes effected in the publication of the *Journal*; and instead of parsimonious retrenchment of expenditure, they would earnestly recommend the adoption of that true economy which consists in a prudent but unsparing devotion of our resources to the elevation of our weekly publication to that standard of excellence which shall constitute it a lasting bond of union, and an independent organ of expression of the thoughts and feelings of the whole body of the Medical profession.

"With the success or failure of the *Journal*, your Committee believe the prosperity and future extension of the Association to be indissolubly interwoven, and therefore confidently urge upon the members the necessity of their continued and increasing support."

Dr. Cowan said, that instead of the paragraph in the Report of the Council now read, viz., "That the appointment of Dr. Williams as the successor to Mr. Sheppard will be submitted to the meeting for consideration," he begged to propose the following clause:—"That in consequence of the transference of the publication of the *Journal* from Worcester to London, a paid Secretary at Worcester is no longer desirable, and that the duties of the office be in future discharged by the Editor of the *Journal*, in conjunction with a salaried commercial assistant, who shall keep the Association accounts, collect the subscriptions, and assist in the commercial department of the *Journal*." He grounded this proposal on the immense waste of time, the inconvenience and the want of economy involved in consequence of business transactions being



conducted in two distant localities. He insisted, that whatever differences of opinion existed, the members were met to work the Association in a business-like manner. He then, in an eloquent speech, which we regret we cannot report verbatim, explained in a lucid manner the commercial affairs of the *Journal*, referring in figures to the expenses, and the management of the advertisements, etc. He then proceeded in the following strain:—"I am quite aware that some members feel an objection to entering on commercial matters on this occasion. They will say, 'We have nothing to do with commerce; we have nothing to do with advertisements; we will not meddle with anything of the kind.' I would put the question before you thus:—First, advertisements are essential to a good *Journal*; they form a very important part of the interest and value of a weekly periodical; they convey to us a great deal of valuable information which we are anxious to obtain, and we must have it in our own publication, or seek it elsewhere. It is not a mere commercial affair, but a professional want. Another fact is this, we get a part of our income from the advertisements; and what do we do with that income? We do not put it in our pockets, but devote it to the great purposes for which we are associated, and it goes to improve the value of the publication itself. I would strongly urge, that we should not feel our commercial position derogatory. We must in part depend upon advertisements, if we would have an efficient *Journal*. It would not be possible to provide the present publication from the income derived from subscriptions alone. We are giving you much more than 16s. a-year in positive value for every guinea you pay us. It is through the excess of income derived from advertisements that we are able to do so, and the maintenance of our weekly periodical is a most important and vital point. There is no other practical bond of union. (Hear, hear.) Gentlemen, our *Journal* is no secondary matter;—with the *Journal* we rise or fall,—we can do nothing without the *Journal*; and, if we devote our full resources to bringing it up to the highest standard of excellence of which it is susceptible, we do the very best thing to enlarge our ranks and increase our influence. And I do believe, that, if we can only persevere in our present plans, and not be frightened with the idea of a large expenditure,—if we only go on boldly and discreetly, bringing up our weekly periodical to a high standard of excellence,—we shall embrace, sooner or later, all the members of the Profession in this country, besides attaining an independence of action, and a moral weight and influence, which we can never otherwise possess. And we shall be soon be able, likewise, to publish "Transactions;" there will be no difficulty about that or anything else. (Loud and long-continued cheering.)

Mr. Peter Martin seconded the Resolution, and said, that, after the eloquent and clear statements of Dr. Cowan, nothing that he could say could offer additional reasons in favour of the Resolution.

Dr. Tunstall (of Bath), admired Dr. Cowan's eloquence, but hoped the members would not be led away with it. It appeared to him, that the Secretary at Worcester had certain duties to perform, one of which was that of Editor of the "Transactions." He thought the *Journal* account ought not to be gone into until all the circumstances connected with the publications of the Association had been taken into consideration. He added, "I see Dr. Malden, of Worcester, has given notice of a motion on that subject, and I do not think we are in a position to go into a long account of the *Journal*, without having the whole subject before us. I, therefore, submit the propriety of now considering the whole circumstances of our publication at one time, because I think it would be facilitating the business."

The President said: There was a distinct motion before the meeting.

Dr. Tunstall resumed: It would appear as if we were a commercial body, met to talk over our financial position. No stranger entering the room would suppose we were Medical men. (Cries of "No, no!") According to our friend Dr. Cowan the *Journal* is the only object of the Association. (Cries of "No, no!") I conceive a Medical Association can conduct a *Journal* without going into advertising speculations. I do not think the profits and loss of advertisements has anything to do with a scientific Society. I highly esteem the Editor of the *Journal*, and the manner in which it is conducted. It is creditable to the Association, both in regard to editorial management and literary excellence. But our object is not commercial speculation. We have now before us a motion to send the Secretary as well as the *Journal* to London. The next thing will be to transfer the Central Council to London. (Cries of "No, no!") I joined the Association as a Provincial Association, when we

had no more than from seven to ten members residing in the Metropolis. We now see an enormous Metropolitan Counties' Branch,—a branch which I foresee eventually will be the Association, and I wish to put it strongly to the meeting, whether the whole of our working machinery is to be removed to London.

Dr. Noble (Manchester) deprecated a hasty decision on a question involving so many considerations on which there might be a variety of opinions; and proposed to refer the question to a Committee, who should deliberate on all these important points, and report to a special meeting of the Association.

Mr. Nunneley (Leeds) entreated the members not to be led away upon so great a question by a declamatory speech. He asked if any gentleman could comprehend the complicated series of figures put before them, and implored the meeting not to vote on a question of this kind without due deliberation. A false step might involve, not only the funds, but the constitution of the Association. He urged the appointment of a Committee. "The actual cost of the *Journal* has proved very different from the calculations laid before us at Oxford. I am willing to think that the *Journal* has been considerably improved, but it has not risen to the high standard which has been stated, and the management has not been satisfactory. There has been too much of personal feeling mixed up with it. (Hear, hear.) That feeling has arisen exclusively in London. We have nothing to do with it. (Cheers.) We have no concern with the conduct of other *Journals*. Our own *Journal* should be confined to literary subjects and the news of the day. It has been too much the organ of the Metropolitan Branch, and too little that of the Association."

Mr. Michael agreed with the last speaker, that "a due consideration of the subject could not be arrived at without a clear understanding of those important figures which had been read over by Dr. Cowan;" and he then entered into a minute explanation of the *Journal* balance-sheet, showing that it was not an account of receipts and disbursements, but of income and expenditure. There was clearly a balance in favour of the Association of 48*l.* 15*s.* 7*d.* "I think it will be clearly understood, therefore, that the *Journal* has kept within the sum of money that was voted at the time the *Journal* was first removed to London."

Sir Charles Hastings: There was no sum ever voted.

Mr. Michael: I think it will be found, by a reference to what passed at Swansea, that there was.

Sir C. Hastings: No sum was voted; it was only contingent on its being received.

Mr. Hunt (London): There was no absolute sum voted, but only a proportion.

Sir C. Hastings: It was a proportion.

A conversation on figures here arose between Sir Charles and Mr. Michael, in which Sir Charles endeavoured to show that the accounts presented were fallacious.

Mr. Hunt said, that as Secretary to the *Journal* Committee, he thought the members ought to be made acquainted with the fact, that the Committee had referred the accounts to a professional accountant, who had presented the balance-sheet laid before them. He, therefore, thought there was no fallacy, and that it was fair to assume the account to be correctly stated.

Sir Charles Hastings: There is one large sum of 700*l.* which I have never received, and which I believe they never will receive.

The President: Arrears, I suppose.

Sir C. Hastings: Yes. I have no sum to pay to the *Journal* Committee, but they have entered a sum to be paid by me of 900*l.* (Laughter.) I am startled when I see the influence which my friend Dr. Cowan has upon you by his eloquence, because I do assure you there is no friend of mine who is so little of a financier as my friend Dr. Cowan. He positively assured us at Oxford that the whole of this vast undertaking could be carried on for 1100*l.*, whereas it has been just double that sum during the time it has been carried on. Is Dr. Cowan a safe man to follow? (Hear.) He is very eloquent, and I am startled when I see you so easily mesmerised.

Mr. Michael: I must appeal against Sir Charles Hastings making a speech in the middle of mine.

Dr. Burnett: Sir Charles, you are quite out of order.

Sir Charles Hastings: It is really of the most vital importance to the members. My observations arose only in explanation.

Mr. Michael: I appeal to the meeting whether 1739*l.* is double 1100*l.* You must remember, that since the meeting at Oxford we have had an accession of 430 members, and Dr. Cowan's calculation had reference to the supply of the then existing members; and I ask, how could 430 additional copies of



the *Journal* be supplied without additional expense? However poor a financier Dr. Cowan may be, there was never a clearer or better account presented than this of the *Journal* Committee; but persons who do not understand accounts are apt to confound income and expenditure with receipts and expenditure. [Here Mr. Michael explained the apparent discrepancy in the accounts, showing that the Association expenses were 182*l.* 12*s.* 10*d.* within its income.]

Mr. Southam (Manchester) expressed great fears that the funds of the Association would not meet the expenses. He was one of those who had been carried away by Dr. Cowan's eloquence, to vote for the removal of the *Journal* to London. He stated positively at Oxford that the cost of the *Journal* would be only 1400*l.* a-year, and that it would be much improved. At this time there were 1600 members, consequently, according to Mr. Michael, we last year expended 400*l.* more than what Dr. Cowan had calculated upon. We have an increase in numbers; but if we are to spend 1*l.* on the *Journal* for every additional member, it will prove serious to the Association. We have exceeded the calculated expenditure by 400*l.* Now, I do hope that this amendment of Dr. Cowan's will not be carried. It appears to me that if we go on another year we shall be seriously involved in debt. (Cries of "No.") I hope a Committee will be appointed to consider how the *Journal* is to be conducted, and whether there are any means of having the Transactions.

Dr. Cormack said he thought the meeting greatly embarrassed by discussing accounts which are not in the hands of the speakers who refer to them. The account presented is very simple; but for those not accustomed to accounts it would be well in future to append to the balance-sheet a cash account. In the year 1853 the total sum received from the Treasurer by the *Journal*, was 819*l.* The rest of the subscriptions went to defray a large balance of outstanding debts, contracted prior to the institution of the new *Journal*. (Hear, hear.) And even during the current year there have been liabilities paid off, also contracted before the year 1853. Next year we may have other liabilities brought before us, and from year to year we may have useless discussions like the present. It is far better to know the worst at once—to know not only how the cash stands in the Treasurer's books, but also to know all our liabilities, and to have a clear statement of our means of meeting them. However bad our real position is, let us know its real character. We did not know at Swansea how bad our position was. We heard nothing of liabilities paid off during the current year.

Sir Charles Hastings: What were they?

Dr. Cormack: There was a balance due for printing the Transactions, which you will observe in the Report of the Council.

Sir Charles Hastings: That is only 14*l.* 19*s.*

Dr. Cormack: To this 14*l.* 19*s.* must be added 37*l.* for printing the speeches and resolutions regarding Homœopathy at the Brighton meeting. This I paid by a separate cheque, received from Sir Charles Hastings, and as the amount does not appear in the accounts, it has probably by mistake been included in the 1,201*l.*, a sum that I do not understand. The confusion in the accounts arises from our having one set of annual accounts running from the 1st of January, and another from the 31st July. This system, rather than the accounts themselves, is the cause of the present loss of time. (Hear, hear.) Dr. Cowan's calculations, as announced at Oxford, have been spoken of as inaccurate; but they are strictly correct. Dr. Cowan proposed to give a weekly journal, of sixteen pages, to 1,400 gentlemen; but we have been giving twenty-four pages a-week, and often thirty-two pages a week, to above 2,000 members. My instructions have been to produce the *Journal* within its income, and to spend all its income upon it. If we had only given a smaller *Journal* to a smaller number of members, we could have carried out to the letter Dr. Cowan's calculations at Oxford. But the Association would have been no richer, and perhaps not half so numerous.

Sir Charles Hastings here interrupted the speaker with some observations relative to the subscriptions of some of the members not having been paid, to which Dr. Cormack briefly replied.

Dr. Lankester eloquently defended the *Journal* Committee, and strongly urged the laying out of more capital upon the *Journal*, with a view to its further improvement.

Dr. Edwards (Berarth Conway, North Wales) said, that if evidence were wanting in favour of the Amendment, the arguments of Sir Charles Hastings could supply it. He regretted the absence of Dr. Malden, not only on account of its cause (bodily infirmity), but because he felt sure, that, had his proposed Motion to abolish the *Journal* fairly come before the meeting,

nine-tenths of the members present would have voted, heart and soul, against that Motion.

Sir Charles Hastings said, that the conjunction of the offices of Secretary and Editor was very undesirable. The experiment had been tried in the person of the late Dr. Streeten, and he found the union of the two offices so inconvenient, that, had he lived, he would not have continued both Secretary and Editor; and it was determined at his death, that the two offices should never again be united in one person, and, therefore, he hoped that the Association would not do what they did at Oxford,—in a hurried manner come to a Resolution. Dr. Cowan (he said) is a very eloquent speaker, but a very bad financier. Notwithstanding all that has been said, I must state, that, at the meeting at Oxford in 1852, the Association did not owe one farthing. The statement of accounts then laid before the Society was one which took in all the liabilities to that time. We were wholly without debt, and had between 100*l.* and 200*l.* in hand. Sir Charles then proceeded to insist upon it, that the *Journal* Committee were wholly wrong in their accounts, and that they ought to have been guided by the actual receipts, which were 1812*l.*, from which must be deducted 300*l.* In this way he showed that the Association was getting deeper and deeper into debt every year, and hoped that it would pause, and refer the whole matter to a Committee. (Applause, and cries of "Reply," "Divide," "Votes," etc.)

Dr. Cowan said a few words in reply, when the Amendment was put to a show of hands.

The President declared Dr. Cowan's Amendment carried by a very large majority.

At half-past one the meeting separated for an hour.

#### ADDRESS IN MEDICINE.

On the President resuming the chair, Dr. Conolly read the Address on Medicine, and chose for his subject "The Non-restraint System in the Treatment of Insanity."

Sir James Bardsley (Manchester) moved—

"That a vote of thanks be given to Dr. Conolly for his valuable and interesting address, and that he be requested to allow it to be printed."

Mr. J. S. Soden (Bath) seconded the Resolution, which was carried with applause.

Dr. Conolly acknowledged the compliment.

#### REPORT OF THE COUNCIL.

It was then moved by Mr. Michael, seconded by Mr. P. Martin (of Reigate), and unanimously resolved—

"That the Report of the Council, as amended by Dr. Cowan's Resolution, be adopted."

#### REPORT OF THE JOURNAL COMMITTEE.

It was moved by Mr. Michael, seconded by Dr. Barker (of Bedford), and unanimously resolved—

"That the Report of the *Journal* Committee be adopted."

#### RESIGNATION OF SIR CHARLES HASTINGS.

Sir Charles Hastings then rose and said, that at the meeting held at Leeds, he was appointed to the offices of Permanent President of the Council and Treasurer of the Association. At that time there existed no difference of opinion regarding the various questions which had recently come under discussion; but now a large majority seemed to think that very different management ought to be adopted from that which he had thought it his duty to recommend; and he thought it right, under these circumstances, to give the members an opportunity of choosing their own President of the Council. He had consulted his friends, and they were of the opinion that it was his duty to resign. He therefore begged to tender his resignation of the office of President of the Council. (Cries of "No, no!") "I am in the hands of the Association; but the majority ought to prevail, and I have no other course to pursue but to resign; and I do resign, not in anger, but in a spirit of friendship, and with feelings of the highest respect."

Dr. Cowan: Mr. President,—I rise to move, that "the resignation of Sir Charles Hastings be not accepted by this meeting." We could not for a moment entertain such a thought; there can be no hesitation about it entertained in any individual mind. The Amendment to the Report of the Council in no way affects the position of Sir Charles Hastings as Treasurer of the Association or as President of the Council. It was adopted as a matter of necessity rather than of choice; but our confidence in Sir Charles Hastings is undiminished, and we hope that the Association will never cease as long as his life is spared to us to enjoy the advantages which it now derives from his able and disinterested exertions. (Prolonged cheering.)

Dr. Edwards: The Motion of Dr. Cowan has already been seconded by the applause of every one present; but, as a



matter of form, I come forward as Dr. Cowan's seconder. It is impossible for the Association to do without the services of Sir Charles Hastings. He has acted honourably and nobly in the step which he has taken; but it is quite impossible for us to accept his resignation. (Cheers.)

Mr. Bowling cordially concurred in the sentiments of Drs. Cowan and Edwards.

Mr. Probert (London): As President of the Metropolitan Counties Branch, I must say, that there is no man in the Profession for whom the members of that Branch, individually and collectively, cherish so high an esteem and so high a regard as for Sir Charles Hastings.

Mr. Soden expressed his fears lest the Provincial Association will be superseded by the London Branch, and become a mere general Medical Association; but hoped that, even though the provincial members should resign, the District Branches will continue to flourish as independent local Associations.

Mr. Bowling: I must correct Mr. Soden. There is no "London Branch." The Branch to which Mr. Soden refers is the "Metropolitan Counties Branch." The members of that branch, Provincial and Metropolitan, are quite as anxious as Mr. Soden can be to carry out the catholic principles of this great and noble Association.

Dr. Richardson (Mortlake): The Metropolitan Counties Branch, so far from desiring to seize the reins of government, was the first of all the branches to urge upon the Association self-government by a representative Council, chosen, without favour, equally from every part of the country.

The President: After what has occurred, you cannot, Sir Charles Hastings, by any possibility, entertain the idea of resignation.

Sir Charles Hastings: I have had no sordid views in holding the offices assigned to me; and if I thought there was a single individual now present who wished me to resign, I certainly would not withdraw my resignation. ("There is not one; we are unanimous.") If that, Sir, be the unanimous sense of the meeting, I feel that I cannot do otherwise than withdraw my resignation, and express my warm thanks to the meeting for the cordiality and warmth with which this has been pressed upon me. (Long-continued applause.)

#### REPORT OF THE COMMITTEE OF THE MEDICAL BENEVOLENT FUND.

Sir John Forbes (in the absence of Mr. Newnham) read this Report.

Mr. Probert proposed that the Report be received and adopted, and that the cordial thanks of the meeting be given to Mr. Newnham for his unwearied exertions in the cause.

Mr. Hodgson (London) seconded the motion, which was carried unanimously.

#### REPORT OF THE MEDICAL REFORM COMMITTEE.

Mr. Hastings, Secretary to the Committee, read this report.

It was proposed by Dr. Conolly, seconded by Mr. Rawling, and resolved, that the Report of the Medical Reform Committee now read be received and approved,—that the Committee be re-appointed, with the following names in addition:—Sir John Forbes, Mr. Ancell, Dr. Lankester, and Dr. Sibson,—that a memorial, to be signed by the Chairman on behalf of this meeting, be forwarded to the Home Secretary,—and that the Committee be empowered to forward a petition, in the name of the Association, to each House of Parliament, at their earliest meeting, praying for immediate legislation to place the Medical profession on a proper basis.

Some conversation followed on the principles of the Bill, after which it was understood that the Association was fully pledged to carry uniformity of education if possible throughout the United Kingdom.

The meeting adjourned at a quarter to six o'clock.

#### THURSDAY.

The President took the chair at eleven o'clock.

Dr. Radford delivered the Address in Midwifery, the subject being the "Cæsarian Operation."

A vote of thanks having been tendered and acknowledged,

Dr. Noble inquired if Dr. Cormack had determined whether to accept the office of Secretary.

Dr. Cormack replied, that on considering the whole subject he had resolved to accept the appointment on the terms proposed in the Report of the Journal Committee, and adopted by the meeting. In doing so he said he wished to hold these offices no longer than it is the general wish of the members, and he hoped, if from professional or other hindrances he failed to perform his duties in a satisfactory manner, his friends would candidly tell

him so. He concluded by paying a high compliment to the important services of Dr. Williams, and moved—

"That that gentleman, on retiring from his office, be paid his salary for the current year."

Mr. Hunt (London) seconded the Resolution.

Dr. Conolly concurred very cordially in the Resolution, but expressed his deep regret that the official communication with his most kind friends at Worcester, whom he had known and loved so long, was at an end. He hoped that, in all their communications with the Secretary, the members would communicate with the Editor as a friend; and complained that, during the last year, communications to the *Journal* had not always been received in that kind and brotherly spirit which the members had a right to expect from the Editor, and of this complaints had been made.

Dr. Cormack: State them; and where made.

Dr. Conolly spoke of instances in which members had been rebuffed in the *Journal*; and referred particularly to the treatment which "our most generous friend Mr. Churchill" had received. It seemed as if the members of the Association were all called upon to find fault with Mr. Churchill, who, as we well know, is a most liberal and enterprising publisher. (Hear, hear.) Mr. Churchill has accommodated the Medical Benevolent Fund with a room for the meetings of the Committee. He has always attended our meetings, and in a great many other ways shown a generous spirit; and I think, if Mr. Churchill is to be treated by the Association with discourtesy, the feelings which once distinguished it must be fast fading away. I believe that to be the feeling of many, and I do hope that nothing will occur to mar the friendships which it has originated, and on which I pride myself, as having added much to make my life valuable to me. I have no disrespect to Dr. Cormack; but I feel, that if this tone is to be maintained in the *Journal*, and a more kindly spirit is not cultivated, we, the little band, who early met in so friendly a manner must, in order to perpetuate our delightful intercourse, form a little Society of our own. Nothing but the maintenance of a kind and brotherly spirit can prevent a schism.

Dr. Black (Bolton), concurred in the Resolution, but expressed his regret that the Secretaryship and executive had been removed from Worcester.

Dr. Cormack said: He would not make any reply to Dr. Conolly's charges, lest it should lead to discussions neither agreeable nor useful. But he would say, that he was not conscious of having acted offensively; and if any case of this kind was pointed out to him, he was quite ready to apologise. (Cheers.)

The Resolution was carried unanimously.

Sir Charles Hastings paid a well-merited compliment to Dr. Williams, regretted the loss of his services, and said he was requested by Dr. Williams (who was obliged to leave Manchester) to say that that gentleman feels deeply grateful for the manner in which his services have been appreciated.

Mr. Michael moved that Dr. Williams be requested to act as Hon. Secretary to the Central Council at Worcester.

After some conversation as to the constitution and powers of the Central Council under the new arrangements,

Dr. Bateman (Bath) moved "That the members of the Central Committee, resident in and within twenty miles of Worcester, be requested to act as an Executive Council, and to continue their services as hitherto in furtherance of the business of the Association, to which Executive Council the Editor of the *Journal* and the Secretary of the Association shall be responsible."

The resolution was carried.

By subsequent resolutions the Journal Committee was re-appointed, and the Medico Ethical Committee was re-appointed.

Sir Charles Hastings moved—

"That the thanks of this meeting be given to Mr. Churchill for having so liberally granted the use of his room for the Medical Benevolent Fund Committee."

Dr. Conolly had great pleasure in seconding the Resolution.

The Resolution was carried.

Mr. Churchill acknowledged the compliment, and expressed the pleasure he felt at all times in promoting in any way the prosperity of so excellent an Institution.

A PROPOSAL TO CHANGE THE NAME OF THE ASSOCIATION was made by Mr. Peter Martin, of Reigate, who stated at some length the reasons which induced him to bring forward this subject. He thought that the changed condition of the Association required that its name should be accommodated to its present character. Sir James Clark, and many leading Metropolitan Practitioners, had long been members of the Association; it no longer retained a purely Provincial character, and the interests of the Association were not the interests of the provinces only, but



of the whole Profession. He therefore proposed that it should be called "The British Medical and Surgical Association."

Dr. Lankester seconded the Resolution, and in an eloquent harangue, expatiated largely on the future magnitude, influence, and importance which the Association was likely to attain, if the members would but merge all their views and feelings connected with the past, and consent to make the Association the great representative of British Medical and Surgical Practitioners. It would form the best bond between the Medical brotherhood, and the best antidote to the incubus of the London Colleges. Still, if any of the respected founders and fathers of the Association would feel their minds hurt, or their long-cherished feelings of attachment disturbed and wounded by a change of name, he would most cheerfully consent to say no more about it.

After a few observations, *pro* and *con.*, from Mr. Flower, Dr. Richardson, Dr. Conolly, Mr. Soden, Mr. Bottomley, and Dr. Cowan, from which it appeared that the senior members of the Association felt a desire to cling to the "old and honoured name" which had identified the Society, Mr. Martin willingly consented to withdraw his Motion.

Thus ended, after two days' debate, the discussion of the many questions which had been given notice of, and which were expected to have divided the Association. Even in the heat of debate, everything passed off pleasantly; and the good temper of Sir Charles Hastings, and his humorous way of meeting the arguments of his opponents, often elicited laughter and applause; and to this we are bound to add, that the patience and impartiality of the excellent Chairman much facilitated the progress of the business.

In the afternoon of Thursday, papers were read by Dr. Radclyffe Hall, of Torquay, and other gentlemen, which we have no space to notice further.

It was decided that the next Annual Meeting of the Association should be held at York, and that Dr. Simpson, of that place, should be the President elect. Dr. Bell Salter, of Ryde, was appointed to deliver the Address in Medicine, and Mr. Richard Hey, of Leeds, the Address in Surgery.

A Committee was appointed, on the motion of Mr. Peter Martin, to report on the laws and constitution of the Association, with reference to a more strict conformity with the representative principle.

It was also resolved, that the Addresses delivered during the last two years on Medicine and Surgery should be printed.

At five o'clock p.m., after voting thanks to the President, the meeting separated; and, at six, sat down, to the number of nearly 160, to dinner at the Albion. The entertainment was graced by the presence of the Bishop and Dean of the diocese, and others of the clergy.

It is but fair to add, that the Association are much indebted to Mr. Hatton, of Manchester, who acted as Secretary for the meeting, for the excellence and skill of his arrangements. The various manufactories of Manchester were open to the visitors, as well as the Infirmary, and other public buildings; a special service was performed at the Cathedral; and had not the Mayor been a homœopath (!) the Town Hall would, as on a former occasion, have been open to their festivities.

## CHOLERA.

### TREATMENT OF CHOLERA BY CASTOR OIL.

The following is the result of an investigation of the treatment of cholera by castor oil, communicated to the President of the General Board of Health by the Medical Council:—

"The Medical Council of the General Board of Health appointed a Committee to consider and report upon the treatment of cholera by castor oil.

"The Committee consisted of Dr. Paris, Dr. Babington, Dr. Tweedie, Dr. Baly, and Mr. Ward.

"The following Report of the Committee was received and approved by the Council:—

"The Committee, having read Dr. George Johnson's letter to the President of the Board of Health, together with its enclosures, found, on an examination of Dr. Johnson's cases, that 11 of them were cases of cholera in a state of collapse, of which 6 were fatal.

"Five other cases of cholera did not pass into a state of complete collapse; these terminated in recovery.

"Three cases of choleraic diarrhœa also recovered."

\* \* \* \* \*

Of the whole number of cases treated with castor oil, the following table shows the result:—

Abstract of the Cases.	Cases.	Fatal.	Recovered.	Still under Treatment.	Remarks.
Mr. —, of — Hospital .....	2	2			
Mr. —, of — Hospital .....	3	3			
Mr. —, of — Hospital .....	6	6			
Mr. —, of — Hospital .....	1	1			
Mr. —, of — Hospital .....	4	4			
Mr. —, of — Hospital .....	5	5			
Dr. —, of —	2	2			
Dr. —, of —	7	6	1	..	{ Amendment before taking the oil.
Dr. —, of —	6	4	2	..	{ Both mild.
Dr. —, of —	8	6	..	2	{ One in hopeless state, one in consecutive fever.
Mr. —, of —	7	5	1	1	{ One in consecutive fever.
Dr. —, of —	16	10	4	2	{ One had relapse, one still under treatment.
Mr. —, of —	7	6	1	..	{ In an incipient state before the oil was taken.
Mr. —, of —	15	8	6	1	
Total .....	89	68	15	6	

"Cases treated at ——— Hospital with castor-oil and tincture of capsicum ... .. 11 9 1 1

"From the above abstract, the details of which have been carefully investigated by the Committee, it appears, that, in 89 cases of cholera, treated by 14 different Practitioners with castor oil, on the plan recommended by Dr. Johnson, 68 were fatal, recovery having occurred only in the 15 cases, while the 6 remaining cases are still under treatment.

"The above Report having been laid before the Council, and approved by them, it was resolved that the same be communicated to the President of the General Board of Health.

(Signed) "JOHN AYRTON PARIS, Chairman.  
B. G. BABINGTON,  
A. TWEEDIE,  
WILLIAM BALY,  
W. B. WARD."

"Whitehall, Sept. 20."

### THE LONDON HOSPITALS.

Since our last report on the cases of cholera treated in the Hospitals (a fortnight ago), the number of cases admitted has much diminished. The experience of the last week more especially would lead to the inference, that the disease is fast declining. The following is an abstract of the cases which have occurred:—

*University College Hospital.*—Only four cases have been admitted during the last fortnight. Several of those spoken of as convalescent in our last report, subsequently relapsed, and the numbers consequently require correction. The only two cases now in the Hospital may safely be deemed out of danger, and the following numbers are therefore made to include the whole. Admitted, 39; recovered, 8; died, 31. In 19 cases the calomel treatment, on Dr. Ayre's plan, had been carried out, and of these 3 recovered and 16 died. Seven cases have been treated on the castor-oil plan recommended by Dr. Johnson, all of which are dead. The plan was carried out most strictly in six, the dose being half an ounce every half-hour, and in one an ounce every hour. The only other means adopted were, in one or two in which the oil did not cause vomiting, mustard emetic, and in most hot bottles to the extremities. The nurses were carefully superintended, and there was no doubt that the medicine was really given. In an eighth case, castor-oil was given, and recovery ensued, but as the patient was rallying and doing well before it was commenced, its administration having been by a mistake on the part of the nurse, the event could scarcely be attributed to the remedy. Several of the cases lived long enough in the Hospital to take the oil for twenty-four hours, or more, and in one instance the patient had been treated with it since the first commencement of symptoms, seven hours before admission. As explanatory, in some degree, of the large mortality which has occurred at this Hospital, it must be stated that almost all the patients had been brought long distances, and



were, in the majority of instances, extremely ill at the time of admission. In several death occurred within a few hours after reaching the Hospital.

*St. Thomas's Hospital.*—At this Hospital the admissions continue rather numerous, being increased probably by the circumstance that the cholera ward at Guy's has been closed. During the last month the number admitted has been 62, of which 18 have died, and the others are either recovered or yet under treatment. In the most successful part of the cases, the treatment has not been active. Ipecacuanha emetics have been given in the outset, heat applied to the surface, ice and diluents freely allowed. The castor oil plan has been tried in seven cases, the directions of Dr. Johnson respecting it being most strictly observed. The dose given was half-an-ounce every half-hour. Mr. Whitfield, the Resident Medical Officer, who kindly supplied us with these facts, informs us, that the trial was made under his immediate and constant direction. The 1st case died in 14 hours, the 2nd in 11 hours, the 3rd in 20 hours, the 4th in 5 hours, the 5th in 12 hours, and the 6th in the stage of consecutive fever. In the 7th the plan was abandoned, on account of the severe collapse, and under other treatment recovery followed. In no fewer than four of the fatal cases severe hæmorrhage from the bowels took place. It must be stated that these cases were in no way selected, but that every case admitted during the certain period was put on the castor oil from the first. Mr. Whitfield informs us that he has formed a high opinion of the value of emetics in the stage of collapse, and that he much prefers the ipecacuanha to the mustard. In the men's cholera ward the patients, as soon as sufficiently convalescent, have been allowed to indulge in smoking—a permission which appears to have materially conduced to their comfort under peculiarly depressing circumstances.

*Guy's Hospital.*—By the direction of the Managing Committee no cases of cholera have been admitted into this Hospital during the last fortnight. The decision was, we believe, come to partly on account of the alarm which was becoming apparent among the other patients and the nurses. The whole number treated has been 101, of which 55 have died. A considerable number of cases have begun in the wards, and it is singular that with very few exceptions these have occurred in the new wards, much the largest and best ventilated in the Hospital. In three instances, patients suffering from well characterised typhoid fever have been attacked by cholera; in several, the subjects of rheumatism, and in others of phthisis, have been so attacked. Three cases have been admitted in which pregnant women were the subjects of the disease.

*The Marylebone Infirmary.*—During the last fortnight, 15 cases have been admitted, of which 8 have died, 3 are convalescent, and the remainder under treatment. In two cases, inmates of the Infirmary have been attacked: one a night-nurse, and one an old man suffering from diseased prostate; and in two others, inmates of the adjoining workhouse; one being a day-nurse, and the other an idiot man. Mr. Filliter informs us, that he has made trial of the castor-oil plan in five cases. In three of these, it was, after a short trial, abandoned on account of the extreme collapse which ensued, and a saline and stimulant treatment adopted, under which the patients are now doing well. In one, the patient, a day-nurse, aged 63, died on the day following the commencement of her attack, the oil having been persevered with throughout. In the fifth, the patient, a man, aged 22, was admitted on the 12th, in moderate collapse, and suffering severely from diarrhœa; the dilute sulphuric acid, in half-drachm doses every hour, was tried, but, failing to arrest the purging, the castor oil was ordered on the 13th. On the 14th, the oil was very irregularly given, as the man could not be got to take it well, and always vomited the dose. A single five-grain dose of calomel was then given. On the 15th, the oil was abandoned, and the saline plan commenced. The man subsequently made a very rapid recovery. Mr. Filliter informs us, although the plan has not been fully carried out in all the cases, yet the opinion he has formed respecting it is decidedly unfavourable to its use.

*King's College Hospital.*—The castor-oil treatment is still carried out in all cases admitted into this Hospital. Mr. Hoberton, the Physician's Assistant, informs us, that the whole number so treated has been 33, out of which we have 10 deaths, and 5 remain yet under treatment, most of the latter being, however, out of danger. (These numbers include the 16 referred to in Dr. Johnson's letter). In a few cases, repeated two-grain doses of calomel have been given in addition to the oil, but never to the extent of more than ten grains. In those in which the oil did not cause vomiting, emetics have generally been given. Thirteen cases of choleraic diarrhœa, most of them severe, though not attended by very marked collapse, have been

treated with the oil, two or three doses being generally given to each case, and all have done well. No instance has occurred at this Hospital, in which, after treatment of the "premonitory stage" by castor-oil, cholera has subsequently been developed.

*The Westminster Hospital.*—During the last fortnight, 35 cases have been admitted into this Hospital, of which 9 have died. In the greater part of these, Dr. Eyre's plan of treatment by calomel has been adopted, with the addition, however, that in every case a warm bath has been given, and afterwards a mustard emetic. The cases have been generally of a mild type, and, in some, convalescence has appeared established soon after the use of the emetic and bath. The opinion formed by the Resident Medical Officers has not been favourable to the calomel treatment, although the statistics appear somewhat to its advantage. The cases, in an earlier part of the epidemic, so treated, were very fatal; and those more recently have been of a much milder class. There has been severe consecutive fever, attended by coma in several cases, in which no opium whatever had been given. In the majority, however, although a stage of illness followed the recovery from collapse, there have not been severe head symptoms.

*St. Mary's Hospital.*—During the last fortnight only two cases have been admitted. The whole number has been 41, of which 22 have died, and several yet remain under treatment. Castor oil has been tried in but one case, and in that it was relinquished after the sixth dose.

*St. George's Hospital.*—The cases admitted during the past month have been about 86, of which 47 have died. The fatality during the whole epidemic has, we believe, averaged nearly 65 per cent. Castor oil has been tried in several cases with unfavourable results; but, as the cases are included in the Report of the Board of Health, published in this Journal, we need not repeat them.

*St. Bartholomew's Hospital.*—The number of cases, either of cholera or very severe choleraic diarrhœa, admitted during the past month, have been 165, of which 45 have died, and many are yet under treatment. Castor oil has been tried very unsuccessfully, the cases being included in the Board of Health Report. Mr. Wood, the resident Medical officer, informs us, that the cases of diarrhœa treated as out-patients have remarkably diminished during the past week. On the 6th of September 235 cases applied; while on that day fortnight, September 14, there were only 83. Some of the recent cases of diarrhœa have, however, been less tractable than they generally were a few weeks ago.

*The London Hospital.*—In the district surrounding this Hospital, it would appear that the disease is rather on the increase, as there have been a considerable number of cases admitted during the past week. We are not at present in possession of the exact statistics, but shall publish them next week. Castor oil has been tried in two cases, both of which were fatal.

THE CASTOR-OIL TREATMENT.—Mr. George Sutherland, of Aberdeen, writing to the *Times* on this subject, gives the results of a trial of this remedy in 8 cases, which, with one exception, were collapsed. External heat, friction, and mustard poultices were applied. In all, the oil taken with reluctance; aggravated the vomiting; did not control the spasm. In one case where the intestinal discharge was tinged with blood, the oil was persevered in,—still the collapse increased. Seven of the 8 cases terminated in death; the eighth still under treatment, but doing well. In this latter case the attack was slighter, and there was much vigour of constitution; and the only effects of the oil were to increase the vomiting and spasms, and was obliged to be discontinued on that account.

GENERAL BOARD OF HEALTH.—The Medical Council of the Board of Health having been requested by the President to prepare any formula that the Board might make public for use, in case of premonitory diarrhœa, before the arrival of Medical aid, the following Resolution was agreed to:—"That the Medical Council think it, as a rule, dangerous for non-Medical persons to resort to the use of drugs without Medical advice, and especially they deprecate the extensive use of opiates on the one hand, and on the other hand of aperients, such as castor-oil and salts. The Medical Council, moreover, deem it impossible to prescribe a remedy which would be appropriately or even safely taken by all persons suffering from diarrhœa. They are of opinion, that the paper called 'Precautions against Cholera,' contains instructions for all the measures which the public, unadvised, should adopt; but they suggest that the heads of families should consult their usual Medical attendants as to the measures to be taken in cases of emergency, and that the Medical officers appointed by Boards of Guardians and other parish



authorities should take care to give the same information to persons of the poorer classes."

THE MEDICAL COUNCIL, appointed by the New Board of Health, held a second meeting in Richmond-terrace on Friday last, at which three sub-committees were appointed for the consideration of the Board's circular. 1st. For consideration of the circulars as to choleraic disease. 2nd. Of specific modes of treatment of cholera submitted to the General Board. 3rd. Of the scientific inquiries directed by the Board in reference to the epidemic. The directions and regulations to be issued by the Board, under authority of the renewed Order in Council, were laid before the Medical Committee, approved of by them, and ordered for insertion in the *Gazette*.

In the past ten weeks the cholera has caused a mortality in the Metropolis of 7669. 1549 persons died of the disease in the week ending Sept. 16, being a reduction on the mortality of the previous week of 501. It is worthy of remark that the disease began sensibly to abate in the same week of the epidemic year 1849,—the reduction then was 344, it having gained its highest point in the previous week of both years. Arranged in Districts the following is the result:—

DISTRICTS AND SUB-DISTRICTS.	Elevation above Trinity High- water Mark.	Popula- tion in 1851.	Deaths from Cholera registered			Total of 9 Weeks ending Sept. 15, 1849.
			in the Nine Weeks ending Sept. 16.	in the Week ending Sept. 16.	in the Week ending Sept. 15, 1849.	
LONDON .....	feet 39	2,362,236	7669	1549	1682	11,082
WEST DISTRICTS....	28	376,527	1558	248	172	907
NORTH DISTRICTS..	135	490,396	575	115	121	690
CENTRAL DISTRICTS	49	393,256	418	106	213	1364
EAST DISTRICTS....	26	485,522	278	224	330	2689
SOUTH DISTRICTS..	6	616,635	4145	856	846	5732

Rate of Increase and Decrease in same Nine Weeks of 1849 and 1851.

	1	2	3	4	5	6	7	8	9
1849 { Incr.	339	105	143	..	406	43	391	363	..
1849 { Decr.	..	..	..	103	..	..	..	..	344
1851 { Incr.	21	107	266	245	85	118	440	763	..
1851 { Decr.	..	..	..	..	..	..	..	..	501

Difference between Mean Temperature of Air on an average of 38 years in same Nine weeks of 1849 and 1851.

1849 .....	— 0·3	— 2·2	— 1·9	+ 4·9	— 1·1	+ 2·6	+ 3·7	+ 5·8	— 3·2
1851 .....	+ 1·3	+ 2·9	— 3·7	— 1·7	+ 1·2	+ 1·1	+ 5·9	+ 1·1	+ 3·8

Temperature in same Nine Weeks of 1849 and 1851.

1849 .....	60·5	58·9	59·5	66·4	60·3	62·9	64·0	64·1	56·5
1851 .....	63·2	64·9	58·5	60·1	59·9	61·2	65·1	59·2	60·7

Mean Readings of Barometer.

1849 .....	29·692	29·598	29·793	29·766	29·678	30·076	29·772	29·884	29·464
1851 .....	29·954	29·990	29·701	29·846	29·813	29·915	30·212	30·166	29·857

The following have been the number of deaths from all causes in the General Hospitals of London for the week:—

	Deaths.		Deaths.
St. Mary's ...	10	King's College ...	9
St. George's ...	22	St. Bartholomew's ...	21
Westminster ...	6	London ...	7
Charing Cross ...	1	Guy's ...	18
Middlesex ...	21	St. Thomas's ...	19
University College ...	13		
Royal Free Hospital ...	9	Total ...	156

In the seven days extending from the 3rd to the 9th of September the deaths of 3413 persons were recorded from all causes, and 2050 of the number were caused by cholera. The outbreak began later than the corresponding outbreak of 1849, which, by the same date, had in sixteen weeks been fatal to 10,143 persons. The Registrar-General says:—"Will the epidemic pursue its ravages? will it observe its own times, disregard

the seasons, and exact its full tale of victims? Such were the questions that were asked, with no little anxiety, by those who watched over the Public Health during the last week; and the answer, notwithstanding the losses that are recorded, is on the whole satisfactory. The deaths from all causes have fallen from 3413 to 2836 in the week. In both of the eruptions the mortality was highest on nearly the same day of September; its decline commenced in the corresponding week; and we may now sanguinely hope that it will descend as rapidly as it did in the autumn of 1849. But no exertion should be spared to save the thousands whose lives are still threatened; and the dread lesson, before regarded so little, should never be forgotten,—that men can no longer drink polluted water, breathe impure air, neglect sanitary measures year after year, with impunity."

THE PROVINCES. — At OXFORD, the indications of the prevalence of the disease have been very decided.—At SHEFFIELD, although upwards of 1000 cases of diarrhoea have been reported, yet there has not been a single case of well-marked cholera.—At LIVERPOOL, at the meeting of the Health Committee (held Sept. 15,) the Medical Officer, Dr. Duncan, reported a considerable increase in the mortality of the borough, the deaths having risen from 327 in the previous week to 382 in the week ending Saturday last, a number greater than in any week of the preceding five years. The increase of mortality had been principally in the parish of Liverpool, in which the deaths were 305; in the out townships, 77. The deaths from cholera were 113, the consecutive numbers during the last four weeks having been 21, 39, 85, and 113. Of the cholera deaths last week, 101 were in the parish, distributed thus:—Scotland Ward, (the low Irish district,) 51; Vauxhall Ward, 16; Exchange, 7; St. Paul's, 6; St. Anne's, 6; Lime-street, 5; Great George-street, 4; Pitt-street, 3; Workhouse, 3. In the out townships, 12,—namely, North Toxteth, 2; South Toxteth, 10. With the exception of 2, all these may be considered epidemic cholera. Since Tuesday 21 cases have been admitted into the workhouse, chiefly from the filthy and overcrowded streets of Scotland and Vauxhall Wards; 10 deaths have occurred within the same time, and 33 cases remain at the workhouse under treatment. In the early part of the week, the epidemic appeared to be abating; but on Wednesday there was an evident increase, the admissions on that day amounting to 6, of which 3 terminated fatally in a few hours. Diarrhoea is also prevalent, the number of deaths last week in Liverpool being 55. A few fatal cases of cholera have occurred at Birkenhead and Seacombe. There was a considerable change in the weather yesterday. There were several copious showers of rain, and the air is considerably cooler to-day.—In Hospital at EDINBURGH, 3 cases only remained. At ABERDEEN, a considerable number of cases have been reported; but from late returns it is hoped that the worst of the epidemic is over.—Of DALZIEL, the Correspondent of the *North British Mail* says: "By far the most plague-like and destructive aspect yet assumed by cholera in this neighbourhood has been at the mining village of Motherwell, including Windmill Hill, etc., in Dalziel parish. No less than 16 burials took place yesterday (Tuesday) out of its limited population, and this morning there are 6 deaths reported. On Monday the funerals were 4, and on Sunday 1. It is now about ten days since the plague broke out, and the mortal seizures have been unusually numerous—the recoveries comparatively few."

H.M.S. BRITANNIA.—The following is an extract from a letter we have just received from a Medical Officer now serving in the Black Sea. There has been a fearful outbreak of cholera in the Britannia, unparalleled in the history of the service. Fifty men, some of them the healthiest in the ship, died within the first twenty hours. In about fourteen days, 139 men died. The Surgeon had a slight attack himself. Most of the other ships have suffered, but nothing in comparison to the Britannia, which up to the outbreak had been the healthiest ship in the fleet.

THE BRITISH ARMY IN TURKEY.—We have received a letter from Varna, dated 2nd of September, from a Regimental Surgeon, in which it is stated that the regiments from England have suffered very much more than the acclimatised ones, or those that have been up the Mediterranean the last three years. A large number of Medical men and officers have gone home sick.

MESSINA.—A correspondent writes—"Messina, Sept. 3, 1854,—The cholera broke out here on the 22nd. I can hardly describe the ravages it has been making, thousands having been carried off within that short period, although one-third of the population fled on its first appearance. In two days I lost my wife and a daughter, and my brother lost his wife and his only daughter. All the shops are closed, and the streets deserted. Until yesterday, there were only two chemists' shops opened, with scarcely any drugs. As for Doctors, they are either dead or laid aside.



This Government despatched from Palermo ten Medical men and five chemists, and they arrived yesterday, so that we are better off now. Many of our little colony have been carried off.

BARCELONA, September 5.—In twenty-nine days 3826 persons had died in this city. Considering that from one-half to two-thirds of the population had fled from the pest-ridden city and its environs, this number is exceedingly large. By accounts since received, it appears that the deaths were diminishing, the disease having lost some of its virulence, not only in Barcelona but in Alicante, where it has been very bad.

DEFICIENT SEWERAGE AND CHOLERA.—A professional Correspondent of the *Times*, says, referring to the outbreak of cholera in Soho:—"On that fatal morning, Sept. 2, I was proceeding from Walker's-court up Berwick-street to visit patients, at 5 in the morning, when I was almost overpowered by one of the most sickening and nauseous odours it has ever been my misfortune to inhale in this Metropolis; on looking down I perceived I was standing immediately over a gullyhole, whence it proceeded; casting my eye around I noted the residence of a Surgeon, so situated that this foul emanation could readily enter his premises. Later in the day I was informed that the Medical gentleman, who was much respected in the neighbourhood, had just died after a few hours' illness. I immediately made the remark to my informant, 'That gullyhole has destroyed him.' At No. 6, Berwick-street, immediately opposite this gullyhole, there were seven seizures and six deaths, making seven deaths directly referrible to this one gullyhole. [Some time since an application was made to the Sewage Commission to trap this gully, but the answer was, If it was done he must pay for it himself!"]

WATERTON'S CHOLERA SPECIFIC.—An inquiry has been instituted as to the death of a female who had been treated with the above "specific" by a clergyman. Mr. Rodgers, Lecturer on Chemistry at St. George's School of Medicine, deposed, that he had analysed the medicine called "Waterton's Specifics," and found it contained a large quantity of ammonia, so strong as to destroy the cork in the phial. Poisoning by ammonia was rare, but, when it did take place, the appearance of the stomach was similar to that of the deceased's, the contents of which witness had carefully examined, and discovered traces of ammonia. Had she recovered from the attack of cholera, she would have had to have been treated for poisoning by ammonia. Verdict, "That the deceased Anne Colyer died from cholera, her death having been accelerated by the use of Waterton's medicines." The Coroner said, he quite agreed with this verdict, and observed, that the inquiry would be attended with great good to the public at large.

## MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, September 14:—

HALL, EDWARD THOMAS.

HAZEL, GEORGE, Crawley-street, St. Pancras.

LAWRENCE, JAMES ELI, East India-road, Poplar.

SOAME, CHAS. BUCKWORTH HERNE, Elstow, near Bedford.

### DEATHS.

BISCHOFF.—Sept. 11, Dr. Bischoff, the esteemed Professor of Botany at the University of Heidelberg.

PITCAIRN.—August 16, in camp, at Kotlubie, near Varna, George Kincaid Pitcairn, Esq., M.D., Staff-Surgeon 1st class, late of 5th Dragoon Guards.

FIRMINGER.—June 24, at Rangoon, in his 36th year, John William Firminger, Esq., Assistant-Surgeon, 19th Regiment M.N.I.

THE BRITISH ASSOCIATION.—A meeting of the General Committee was held, on Wednesday afternoon, at St. George's Hall, Liverpool, and some preliminary business was transacted. A Report was read from the Kew Observatory, which is under the direction of the Association, relating to certain improvements in astronomical instruments. Another was read from the Parliamentary Committee, and was also received. The officers for the various sections were then appointed, and the meeting separated.

THE *service de santé* of the French army is administered by a staff including more than 1,000 men, and the Military Hospitals form a separate department, with a corps of 300 principal officers and first and second class adjutants.

AVERAGE ILLNESS AMONG THE LABOURING CLASSES.—Upon this subject, Mr. Finlaison, in his Second Report upon Friendly Societies, affords some interesting information. From statistics furnished, he calculates the average number of days' illness per annum suffered by the population at different ages. At the age of 45, he states that 99 out of the 100 benefit clubs close their doors to the admission of candidates, and we find that above that age the number of illnesses begin to increase. Between 15 and 16, the average number of days per annum with persons engaged in general labour is  $6\frac{1}{4}$ ; between 16 and 26,  $6\frac{3}{4}$ ; between 26 and 36, 7; between 41 and 46,  $8\frac{3}{4}$ ; between 46 and 51,  $10\frac{1}{2}$ ; between 51 and 56,  $12\frac{3}{4}$ ; between 56 and 61,  $16\frac{1}{4}$ ; between 61 and 66,  $23\frac{1}{2}$ ; and between 66 and 71, 36 days. Mr. Finlaison adds, on an examination of the amount of sickness per annum recorded for the whole mass of the male members of Friendly Societies, from the age of 15 to that of 85, it may be premised, that almost exactly 5 years' sickness is undergone by the man in the 70 years of time. But during the period of labour, that is, from the commencement of the 16th year of age to the close of the 66th, there are in this 51 years but 78 weeks, or exactly one year and a-half of sickness. Further, that in respect of this period of labour, the sickness, during what may almost be termed its second moiety, viz., from the age of 41 to that of 66, is almost exactly the double of that undergone in the previous moiety, from the age of 15 to that of 41 years. For the sickness during the first 26 years of manhood is exactly half-a-year, or  $182\frac{1}{2}$  days, while it is  $362\frac{1}{4}$  days, or almost exactly one whole year, during the next ensuing 25 years of maturity.

APPOINTMENT OF MR. WILDE.—*Saunders' News Letter* says:—It is with no slight degree of national pride that we announce the appointment of Mr. Wilde as Surgeon-Oculist in Ireland to Her Majesty the Queen, an honour which henceforth will belong to the Irish Medical Profession; for, although conferred for the first time upon Mr. Wilde, we presume it will remain a permanent appointment in the country. At the present time this mark of distinction could not have been more justly awarded, for we know of none, either in his own or any other of the learned Professions, who has in comparatively so brief a career achieved a more distinguished position not only among the leading Medical men of his own country or of England, but also among the most celebrated of the Profession throughout Europe and America. Everywhere his high reputation for professional skill, his varied literary attainments, and his untiring mental labours and energy in the cause of Medical and general science, have been acknowledged and appreciated. His own country especially has reason to be grateful to him, for he has ever upheld the dignity of the Medical Profession, both by his acts and writings; and, wherever opportunity offered in his literary career, he has brought forcibly and eloquently before the public and the student, the labours of those great men of the past and present, whose genius added lustre to the Irish school of Medicine. But, above all, the poor have found in him an active friend and generous benefactor; for, at his own cost, he created an Ophthalmic Hospital for their accommodation, and has thus conferred a lasting benefit not only on the suffering and destitute of this city, but of Ireland in general. Long may Mr. Wilde live to enjoy the honour conferred on him by his Sovereign. Man, however, is but mortal, and he, and the generation in which he has effected so much good, must pass away; but we trust those who come after, while they emulate his distinguished and honourable career, will never let it be forgotten that he it was who won for the Medical Profession in Ireland this additional honour."

Births.—The births of 776 boys and 739 girls, in all 1505 children, were registered in London in the week ending September 16. Average, 1365.

Meteorology.—The mean reading of the barometer in the week was 29.857 in. The mean temperature of the week was  $60.7^{\circ}$ , which is  $3.8^{\circ}$  above the average of the same week in thirty-eight years. The highest temperature of the week occurred on Tuesday, and was  $80.5^{\circ}$ ; the lowest on Tuesday (the same day), and was  $40.4^{\circ}$ , showing a range of  $40^{\circ}$  temperature in twenty-four hours. The mean dew-point temperature was  $53.8^{\circ}$ , and the difference between this and the temperature of the air was  $6.9^{\circ}$ . The temperature of the water of the Thames was above  $60^{\circ}$  every day in the week. Wind brisk from south-west, averaging 108 miles a day. Nearly half an inch of rain fell during the week, of which the greater part fell on Thursday. The electric state of the atmosphere was positive with a moderate tension during five days of the week. Horizontal movement of air, 755 miles.



DEATHS REGISTERED in the Metropolis for the Week ending  
Saturday, September 16, 1854.

CAUSES OF DEATH.	SEPT. 16.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	1127	1239	464	2836	11364
SPECIFIED CAUSES .. .. .	1126	1236	464	2828	11329
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	799	962	263	2026	4636
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Di- seases of uncertain or variable seat .. .. .	2	22	19	43	440
3. Tubercular Diseases .. .. .	75	105	8	188	1703
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	73	38	32	143	1082
5. Diseases of the Heart and Blood- vessels .. .. .	..	23	17	40	308
6. Diseases of the Lungs and of the other Organs of Respiration ..	58	21	29	108	779
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	24	32	12	68	669
8. Diseases of the Kidneys, etc. ..	1	7	1	9	112
9. Childbirth, Diseases of the Uterus .. .. .	..	7	1	8	79
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	3	3	1	7	71
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	8	1	2	6	18
12. Malformations .. .. .	6	..	..	6	32
13. Premature Birth and Debility ..	36	..	..	36	254
14. Atrophy .. .. .	29	..	12	41	289
15. Age .. .. .	..	..	60	60	371
16. Sudden .. .. .	4	1	2	7	96
17. Violence, Privation, Cold, and In- temperance .. .. .	13	14	5	32	390
CAUSES NOT SPECIFIED .. .. .	1	3	..	8	25

### BOOKS RECEIVED.

- The Triple Aspect of Chronic Disease. By W. Bayes, M.D. London: Churchill. 1854.
- Notes on Spa. By T. Cutler, M.D. Brussels. 1854.
- On the Pathology of Delirium Tremens and its Treatment without Stimulants or Opiates. By A. Peddie, M.D. Edinburgh. 1854.—[A reprint from the Monthly Journal of Medical Science.]
- The Micrographic Dictionary. Part IV. By J. W. Griffith and A. Henfrey. London: Van Voorst. 1854.
- The Climate of Bath in Reference to Pulmonary Consumption. By J. Tinnstaff, M.D. London: Churchill. 1854.
- Soverby's Ferns of Great Britain. Part II. London. 1854.
- Annual Report of the Grant Medical College, Bombay, 1853-4. Bombay. 1854.
- Prize Essay of the Society for Improving the Condition of the Insane. By D. H. Tuke, M.D. London: Churchill. 1854.
- Brand's Lectures on Organic Chemistry. Arranged by J. Scoffern, M.B. London: Longmans. 1854.
- Pereira's Lectures on Polarized Light. Edited by the Rev. B. Powell. London: Longman. 1854.
- Soyer's Shilling Cookery for the People. London: Routledge. 1854.
- Beobachtungen und Erfahrungen aus dem Stadtkrankenhaus zu Dresden. Von Dr. Eduard Zeis. Dresden. 1853.
- A Discourse on Medical Botany. By Earl Stanhope. London: Churchill. 1854.
- Traité des Tumeurs Blanches des Articulations. Par le Dr. J. Crocq. Bruxelles. 1854.
- Eighth Report of the Commissioners in Lunacy to the Lord Chancellor. 1854.
- The Census of Great Britain in 1851. By Authority of the Registrar-General. London: Longmans. 1854.

### TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—An ingenious carpenter in my neighbourhood having to repair some water-closets, I directed his attention to the plan proposed by your correspondent in the *Medical Times and Gazette* of July 12; as he did not consider it would work well, yet following out the suggestion, he thought he could improve upon it, I requested him to write down his plan, which I enclose to you.

It is imperatively desirable at this crisis to draw public attention to the necessity of deodorising the "closets."

In this town, I think we are in the high way to be worse off than before we had "the Board of Health." Water-closets are recommended in the house, and the contents carried into the small stream that runs through the town—at this season of the year almost dry—thus endangering the inhabitants in a greater degree than by the ash-heaps. I am, &c.

Macclesfield, September 6, 1854. J. F. LALLEMAND, Surgeon.

"A Plan for Deodorizing the Sewage Matter which passes through Water-closets, making the present Self-acting Apparatus Available.

"It is proposed to suspend within the cylinders at present in use, a perforated zinc or earthenware receiver, of a sufficient size to contain a month's supply of chloride of lime, the top of the cylinders being made to open and shut, and to be air-tight. The water that is admitted into each cylinder by the action of a person using the closet, will entirely surround and come in contact with the lime, so that the whole of the water that is

used will, by this means, become impregnated, and thus deodorise, not only the animal matter, but also the atmosphere of the closet.

"The advantage of this plan over the one suggested by the correspondent of the *Medical Times and Gazette* is, that it is perfectly self-acting, and, therefore, cannot become a nuisance by any neglect of children or invalids using the closet; and also, that the receiver may be made to contain even two months' supply, instead of a week's.

"The opening and closing of the cylinders for the purpose of giving the necessary supply is so simple, as not to require any tradesman to attend to it, but may be performed by any man that is capable of using a screw-wrench. I think the plan is so very simple, that it will be understood at once without the aid of a diagram, or I would have enclosed one.

"Hoping that the idea may contribute in some humble degree to the furtherance of sanitary reform, I beg to place it entirely at your disposal, and to remain,

"Your obedient servant,

"Dr. Lallemand."

"J. BEARD.

*Erratum.*—A, page 206, in the "Table of Fees to Lectures not required by College or Hall," Mr. Toynbee's name should have been inserted as giving a Course of Lectures on Aural Surgery; the fee, £2 2s.

*A General Practitioner.*—The College of Physicians has no power to prevent any Doctor of Medicine from calling himself Doctor.

*Mr. Clement Hawkins's* cases shall be inserted.

*Common-Sense.*—The motive is plain enough, but we had rather not enter into a dispute by exposing it.

*Incognitus.*—The subject shall be attended to.

*Mr. Leigh.*—We know nothing of the treatment adopted by Dr. Browne. The report of the Epidemiological Society on cholera has not yet been published.

Perhaps *Dr. Lowes* will inform us how many cases he treated, and the proportional mortality.

*Mr. H.*—We have before made known the partnership between Dr. Melhuish and his druggist.

*L. S. A.*—A Surgeon need not obtain the Licence of the Apothecaries' Company unless he dispenses his own medicine, and charges for it.

*Dr. D. Reece, New York.*—The *New York Medical Gazette* is not received here. No. 9, of Vol. V., is the only one we have seen for some months past.

*J. S.*—We cannot answer the question as to a Medical School at Melbourne or Sydney. British diplomas are available at either place.

*W. Y.*—We shall be happy to insert any account of cases of cholera treated by our correspondent, if authenticated by his name.

*Mr. Haynes.*—We can give no further information, but Mr. Finney's son still practises as a dentist at Alexandria, and could in all probability answer the question.

*J. E.*—We know of no complete list of the works published by Professor Simpson.

*Dr. Hamilton.*—Many thanks.

We have no room this week for the letters to Dr. Robert Lee on the abuse of chloroform in midwifery.

*F.R.C.S.*—The subject shall be attended to.

*Mr. G. Tinn.*—We scarcely understand if the circular is intended for the Profession only, or has been distributed to the public.

*Mr. Bulley's* cases of cholera shall appear.

*J. P.*—We would recommend our Correspondent to make an official application, and have no doubt he would receive a satisfactory answer, as similar requests have been granted on showing good cause for the short delay.

*Mr. Jones's* letter arrived too late for insertion this week.

*Pacificator.*—We have seen the hand-bill before. Mr. Brady's Bill would have effectually stopped such quackery. Nothing can be done until an efficient Medical Reform Bill is agreed to.

*Dr. F. S. Arnott.*—It does not appear desirable to republish the letter.

*Mr. French.*—It is contrary to our custom to notice letters appearing in other Journals.

*Mr. Jones.*—We believe not.

Several Communications are in type, but delayed on account of the Report of the Provincial Association Meeting.

COMMUNICATIONS have been received from—

Dr. AYRE, Hull; Dr. GEORGE JOHNSON; Dr. REES, H.M.S. Britannia, Black Sea; SECRETARY OF THE BIRMINGHAM MEDICAL BENEVOLENT SOCIETY; Dr. SIEVERING; Sir JOHN FORBES; Earl STANHOPE; Mr. HAYNES WALTON; Mr. W. PARKER, Bath; Mr. HAYES; Dr. ROBERT LEE; Mr. J. DAVIES, 49th Regiment, Toombay Camp, Bulgaria; Dr. FAIRLESS; Mr. LACEY; Mr. G. TINN; Mr. S. MILLARD; Mr. BREAREY; SECRETARY OF THE ASSOCIATION FOR PROMOTING THE REPEAL OF THE TAXES ON KNOWLEDGE; Mr. LALLEMAND; A GENERAL PRACTITIONER; Mr. CLEMENT HAWKINS; COMMON-SENSE; INCIGNITUS; Mr. LEIGH; Dr. LOWES; Mr. H.; L. S. A.; Mr. REECE, New York; J. S.; W. Y.; J. E.; Dr. HAMILTON; F.R.C.S.; Mr. BULLEY; Dr. RIGBY; Mr. SKEY; Mr. BELFOUR; Mr. HILLIER, University College Hospital; Mr. BIRKETT; Mr. CURLING; Mr. WHITFIELD, St. Thomas's Hospital; Mr. HASTINGS, St. George's Hospital; Mr. WOOD; Mr. WALTON; Mr. MEINIC; Mr. I. B. BROWN; Mr. KEY; Mr. MOORE; Dr. REUMONT.



ORIGINAL LECTURES.

TWO LECTURES ON THE TREATMENT OF ANEURISM BY COMPRESSION.

DELIVERED AT THE  
Royal College of Surgeons.

By F. C. SKEY, F.R.S.,  
Professor of Surgery to the College.

(Continued from page 313.)

It appears that the treatment of aneurism by compression was adopted by Mr. Todd as far back as the year 1820, who employed it as a measure preparatory to the operation for tying the artery, and that, in the year 1825, he actually treated a case of aneurism with success by means of a truss not unlike the common hernia truss. But as many years elapsed before the experiment was repeated, during which period Mr. Todd died, and little, if any, record was kept of his operation, the author of the "Practical Remarks on the Treatment of Aneurism by Compression," as it appears to me, rather withholds from the memory of Mr. Todd the merit to which he is justly entitled, that of having resumed and carried into execution, even though on one occasion only, the very operation on which the Dublin Surgeons justly claim the concurrence of the Profession. The absence of all record of his insulated case, while it cannot detract from the merit of Dr. Hutton, by whom the project was again successfully brought to the test of inquiry, surely places Mr. Todd at least on an equality with others who, more fortunate in a prolonged life, acquired extended opportunities of carrying their united conceptions into execution.

The principle on which the treatment is recommended consists in the employment of so much pressure on the trunk of the parent vessel as shall regulate, and at the same time reduce, the quantity of blood poured into the sac, and thus to promote the process of solidification. The sac becomes solidified by fibrinous deposit, and the disease is cured.

There is no part of the treatment recommended by the Dublin Surgeons, as expressed by Dr. Bellingham and Mr. Tufnel, more imperative than this—the necessity of moderate and regulated pressure, "to command the circulation with the minimum amount of pressure." Let me, then, ask, Has the requisite attention been paid to this condition, deemed so indispensable by the greatest authorities on this interesting subject? So far as my own means of observing go, I am inclined to say not. The injurious effects of excessive pressure of firm material on the soft integument of the body is that of severe pain in the part pressed. It is not easy for a man inexperienced in the form of suffering to conceive the intensity of pain so caused. The physical suffering occasioned by the repetition of even slight concussion on the same spot, or of continued pressure, was retained among the refined cruelties of an age of the Inquisition, and, unhappily, in our country but recently abolished. The evidence is conclusive in the fact, that neither the moral endurance nor the constitutional powers of the patient can bear it, and serious though temporary illness follows; and it is only temporary because its immediate removal is compulsory.

This rock submerged in our track, which presents at the same time so much plausibility, and so much fascination to the young Surgeon, who not unreasonably argues, that if moderate pressure be good, firm pressure must be better, apparently constitutes the great difficulty of the treatment, since the degree of force employed must vary in every case in order to obtain the same end; and we can have no positive gauge of its degree. Still the principle holds, and disobedience is danger. But if we possess no gauge, no absolute criterion, by which to determine the mechanical force employed, or rather the force required, we possess a valuable measure by which the pressure should be regulated; and that consists in its influence on the sac. The rule is clearly defined, that pressure be increased by the screw, until the pulsations of the sac are arrested to the sense of touch, but not to the ear. Nothing can be more precise or definite; and we can readily see why this point of pressure should be reached, but not exceeded. It must be obvious, that this object will be effected by varying degrees of force according as the orifice leading from the artery into the sac be large or small, for less pressure will be required in proportion as there exists less freedom of communication between the two. Moreover the sound is changed, rather perhaps in *intensity* than in *quality*, on the first application; but in

*quality* alone as the treatment progresses, by reason of the increasing deposit of fibrin which coats the inner layer of the sac.

Some emphasis is laid on a description of case of popliteal aneurism, which, so far as I know, has not been generally recognised by the Profession. Its essence consists in the rupture of the vessel on its anterior surface, by which the sac becomes early compressed against the posterior surface of the knee-joint. It would appear from the above records, that certain cases are marked by symptoms of more than usual intensity. The pain is more persistent and wearing to the patient. It is characterised by a permanently bent limb, which is deemed ominous of future evil. It leads to softening and absorption of both bones and cartilage, to destruction of ligaments, and rupture of the sac into the joint. On examination of such aneurisms, the sac appears formed between the artery and the articulation, and such are deemed among the most intractable forms of these diseases. This is indeed an important diagnosis, and merits every inquiry and investigation.

Intimately connected with the subject of treatment by compression is that of the size and form of the sac, but more especially of the latter. The question of size, whether large or small, and even that of the structure of the sac, are intimately involved in this consideration.

The curative power of the screw will be proportioned to the size of the communicating opening. If it be large, the difficulty will be greater, and especially if the sac itself be large; and still more if the sac be attenuated, whether by reason of its age, being of long standing, or unusually rapid in its growth. The more favourable cases involve the converse of all these conditions—a small aneurism, with the *bruit* of a small orifice; the sac itself being firm, thick, and the contents more than usually solid. But much depends on the form of the tumour, which itself, however, holds an important, and even a necessary, relation to the size of the point of lesion in the coats of the artery. An aneurismal tumour, formed by the external coat of the artery which communicates with the interior of the vessel by a rounded or by an oval orifice, through which a portion only of the blood circulating through the vessel passes, will, by reason of its form, create an eddying current highly favourable to consolidation, when retarded by the screw; but in cases of true dilatation of the vessel in which the tumour may be said to be formed by the entire artery, the area of the tumour is placed more directly within the influence of the circulating blood. These aneurisms are in figure *fusiform*, and in them the process of solidification is necessarily slow, however well regulated in the pressure. I do not know that we pay any marked attention in our metropolitan Hospitals to the form of the sac,—at all events the knowledge, if obtained at all, does not usually qualify our treatment.

In the study of a case about to be subjected to treatment by the agency of compression, we should not lose sight of the nature of the aneurism, as regards its origin and progress, whether its form, which is readily ascertainable by the hand, or the size of the orifice in the artery, which is also ascertainable by the nature of the *bruit*, and by observing how many pulsations of the vessel will fill the sac; or, finally, the nature of the contents, whether fluid or solid.

Among other elements of success in the treatment of aneurism by compression, is the question of previous depletion. In persons of full and active circulation, this practice is strongly recommended, as likely to promote early solidification; and the suggestion would appear to be a reasonable one. The ground taken by Dr. Bellingham is, that the softer and the less frequent the pulse, the less pressure is required. If blood be taken from a healthy person, (for the presence of popliteal aneurism does not necessarily contra-indicate health,) the pulse will rise in frequency in the same degree as it loses in power. But if the circulation be reduced in power by the gradual abstraction of food, and by the careful administration of laxative medicine, coupled with a few days of absolute rest and freedom from all cause of excitement, the pulse will not only lose power, but it will lose frequency of pulsation. And doubtless this is the best condition of the system in which to undertake the treatment by pressure; and not only because a modified pressure will accomplish more with a weakened circulation, but because the blood itself, under circumstances of reduced power of the heart, and diminished quantity, is more prone to separate into its constituent parts than that which it circulates through the vessels of a vigorous and perfectly healthy man. There are three modes of depletion adopted in such cases:—1, the direct abstraction of blood by the lancet; 2, the indirect abstraction by means of hydragogue cathartics; and, 3, the negative loss by the reduction of the ordinary quantity of the food. Of these, except in cases of absolute and positive repletion, all the required advantage may



be obtained by resorting to the two latter means, purgation and abstinence; and even to these a limit should be placed. I conceive that it is preferable to devote a few additional days, when practicable, to such preparation, and by that means to habituate our patient to a novel condition of his system, than to subject him to the consequences of sudden deprivation. It is very true, that so long as he remains at rest he is scarcely conscious of weakness; but we must recollect, that although the cure may be said to be proximately accomplished by the mechanical consolidation of the blood, yet that certain vital principles are involved, which are indispensable to his final recovery; and, consequently, if the powers are unnecessarily reduced, the subsequent progress will be, in the same ratio, protracted. Of the three forms, that which accomplished the object most gradually, although, perhaps, with somewhat more of suffering, is abstinence; and the food, and especially the use of liquids, should be restricted to about half-a-pound of each, solid and liquid. To reduce the quantity beyond this total may possibly justify the resort to the treatment at an earlier period; but I do not think enough is gained by that practice to warrant the painful degree of abstinence required for it. It is only a question of a few days at most, possibly the difference only between 4 and 8 or 10, the former being the period of deprivation allotted to the treatment by Dr. Bellingham and other Dublin Surgeons. It is less injurious to the system to withhold the materials for making blood, than to remove it when it has become a part of the system. The one process is sudden, the other gradual. I would let the quantity of food be regulated by the pulse, instead of laying down any imperative rule which may vary according to age and constitution. The great and vital question is, whether it is desirable, whether it is auspicious of the future success in the treatment, that we commence the pressure on a hard and full condition of the arterial system. On this matter I think there cannot be much difference of opinion, even though we were deprived the advantage of the Dublin antecedents,—that experience should be our guide, and I am persuaded we shall only repudiate it with disadvantage to our future patients.

I now arrive at the important question, What is the mode and form of pressure most eligible in such cases? The old tourniquet possesses one essential requisite, viz., that it forms as it were a part of the limb, from which no movement of the body can displace it. But its demerits greatly preponderate over this advantage, in two important particulars. 1st. That it arrests, in an equally positive degree, the venous as well as the arterial circulation, and congests the limb to an extent which favours the oedema so commonly attendant on popliteal and femoral aneurism; and, 2dly. The pressure is too obtuse to be easily regulated. The Surgeons of Dublin have adopted, by common consent, an elastic pressure, obtained by the agency of vulcanized India rubber,—to which they attach the highest importance, as the most efficient and the most endurable. This was the invention of Dr. Carte, and, I believe I may say, is universally preferred and adopted by those enlightened members of our Profession. I am not certain that I am an entire convert to their opinions. I am not now disputing the soundness of the principle itself, but that I have some doubt whether the principle is carried out in the mechanism employed. A certain pressure is requisite—be it positive and active, or passive pressure; active by means of the screw—or passive, by the agency of a simple weight placed over the artery. In regard to the latter, Mr. Tufnel says, “The weight is a most efficient means of controlling pulsation, and has no drawback of which I am aware, unless its being applicable only to one spot of the artery.” By such approval of the principle of the simple weight expressed on more than one occasion, Mr. Tufnel rather shelves the question of elasticity, supposing the only objection to the simple weight to refer to its inapplicability to other than one spot; for assuredly it carries no elasticity in its application.

The invention of Dr. Carte, which is on the principle of elasticity, consists of a hip apparatus of metal covered with leather,—to the side of which a strong upright rod is fixed. To the top of this rod is attached a sliding bar—to the extremity of which is fixed the screw, regulated by two vulcanized India-rubber bands. I have no doubt that Dr. Carte is a most efficient instrument for effecting the object required, and it has been deemed by men of high authority a valuable addition to the mechanism hitherto employed.

Having carefully examined this instrument, however, I confess I am inclined to attribute the remarkable success which has attended the treatment of aneurism in Dublin to other causes than to this, and chiefly to the enforcement of the important principle of judiciously modified pressure. Against my own absolute approval of the instrument in question, there

appear to me two objections: the first is, that in the instrument employed—and the one which I have before me is made from one manufactured in Dublin, where they may be supposed to be indigenous, and, consequently, perfect in construction—the sphere or capacity of the elasticity is not in a ratio with the weight of pressure—that is to say, that the weight recommended as desirable is insufficient to bring into play the elasticity of the india-rubber; and if so, the instrument of Dr. Carte does not compress on the principle of elasticity, but owes its superiority to other conditions, and not to that. The weight recommended and figured by Mr. Tufnel is equal to 7lbs. Now, if we apply a weight of 7lbs. on the pad of Dr. Carte's instrument, the india-rubber bands are not elongated by the twelfth of an inch, and 12lb. or even 15lb. will only elongate them to the extent of one-quarter of an inch.

If you require a certain amount of pressure for any given purpose, it appears to me that it cannot signify in what form the pressure is made. If elastic material be employed, it is necessary to screw down the pad to a pressure equivalent to the required weight.

Secondly, elasticity of pressure implies a varying range of action of the instrument,—the pressure on the artery is greater, or it is less, according as the elasticity is brought into play. But, by what means can the elasticity be made serviceable, or at least applicable? It is obvious, from its construction, that this elasticity cannot be obtained by pressure from above, or inwards; but only by pressure from the centre to the circumference, that is, pressure of the integuments against the pad, and not of the pad against the integuments. How is this effected? For, if we allow that the pressure is already sufficient, any amount beyond this is superfluous and injurious. But the limb is at rest the most absolute; and one does not see in what manner pressure from the limb against the pad can be effected. On full reflection, I confess my inability to appreciate the merits of the so-called elastic pressure; for it does not appear to my mind to involve the principle; and if it did so, I cannot persuade myself that it would be a desideratum in the treatment. I cannot but think, with all respect for our Dublin instructors, that when screwed home with the force of pressure requisite for the purpose of arresting the circulation in the sac, to all intents and purposes it performs the office of a dead weight. In other words, of steady unalterable pressure, with a proximity to the artery, which the compressibility of the soft structures underneath it has already determined as the exact distance which will effect its object. If the application of pressure by elasticity be a *desideratum*, I confess, I think it may be more efficiently obtained, and effect more comfort for the patient, by being applied through the medium of an elastic pad, composed of a ball of India-rubber placed in contact with the skin. It would be a matter worthy of inquiry, whether, since the introduction of this principle, real or supposed, any additional success or advantage has attended the operation. So far as I can judge from the published records, it appears to me that the question must be answered in the negative. Indeed, at the period of the publication of Dr. Bellingham's work on compression,—a work of very high order and full of good material for reflection,—27 cases were successfully treated by compression, without an exception; and this was anterior to Dr. Carte's invention.

A far more important condition in the treatment of aneurism by compression, and which may be said to owe its discovery to Dr. Bellingham, in the year 1844—is the resort to a double point of pressure, instead of a single one. By this means, the compression of the artery may be made in two situations, which, by alternating with each other, greatly limits the evil attendant on either one, by affording relief to the present suffering without suspending the treatment for a moment. This expedient has been universally adopted by the Surgeons of Ireland, by Messrs. Kirby, Cusack, Porter, Macdonald, and others,—than which no better evidence can be adduced of its value. It will not be denied, by any one who will trace the career of this operation, as it has been practised in Dublin, that the greatest care, and the utmost observance of what may be called management, have attended its application to every individual case; and without the repetition of such watchful care, I believe that the remarkable success which has been obtained during the last ten years could never have been achieved. This is an important and valuable lesson, and without which I fear we must, on this side of the channel, be content with the very equivocal success that has hitherto attended our efforts to accomplish the same results. (a)

(a) Since the date of the delivery of these lectures at the College in May last, many cases of aneurism, successfully treated by English Surgeons, by the agency of pressure, have been communicated to the Author.



The construction of the bed, the form and number of the pillows, the attitude of the patient, and every point relating to his personal comfort; the careful examination of the surface to be pressed, the removal of the short hair by the razor, and even the hour, is determined for performing this necessary operation; the dusting the surface over with finely levigated French chalk—all these matters, insignificant though they appear, constitute an aggregate of importance which will not be neglected with impunity, if we contemplate a success at all commensurate with that of our brethren in Ireland.

I have already, in an earlier part of this lecture, given the statistical results of the operation by ligature. I will remind you that the cases of popliteal and femoral aneurism so treated are successful in the ratio of about 78 per cent. only, or less than four-fifths recover. Gentlemen, you know the value of recorded cases, and, if you do not, I will simply observe that we have stronger inducements to make known the results of our treatment when *successful*, than when *unsuccessful*, and that for the most part publicity is not obligatory upon us. From this fact you will probably infer with me the possibility of error in these records—the liability we are under to become oblivious of circumstances that do not convey to the mind recollections the most pleasing. Perhaps, making allowances for very natural weaknesses, I may place the failures, in treatment by the ligature, even at 25 per cent. Indeed, I have the authority of Mr. Phillips for believing the mortality to exceed this computation. Who will venture to assert, on examining statistics such as these, that the operation for applying a ligature around the femoral artery is unattended with danger?

Now, let us look at the statistics of treatment by compression, as given by the Surgeons of Dublin, to whom this operation, whatever its merits or its demerits, owes everything. I will not offend these gentlemen by bestowing a commendation which would infer a superiority, I am not entitled to; but it is sufficient for me to say, that the statistics are the issue of cases treated by the *élite* of the Surgeons of the city of Dublin, and men of the highest character throughout the profession. They embrace a period of eight years, or from 1842 to 1851; and include a list of 39 cases, as given by Mr. Tufnel, whose work was published in the latter year.

Of these 39 cases, 30 were perfectly cured within an average period of five weeks, or 35 days. Nine cases remain to be accounted for; and it is highly important that we examine into the cause of their failure.

In the first, the progress of the cure was tardy and incomplete, when the patient discontinued the treatment for the purpose of resuming his work. The aneurismal increase, however, was permanently arrested, though the disease was not cured.

The second patient exhibited "excessive irritability," which rendered him unable to support any form of pressure; and the artery was tied with success.

In the third, compression on the brachial artery failed to control the pulsations in the sac, caused by a high division of that artery,—both were tied.

In three cases amputation was performed.

The first of these was a direct rupture of the femoral trunk, the ends being separated to the space of an inch.

In the second, the case of a soldier, in whom the disease appeared suddenly, and was attended by considerable swelling of the knee joint, and his health rapidly declined, the disease was found to have commenced on the anterior surface of the artery, and the bones were bared and softened, of both femur and tibia.

The third case of amputation was required by increasing inflammation of the knee joint, with pulpy fibrinous deposit.

In the three last of these nine cases death ensued during the treatment. The first was treated for twenty days by compression; pulsation ceased. The man died suddenly forty-eight hours afterwards from diseased heart. In the second, death ensued from erysipelas of the leg,—a disease prevalent in the hospital at the time, and to which he would have been at least as liable had the cure been attempted by ligature.

The third patient had extensive disease of both lung and heart, the latter weighing twenty-one ounces, with dilated cavities and thickened aortic valves.

If from these 9 cases we deduct 4—one in which the patient voluntarily discontinued the treatment, one which terminated fatally by an endemic disease at that time prevalent in the Hospital, one from peculiar irritability of habit, and one from peculiar arterial distribution, we have 5 cases remaining in which the treatment was unsuccessful; one from rupture of the artery, prior to treatment, two from diseased knee joint, and two from disease of the heart. In the appendix to

Dr. Norris's paper he gives the results of the treatment by compression, in 37 cases of popliteal and femoral aneurism. Of these 35 were cured, one failed, and one died during the treatment.

It is not pretended by the most sanguine advocate of compression, that every example of popliteal or femoral aneurism is amenable to this treatment; but these records clearly proclaim how large a proportion of these diseases are recoverable by an appeal to it. Indeed we find no one case of absolute failure recorded against the principle, which professes to cure true aneurism on the principle of compression, under all circumstances not complicated by other diseases or by eccentricity of arterial distribution. These are contingencies which equally involve the treatment by ligature, and are therefore not to be urged as contra-indicatory of treatment by compression. Subtracting the 9 cases, then, it does not appear unreasonable to assert that the Dublin Surgeons can boast the successful issue of 30 consecutive cases treated on the principle of compression.

It is important that we understand, and desirable, perhaps, that we concur in, the principle on which these cures are effected. The tendency of an aneurismal sac is to increase in size, by virtue of the propelling power of the heart; the object of the treatment, whether by ligature or by compression, is to cut off that power, and the aneurism is absorbed. The object to be kept in view by the advocate of compression is to restrain the current through the supplying artery to just such a degree as will permit it to convey blood in small quantity only into the sac, where it coagulates in layers, separates from its red particles, and becomes adherent in fibrinous layers to the internal surface of the sac. Thus the sac is thickened, and, being thickened, is strengthened also. In anæmic subjects, this end will not be attained so readily as in persons of tonic health, and hence the necessity of abstaining from copious depletion in any form. When the sac, hitherto soft and flabby, becomes firm and circumscribed—a change that may occur at the expiration of a few days from the first application of the agent of pressure—we infer that the case is progressing favourably. In order to effect this desirable object, the pressure on the artery should be so regulated as to admit of slight pulsation in the sac being yet perceptible. Under these circumstances, it will not infrequently happen that the limb, previously cold, will regain its natural temperature. The laminae of fibrin increase in thickness, till somewhat suddenly, and without apparent cause, the aneurism becomes excessively painful for a few hours, and consolidation follows. The case is cured. During this process, whether occupying a period of days, weeks, or months, the condition neither of that portion of the artery nor the vein under the pad undergo any change. In one or two cases in which the ligature has been subsequently applied, some slight condensation of the surrounding tissues occurred; but no change has hitherto been detected incompatible with a future resort to the ligature, if required. This principle is, of course, essentially distinct from that which was attempted by many Surgeons in the early part of this century, in which obliteration of the vessel was proposed. Here the artery retains its patency, and continues to supply not only the limb, but the sac, until the case has progressed some way towards its cure, when collateral vessels, usually three or four in number, become developed about the tumour, and the main artery is obliterated at the sac by the encroachment of the coagulum on its calibre. It is important to make known this condition of the vessel at the point of pressure, because, among the opponents of compression, (and they have been neither few nor powerless, strange as it may sound,) this condition of the vessel has been reported as unfavourable to the operation of tying. Fortunately for the credit of the principle, the opportunities of judging have not been very numerous; but I believe I do not overstate the case in asserting, that no instance has been yet known in which the femoral artery, subject to compression, even, as in one case, for a period of three months, has been in any degree altered in structure, or that the operation has been in any degree increased in difficulty, or that any additional doubt of the result has arisen to the mind of the operator.

The reader of Dr. Bellingham's work will notice with some attention his remarks on the important distinction between fibrinous deposits and coagula, as the medium of consolidation of the sac. This subject demands a few words of consideration. Dr. Bellingham entertains the opinion, that fibrinous deposit is the only material employed by Nature with which to solidify the sac, asserting his belief that the principle of cure between the cases of compression, and cases cured spontaneously by the hand of nature, are identical. But when a ligature is applied around the main trunk of the vessel, this is impossible, because, although pulsation in the sac, which gives evidence of continued



circulation in spite of the ligature, is an occasional sequence of the operation, it is by no means a universal one; and I think I am right in saying that it is not a general consequence. If so, what can fill the sac but a coagulum of the detained blood? It appears to me, also, that the evidence of Dr. Bellingham is inadequate to general conviction, that the deposit of coagulum would be the precursor of either abscess or secondary aneurism. This is something like begging the question. I can readily believe that in the treatment by compression, deposit of fibrin is accompanied by all the supposed advantages attached to it; but beyond this I cannot go. Look at any aneurismal sac, and you will find, however universal may be the concentric laminæ of fibrin which line the sac from which the red particles of the blood have separated, yet the centre is invariably composed of coagulum, holding a greater or less proportion to the whole mass. On this subject I am unwillingly compelled to differ from the opinions of Dr. Bellingham. On another, also, neither is my opinion concurrent with his.

It is deemed an objection of considerable importance in selecting the locality on which to apply the pressure, to avoid that spot under which the proximity of the vein and nerve renders it impossible to avoid including them in the general pressure. To my mind this evil is unavoidable under any circumstances. It will not be asserted that the femoral artery is equally wide with the pad usually employed. If the centre of the pad occupy the centre of the artery, I have no doubt that both vein and nerve are implicated in the pressure. Surely this is inevitable. Indeed, as regards the brachial artery, how is it possible to avoid the median nerve in any part of its course; and yet I am not aware that permanent mischief arises in any cases. However, after all that may be said, and that is worth saying, the subject is a secondary one, if it merit even that rank. One thing is undoubted, that the treatment is successful, whether the contiguous parts be involved in the pressure or not involved.

It remains that I state the objections that have been set forth in opposition to the operation of compression. They are comprised under three heads:—1st, that it renders the subsequent operation by the ligature more difficult, by changing the structure and the relations of the artery; 2nd, that it is an ineffectual method of cure, because it is not permanent; 3rd, that the treatment is protracted.

In various parts of this lecture I have stated facts as quoted by the Surgeons of Dublin, contradictory to, and at variance with, these allegations.

As regards the first ground, it is perhaps singular how slight is the effect produced by continuous pressure of many weeks or months. In only one case do I observe evidence of change of structure in the artery, and in that case it was preceded by active inflammation of the limb. In regard to this objection, therefore, I think it may not unfairly be inferred, that if these cases, as recorded by the Dublin Surgeons, are to be believed at all, we have no ground for distrusting the statement as to the condition of the vessel. With regard to the permanency of the cure, years have elapsed since the renewal of the operation, and there is no evidence of relapse. But why expect it? What is meant by the term *cure* in aneurism, but that the sac is absorbed, and the artery necessarily obliterated? Suppose it possible that the artery should resume its patency and its functions, and the sac re-form. Is that any argument against the form of treatment, be it what it may? In both treatment by the ligature and by compression, the artery is obliterated, and the sac is absorbed. What more is required, or what more can Nature herself contemplate? If the disease in question resembled a tumour which, treated by one method, was found liable to return, and in another not, we can understand that one system or principle may be preferable to another. But with regard to aneurism, in which the sac is shrivelled to a nonentity, it is of little moment by what manner or on what principle this is accomplished, so that it is effected with security to the patient. As regards the duration of treatment, it is sometimes protracted and sometimes brief. Its average duration in 22 cases was 35 days! Is a period of five weeks for the final cure of a large and dangerous disease to be deemed an exorbitant term? Look to the frequent detention, in our Hospital wards, of patients, on account of diseases neither large nor dangerous; and, indeed, in comparing the term of thirty-five days with that required in operations by the ligature, I doubt whether we are not absolute gainers of time by the treatment by compression.

Such are the objections to the new operation. In some minor respects, however, the operation of compression labours under some disadvantages, as compared with the rival operation. Under the administration of an anæsthetic agent, the operation by the ligature may be said to be painless; it is also brief; and,

indeed, the whole treatment is concentrated in it. In compression, on the other hand, under all circumstances, great inconvenience attends its progress. The restricted posture of the limb, and, indeed, of the entire person, is most irksome; and the painful extent of the requisite pressure is often oppressive, and occasionally unbearable. These are drawbacks on the merits of the treatment by compression, which, *quantum valeant*, should at least not be withheld. But they may, notwithstanding, be classed among the objections of the patient, rather than of the Surgeon. They intrude largely on his rest, his comfort, and his convenience, but not on that issue which is the especial charge of the Surgeon, viz., his life.

I have placed before you, in their true colours, the main features of the treatment of aneurism by compression. It appears to me that the evidence is all on one side. Now let us examine very briefly the facts of the case as they are given by these gentlemen, and from whose works I have so largely quoted.

From three unexceptionable sources of information, we find that in the treatment of external aneurism by ligature nearly 25 per cent. prove fatal. The proportion certainly appears larger than I had myself calculated on; but if it be granted that these statistics form even an approach to the truth, the proportion of deaths is yet so great as to afford but a frail support to the advocates of the ligature.

On the other hand, we have a list of 39 cases, of which 9 are shown to be either the subjects of other and necessarily fatal disease, or of some peculiarity in their cases or constitution which would, with the exception of 2, disqualify them for the ligature. Of the remaining 30, in which alone the treatment by compression was fully carried out, every case was cured. In 37 cases treated in America, 35 were cured. "Compression," says Dr. Bellingham, "has proved eminently successful in Dublin as a mode of treating popliteal and femoral aneurism, and has so completely superseded the ligature, that the latter has not been resorted to for several years past in a single case either in Hospital or in private practice." Can there be a doubt on the mind of any rational man what will constitute the largely-predominant practice of the Profession hereafter? In considering the causes of the equivocal success that have attended the introduction of the treatment into England and Scotland, which includes some twenty-five cases, we are driven to the alternative either of inferring some difference in the case or in the treatment. It cannot be said that the Dublin cases are selected; for, if so, it would appear in the evidence; and, besides which, 39 cases of aneurism, almost exclusively popliteal and femoral, within nine years, is rather a large proportion of such population as would supply the Dublin Hospitals with this particular form of disease. If the cases were selected cases, the supply of Irish aneurism must indeed be immense. It is not, I presume, too much to infer identity of disease between these published cases and such as occur to human nature throughout the world. If so, we must look to the treatment as constituting the remarkable difference in the results. We must follow our leaders more implicitly. We must adopt their practice, and imitate, with exactness, their details of management. The Dublin Surgeons constitute an important section of the Medical community. They are men of high education, and their schools are not surpassed, for strictness of intellectual discipline, throughout the world. Perhaps it is happy for English Surgery that we do not succumb to rivals of inferior calibre. It is our duty, as it is our interest, to lay aside, if it exist at all, all rivalry, all jealousy, to confess our inferiority, and, by pursuing a similar career, to reach the same eminence which has placed them, in this department of Surgery, so much in advance of other schools. I feel justified in these remarks by the knowledge that this onward step in conservative Surgery has been assailed with suspicion, with detraction, and even with abuse. Notwithstanding these temporary obstructions, which vulgar and unscrupulous men have not hesitated to resort to, we may look forward with the utmost certainty to the treatment of aneurism by compression as the future law of our Profession.

**DEATH OF LORD DENMAN.**—This nobleman died on the 22nd inst., in the 76th year of his age. He was born on the 23rd of July, 1779, in the house of his father, Dr. Thomas Denman, who practised Medicine with distinction in the Metropolis in the latter half of the last century. His mother was an aunt of Sir Benjamin Brodie; and it is a curious instance of the connexion of the Denman family with the Medical Profession, that one of the sisters of Dr. Denman married Sir Richard Croft, and the other Dr. Baillie, the two leading Physicians of their time.



## ORIGINAL COMMUNICATIONS.

## ARMY MEDICAL REPORTS

No. XIX.

(SELECTED WITH PERMISSION OF THE DIRECTOR-GENERAL, FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

EXTRACTS FROM A REPORT  
ON THE TOPOGRAPHY AND DISEASES OF THE  
TURCO-DANUBIAN PROVINCES.

By DAVID DUMBRECK, M.D.

Deputy Inspector-General of Hospitals.

*Diseases of the Provinces.*—I found, on minute and incessant inquiry everywhere, that intermittent fever, with its sequelæ, and dysentery, are the most prominent maladies of the countries visited. The information, however, to be derived from local sources is extremely meagre and unsatisfactory. There are literally no Medical men in Bulgaria except those employed in the Turkish Army. In Servia there are District Surgeons appointed; but, from Widdin, throughout Bulgaria, on to the Southern Slope of the Balkan, there is only one resident Medical man—the Prussian Consul at Rustchuck; and his information was entirely at variance with what I derived from better sources. Information is, therefore, extracted with difficulty. The Chiefmen, the local Governors of towns, are rather disposed to laud the salubrity of their places of residence. Of intelligent inhabitants the number is extremely limited; therefore, the aspect of the country, the appearance of the people, the account they themselves give of their ailments, are often the only means by which the actual sanitary state of the country can be arrived at, at least by a mere passing traveller through these provinces. From these circumstances, therefore, without a prolonged residence and an opportunity of seeing the diseases as they present themselves, any account of them must be meagre, and less satisfactory than if detailed from the observer's own actual experience.

## FEBRIS INTERMITTENS.

I have said that this disease is that which reigns dominant in the Danubian Provinces in the spring and autumn. I could hear of no form of fever which I could identify with the remittent. I hear of its existence in some parts of Roumelia, but not in the route traversed by me, though I think it highly probable that it may be found in such a country and climate.

In April, when evaporation commences, we have the spring fevers, generally of the tertian type; these yield readily to the employment of quinine pushed to cinchonism; and, unless neglected, they are rarely obstinate, or lay the foundation of organic complaints; this is a general rule; but there are exceptional years, and instances when the tertians are of great severity, running into double tertians, etc. In Belgrade, in 1853, this form of disease prevailed much among all classes, particularly affecting those living low down near the Save. Among the troops of the Turkish garrison, in the early summer, as many as 80 cases out of a strength of 2000 were sufferers at one time from this ailment. I have said it was of the tertian and double tertian form, that is, the paroxysm of the interposed day was obviously milder, and with a different hour of ingress from that recurring at intervals of forty-eight hours; occasionally double paroxysms occurring on the same day were observed, and the disease, when successfully treated, as far as checking the paroxysmal attacks went, was in about a fifth of the cases followed by general anasarca. This complication did not prove obstinate, yielding to the use of hydragogues, cathartics, and diuretics; and when the œdema of the lower limbs lingered, the use of baths of hot sand proved of the greatest value, and always removed the affection.

After the febrile attacks are checked, the use of quinine in diminished doses is judiciously continued for seven or eight days after the seeming cure. During this period of convalescence, the spine is to be carefully examined, and if any tenderness is found to exist there, or if even uneasiness in the course of the dorsal vertebræ is complained of, there is risk of relapse. This tenderness, arising from hyperæmia of the spinal column, from about the third to the ninth vertebra, is nearly an invariable concomitant of periodic fever here, and it must be watched and treated. The application of leeches—plenty in the Danubian provinces—dry cupping, scarifications, sinapisms, and blisters, are all used to relieve this state, while the use of quinine is coincident with the local remedies.

Enlarged spleen and induration of the liver are very frequent in neglected or mistreated cases; the former of these affections is of constant occurrence, and the organ attains an enormous bulk. One of these cases I saw. This complication does not prove obstinate in treatment; half-a-drachm of strong mercurial ointment rubbed over the region of the spleen once or twice a-day, and the internal administration of quinine, are the means most successfully employed.

The quotidian variety of intermittent, for the most part of autumnal occurrence, is of a more intractable nature; and its consequences are, that it occasionally becomes continued, running into a nervo-typhoid form, and terminating fatally.

Dysentery is a frequent follower of this type of fever.

The quartans are apt to be prolonged and obstinate, and these resist the action of quinine in many instances. The following combination is well spoken of in some of the obstinate forms of this type:—

R Sulph. quiniæ gr. xx., prussiat. ferri gr. vi., acet. morphiæ gr. ʒ, sacchar. alb. ʒj.

M. Divide in ten doses; one every hour.

Fowler's solution of arsenic is the remedy most trusted when quinine fails; and occasionally the white oxide of arsenic, the fourth of a grain divided into twelve doses, one of these to be taken every hour, is said to have proved efficacious when other means have failed.

In a very obstinate form of intermittent, which had its origin in these countries, and which baffled every remedy; which had, as a distressing concomitant, periodic neuralgic pains of the severest character, the patient, after everything had failed, (including change of air from Bosnia to Roumelia,) was effectually cured by the nauseating influence of tartar emetic kept up for a week, as much as the stomach would bear, without vomiting being induced, and the cure was complete.

## DYSENTERY

is frequent as an uncomplicated affection, and is a sequence of fever. The phenomena of the disease, or its treatment, have nothing novel in them. Leeches applied to the arms are much relied on. The injection of iced water, in acute forms of the disease, and the use of the solution of nitrate of silver in the same manner in its chronic state, are practised. Salicine, twelve grains in twenty-four hours, is said to have been highly useful in the chronic forms of the disease.

Among diseases occurring frequently near the Danube, I may note the presence of the tenia solium, which is extremely common, and, when undetected, is the cause of much obscure ill-health. The following strong decoction of the well-known remedy, the pomegranate, is found rarely to fail in inducing the speedy expulsion of the parasite.

Rad. pun. granatæ ʒiis.; water a pint, boiled down to half a pint.

This at one dose. After three hours, an ounce of castor oil is taken, and the effect is as I have said above.

[To be continued.]

## CASES OF CHOLERA, WITH OBSERVATIONS.

By F. A. BULLEY, Esq., F.R.C.S.

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*Case 1.*—Intense choleraic spasm of the extremities and abdomen following the cessation of a pre-existing diarrhoea; great reduction of the temperature of the body; treated by hot-water applications; recovery.

Monday, Sept. 11, 1854.—I was summoned about half-past five this afternoon to see John P., aged 35. I found him lying on a mattress in the corner of his room, apparently suffering the most intolerable pain in his bowels. He was absolutely writhing with agony. The pain had been gradually coming on about an hour and a-half or two hours. My assistant had visited him just previously, and ordered him some calomel and opium powders, and a mustard plaster to the stomach, which had not, however, afforded him the anticipated relief. There was no actual vomiting at the time I saw him, but a constant straining and apparently spasmodic effort to get rid of something from the stomach, which he appeared utterly unable to do, the violent attempts at vomiting giving him the appearance of a person under strangulation. His countenance denoted the most intense suffering. He had been affected with diarrhoea during the day



and night previous to the attack of pain, having gone to the closet fifteen or sixteen times during that period; but it had somewhat suddenly stopped in the morning, which induced him to believe that the increased pain and spasms were occasioned by its abrupt cessation. His pulse was feeble, almost imperceptible at the wrists, and his feet, and legs and hands, were intensely cold to the touch; tongue covered with a white dry fur, and he complains greatly of thirst. Being placed upon a bed, large thick pads of porous house flannel, composed of four layers each, wrung out of water as hot as he could bear, were laid over the stomach and lower part of the abdomen, and the body was immediately wrapped up in a coarse sheet, and blankets to the number of fourteen or fifteen were afterwards put upon the bed, and securely tucked round the patient's body, to preserve the heat and the perspiration which it was expected would ensue from the process. Great difficulty was experienced in keeping him under the wrappings, as the general spasm had now so much increased as to resemble, more than anything else, an attack of tetanus, and it required the efforts of two men to keep the mass of bed-clothes upon his body. He was ordered to take the following draught every hour:—

R Nephentes (an anodyne tincture of opium prepared by Messrs. Ferris and Score, Bristol) ℥x., olei caryophyll. ℥ij., confect. aromat. ʒss., ol. menth. virid. ℥j., tinct. capsici ℥x., aquæ menth. pip. ad ʒiss., which seemed to afford a slight relief to the spasm.

9 p.m.—I found that, very shortly after the application of the hot-water packing, the natural heat of the body had gradually returned, and, subsequently, a profuse diaphoresis had ensued, in which he had been kept for two hours and a-half; the spasms and the pain had now almost entirely ceased, and he was lying comfortably in a uniform gentle perspiration under the ordinary quantity of bed-clothes, the hot packing having been carefully removed, about three hours after its application, in consequence of faintness, for which he took a little warm brandy and water, which almost immediately revived him.

Tuesday, next day, 8 o'clock, a.m.—At half-past three o'clock this morning, as I was informed by the nurse, the spasms and the pain had entirely left him, and he afterwards had about two hours comfortable sleep. I now found him quite free from pain, his skin uniformly moist and warm, complaining only of a weakness and giddiness in his head, and some soreness of the abdomen and extremities, from the previous violence of the spasm.

R Potassæ chloratis gr. x., sodæ carb. gr. xx., aquæ menthæ pip. ad ʒiss. Ft. haust tertiâ quâque horâ sumend.

11 a.m.—Shortly after the period of the last report he had a slight relapse, being somewhat suddenly seized with a feeling of general coldness and trembling of the limbs, and a sinking sensation, as he described it, all over him. The extremities beginning to feel cold to the touch, he was again packed up in the same manner as before, but with much fewer wrappings, and, in the course of half an hour, his body had recovered its natural warmth. A dose of the carminative mixture was administered just previous to the packing.

Wednesday morning, 10 a.m.—He has had no return either of the coldness or spasm. He has passed a comfortable night, and has had several healthy, slightly relaxed bilious motions. There has been no reactive fever. The pulse is steady and moderately full. His countenance has lost the anxious and pinched appearance it had at first. He has taken considerable quantities of strong, cold beef-tea, with a natural appetite, and he is now evidently convalescent. To continue the saline mixture every five hours.

Friday (five days from the date of the seizure).—He is now quite recovered from the attack, suffering only from a little weakness.

Case 2.—Incessant vomiting and purging of rice-water fluid; Spasms of the abdomen; loss of temperature; partial collapse; treated by hot-water applications; recovery.

John Ely, aged 25, a recruit for the 23rd Regiment of Foot, was brought to my house in the afternoon of Wednesday, Sept. 6, on account of a most severe pinching pain in the stomach and bowels, which had suddenly seized him while travelling in the railway from Oxford to this town. The pain was so excruciating, and the spasm so constant and severe, as to prevent his raising himself upright while it lasted. The abdominal muscles appeared to be drawn up into hard lumps by the spasm, causing the most intolerable pain. He was constantly bringing up quantities of light-coloured fluid, like gruel, from the stomach, which was ejected with great spasmodic force, quite in a different manner from what is observed in ordinary vomiting. He had

been suffering from diarrhoea for several days, which for the last few days had lost its usual fecal character, and now what passed from the intestines could scarcely be distinguished from what was incessantly passing upwards from the stomach. I understood that he had been indulging in incessant beer-drinking for several days prior to the premonitory diarrhoea, and he had also been much depressed in spirits in consequence of having enlisted while under the influence of liquor. His feet and legs, as far as the groins, were icy cold to the touch, as well as his hands, and forearm. His pulse was scarcely perceptible at the wrist; his tongue white and dry, with distressing thirst, and his countenance had a peculiar pinched and haggard appearance. He threw up everything which he took into his stomach immediately.

Being removed to his billet in the town, I found that, even in the short time that had been occupied in removing him, his symptoms had become more urgent, and he appeared to be rapidly approaching a state of collapse, his lips and the ends of his fingers having now assumed a blue, livid appearance. Seeing that no time was to be lost in endeavouring to restore the fast-failing circulation, thick flannel pads, wrung out of hot water, were placed upon the chest and abdomen as he lay in bed, and his body, being closely enveloped in a coarse sheet, was wrapped up in a considerable number of blankets and horse-rugs, in the same manner as in the former case, a hot-water bottle having been previously applied to the feet, and a glass of warm brandy and water was given him, which was, however, immediately rejected. To take the same carminative draught as was prescribed in the last case every hour.

Visiting him about two hours and a half after the application of the packing, I found he had been in a profuse perspiration, in which he had been allowed to remain undisturbed about an hour, when the wrappings were carefully removed. He was now gently perspiring under the ordinary quantity of bed-clothes. The pain in the abdomen and cramps had completely left him, his body and extremities were uniformly warm, and the pulse had recovered its natural strength. He expressed himself as grateful for the benefit derived from the applications. He had had about half an hour's comfortable sleep after the sweating.

11 p.m.—He is quite free from pain and spasm; still gently perspiring; the sickness and purging have continued, although at longer intervals, but, to use the man's own words, it is a more natural sickness,—more like ordinary vomiting preceded by nausea, as if the stomach had acquired a habit of vomiting in consequence of the continued irritability to which it had been subject during the acute stage of the disorder. Thinking this might in time subside, and that medicines might only increase this condition, he was ordered to take only cold water whenever his thirst might seem to require it.

Thursday, 10 a.m.—He has passed a tolerably comfortable night, but occasionally troubled with vomiting. To take—

R Acidi sulph. dil. ʒi., syrapi papav. ʒij., aquæ ad. ʒiss. M. ft. haust 4ta quâque horâ sumend.

5 p.m.—The vomiting and purging has diminished, but the motions have now entirely lost their choleraic character, being tinged of a light-brown bilious colour. They are expelled by the natural efforts of the patient, and not spasmodically and with force, as was the case in the earlier period of the disease. It is probable that the continuance of the diarrhoea in this and similar cases may likewise depend upon a habit of irritability, induced by the previous congestion of the mucous surfaces of the alimentary canal, and would subside without any particular means being taken to prevent it, tending, perhaps, to the elimination of the last remaining portions of the poison from the system.

Friday, 10 a.m.—He has passed a tolerably comfortable night, the sickness and purging having been gradually subsiding up to five o'clock this evening, since which time they have both entirely ceased. He has taken some tea, with some toast and an egg, this morning, all of which have been retained on the stomach. There has been an entire absence of secondary fever.

R Sodæ carb. gr. vi., potass. chlorat. gr. x., aquæ menthæ virid ad ʒiss., 5ta quâque horâ sumend.

5 p.m.—He has taken considerable quantities of strong beef-tea during the day without inconvenience. He is quite free from pain, but complains of being very weak and sore in the abdomen. From this period he gradually improved in strength; and on the Monday following, six days from the date of the attack, he was so far recovered as to be able proceed to Winchester to join his regiment.

Remarks.—The foregoing cases may be considered interesting at the present period, as illustrating a particular mode of treatment, which, as far as I can learn, has not been brought to bear



against the prevailing epidemic, the primary object having been to restore the equilibrium of the circulation, and, consequently, the natural temperature of the body, upon the loss of which, in varying degrees, many of the most prominent symptoms of the disease may be said to depend. My experience has, of course, been very limited, because the disease has never visited this town epidemically; and the only opportunities I have had of observing its peculiarities, or of testing the mode of treatment which I have employed, have been in cases which have been imported into the town from other infected districts, or in a few isolated instances occurring sporadically, while it has existed epidemically in other localities. I do not pretend to affirm that they have all been cases of the true Asiatic disease; but they have for the most part closely resembled it, in some of its most prominent features, and have all, to the number of eighteen, without a single exception, yielded to the mode of treatment which I have adopted for their relief.

Setting aside the ordinary well-marked symptoms of the premonitory diarrhoea, there can be little doubt that in the fully-developed disease internal congestion, in various degrees of intensity, constitutes one of the most significant features of this complaint. The coldness of the extremities, and the feeble and almost imperceptible pulse, clearly indicate an oppression at the centre of the circulating system, and this without reference to any previous drain of the fluids of the body; for it happens in many cases that there have been no excessive evacuations to account for the prostration of the vital powers observed. Upon what this congestive condition of internal organs depends, whether upon the absorption of some morbid poison into the system, or upon some peculiar disturbance of the electrical condition of the atmosphere, it is impossible to say; but it is certain that it always exists in varying degrees in different cases, and has indeed been proved to have existed by *post-mortem* examination of those who have died from the disease, by which it has been found, that the whole of the spinal and ganglionic nervous system must have been so completely under congestion during life as necessarily to have occasioned great interruption to the functions of organs under the influence of these portions of the nervous system.

Modern opinion leans to the belief, that the curative means to be employed in this disease should be essentially of an eliminative character, and the good effects which have been recently observed from the use of repeated doses of castor-oil would tend to strengthen this opinion. The mode of treatment adopted in the foregoing cases is partly founded upon this hypothesis, but mainly upon the fact, that it possesses the power of relieving the congestion of internal organs, and consequently of restoring and preserving the natural temperature of the body, a point of great importance in all cases of poisoning, from whatever cause arising.

It has been clearly proved by physiological experiment that the maintenance of temperature alone is capable of exerting a direct and remarkable influence in preventing the ill effects of poison upon the animal economy, a circumstance particularly alluded to by M. Brown Sequard, of whose observations on the subject an interesting digest is afforded in the pages of the *Leader* newspaper of October 1, 1853, which partially tending as they do to explain the effects produced in the foregoing cases, I shall take the liberty of transcribing.

"It has long been known that sudden lowering of the temperature to a certain degree causes death in all mammalia. It is also known that in cases of poisoning there is a remarkable lowering of the temperature. Connecting these facts with the known diminution of temperature resulting from wounds, from diarrhoea, from cholera, etc., it occurred to this celebrated physiologist that diminution of temperature was in all these cases the proximate cause of death. He tested this hypothesis by experiment, and in the 1st volume of "*Les Memoires de la Société de Biologie*," p. 102, will be found a communication he addressed to the Society in July, 1849. We give briefly his results. He found that a dose of poison, which would under ordinary circumstances destroy an animal, was ineffectual if the animal's normal temperature could be maintained. Thus, a dose given to an animal kept in an atmosphere of from 8 to 10 degrees Centigrade (46 to 50 degs. Fahrenheit), destroyed it in periods varying from 4 to 48 hours.

"But a similar dose, given to a similar animal whose temperature was maintained by keeping it in an atmosphere of 28 to 30 degs. Centigrade (82 to 86 degs. Fahrenheit), did not take effect. The animal survived.

"Not only did diminution of temperature in these cases appear the proximate cause of death, temperature being the only condition which was varied in the experiments, but M. Brown

Sequard proved it another way. It had been repeatedly shown by Majendie, Breschet, and others, that animals entirely covered with coatings of oil or varnish, which prevented transpiration, were invariably killed, poisoned as it was supposed by the substance eliminated from the blood, which could no longer pass away through the skin. Now M. Brown Sequard performed this experiment, varying the condition of temperature, and he found that when kept in an atmosphere of 82 degs. Fahrenheit they invariably survived.

"These experiments demonstrate the fact, that the diminution of temperature resulting from poisons, and many other disturbances of the system, is the proximate cause of death."

## SURGICAL CASES IN THE PRACTICE

OF

CLEMENT HAWKINS, Esq., F.R.C.S.

### Case 1.—COMPOUND FRACTURE OF LEG IN EIGHTH MONTH OF PREGNANCY—RECOVERY.

I WAS requested to attend Mrs. J., aged 36, Feb. 22nd. She had received a compound fracture of the right leg at its lower third. The fracture was very oblique; the tibia protruding nearly an inch; the hæmorrhage had been considerable, but had ceased when I saw her. The bones were adjusted without much difficulty, two leg splints and a fracture-box were applied, the wound being dressed lightly with lint, and cold evaporating lotion applied.

Feb. 28.—The wound was dressed; suppuration had commenced; there was a slight blush about it; simple dressing was applied.

March 10.—The wound had firmly healed; two straight pieces of board were substituted for common leg-splints.

Five weeks from the receipt of the accident the bones had firmly united. April 2, I delivered her of a healthy female child, and, on the 14th, she left her bed quite recovered.

### Case 2.—DISEASE OF ANKLE-JOINT DURING PREGNANCY—AMPUTATION OF LEG IN SIXTH MONTH—RECOVERY—DELIVERY.

March 15.—I removed the left leg below the knee from a woman aged 32, who was in the sixth month of utero-gestation. When eight years of age she was severely burnt, and had been in feeble health since, but had never had any severe illness; she has had one child at the full time, and has not suffered uterine disease.

In December she got very wet, and was seized with pain and swelling of the left instep, for which she was treated. An abscess formed on the fibular side of the limb, which was opened; pain of the most severe character preventing rest ensued, and when she came under my care (about three weeks since,) I found the ankle-joint in a state of extension fixed, an opening at the external malleolus, through which a probe passed upwards for an inch; the internal ankle was swollen, as also its anterior aspect; the pulse was quick; the countenance anxious and sharp, and expressive of great suffering. She informed me she was nearly six months pregnant, and felt the motions of the child. Opium, poultices, and other means calculated to lessen the irritation were used; the pain increased, and she implored me to remove her limb.

March 14.—I requested my friend, Mr. Fowler, to see her, who, together with Mr. Skey, sanctioned the amputation.

March 15th.—I removed the limb at the usual place, below the knee, the patient being under the influence of chloroform, little blood was lost, ligatures were applied to all the vessels, (arteries and veins) which bled.

Everything went on well till the 19th, when she was seized suddenly with shivering and vomiting, followed by pain in the groin; an absorbent gland enlarged; but, under the use of calomel and opium, and stimulants, subsided, and at the end of three weeks the stump was healed. On the 4th July she was safely delivered of a fine healthy child, and is now quite well.

I will not trespass further on your space, than to state the examination of the amputated limb. Discovered a great extent of disease, ulceration of cartilage, and pieces of detached bone loose in the joint, etc.

Cheltenham, Sept. 6, 1854.

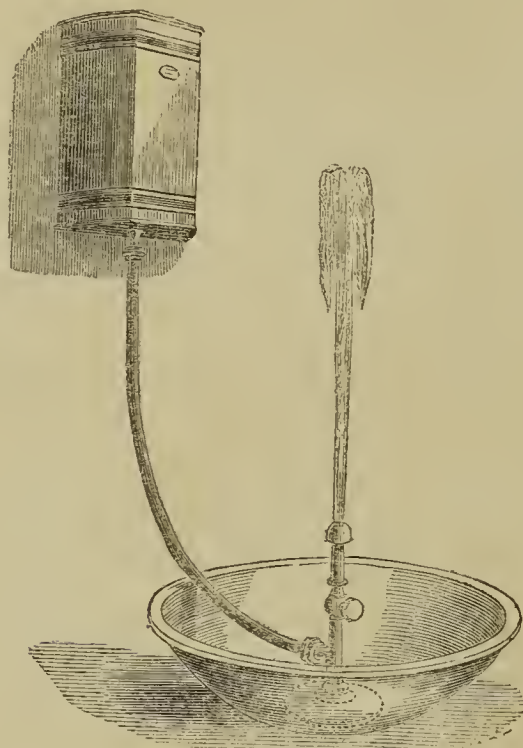


## NEW INVENTIONS.

## A NEW EYE DOUCHE.

It would be difficult to say how long "affusion" has been used as a hygienic agent. Hippocrates alludes to it. Celsus, in speaking of it, tells us of a Physician, who lived about three hundred years before Christ, having employed it.

The douche, by which is meant a continued current of fluid applied to or made to fall on some part of the body, would seem to be of modern date; and we have douches named after the parts of the body to which they are to be applied. A new eye douche, by Mr. Haynes Walton, which is a modification of an old pattern, now lies before us. It is simple, as the continuous stream of water is by hydraulic pressure; it is easy of application, and withal portable.



The reservoir, made of metal, holds about five pints of water, and has a loop at the top for suspension. The pipe, of caoutchouc, is thirty-six inches long, and terminated by a small brass stand, mounted with a stop-cock having two or more holes.

The stand can be placed in any basin which is large enough to receive the return of the water.

A continuous stream is afforded of twelve or fifteen minutes' duration.

We understand that the instrument, with another stop-cock, has already been used in the accoucheur's practice for washing out the vagina and applying lotions.

We shall be glad to hear Mr. Walton's experience in the use of this instrument.

### THE LONDON PRACTICE OF MEDICINE AND SURGERY.

#### THE LONDON AND ST. MARY'S HOSPITALS.

#### UNSUCCESSFUL EMPLOYMENT OF ANÆSTHESIA BY COLD.

[Cases under the care of Mr. CRITCHETT and Mr. WALTON.]

THE employment of cold as a means of preventing the pain of operations has been repeatedly advocated in our columns, and we, therefore, feel called upon to report prominently instances of its failure. Two such have occurred during the past week. In the first, the patient was a woman, under the care of Mr. Walton, in St. Mary's Hospital, from whom it was wished to remove a fatty tumour on the abdominal wall. The tumour was subcutaneous, and felt quite as loose as such tumours generally are; it had a size of about an adult fist, somewhat flattened. Nearly an hour was wasted in unsuccessful attempts to freeze

the skin, but as this was due, of course, to mistakes in manipulation, it should not be charged against the process. At length, a mixture, properly made, was applied, and in about four minutes the requisite area of skin was frozen, as white and hard as could be wished. Without the loss of a moment's time, Mr. Walton made a deep incision through the whole required extent of skin into the tumour. This gave no pain. The tumour was seized at once, and forcible enucleation attempted. It could not, however, be extracted so easily as had been expected, and adhesions, both to the skin and to the deeper parts, required to be divided by the knife. At one part, where it appeared to have been pressed upon by the edge of the woman's stays, the adhesions between the tumour and skin were very close, and a careful division was needed. The operation lasted perhaps altogether about four minutes, and during the whole of that time, excepting the first cut in the skin, the patient was making loud cries and protestations of pain. It should be stated, that she was a remarkably quiet person, and one who did not complain for little.

The above operation took place on Wednesday last; and on the Friday following we witnessed an almost similar one in the theatre of the London Hospital. Mr. Critchett's patient was a man of middle age, and the tumour was a fatty one, about the size of a large fist, and situated beneath the skin in the upper part of the front of the thigh. The freezing of the skin was very complete, nearly five minutes had been occupied in the process, and the incision into it appeared to be quite painless. The tumour had, however, rather intimate adhesions, more especially to the integuments; and the man complained much of almost every touch of the knife excepting the first.

We had witnessed before the above several cases of partial failure in the case of cold, but were inclined to attribute them somewhat to timoriness in its use; in these, however, it was fairly and sufficiently used. Their evidence seems clear to the effect, that, unless the tumour be so loose, and almost instantaneous enucleation can be performed, a painless operation must not be expected. The anæsthesia does not extend at all deeper than the skin; and even in its recovery of sensibility is so rapid during the manipulations, that the division of adhesions to its under surface will not be painless unless made without a minute's delay. There are, doubtless, a large number of cases in which, despite these drawbacks, anæsthesia by cold may be made very useful; but the Surgeon must always be careful not to promise to his patient a painless operation. As it regards the excision of tumours, it will probably, in a few instances, be completely successful, and in many others sufficiently so to afford a good pretext for avoiding the use of chloroform. It is, perhaps, adapted best of all for use in the very painful operations which it is so frequently necessary to perform on the fingers and toes. Here it can be applied from several sides at once, and a more complete and less transitory degree of anæsthesia produced.

### SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from page 242.)

IN our previous reports in the present series (*Medical Times and Gazette* for August 12 and September 2), there have been comprised examples of abdominal tumour resulting from—1. Perityphlitis; 2. Pelvic abscess; 3. Encysted suppuration after peritonitis; 4. Abscess connected with diseased bone; 5 and last, Abscess in the kidney.

Before passing on to the narration of other cases, we may add a few words regarding the latter affection, of which the case which has been given is, excepting the short abstract of one about to follow, (*Case 14*), the only example we shall have to bring forward. Abscess in the kidney is practically not very important as a cause of tumefaction within the abdomen, on account of the great rarity with which it produces that condition. In the great majority of cases in which, either from the irritation of calculus, from stricture of the urethra, from the deposit of tubercle, or from the operation of lithotomy, inflammation of the kidney ensues, its products escape freely by the natural channel, and no tumour is produced. It will be remembered, that, in the case we had reported, there was an almost close stricture of the ureter. Such a condition, indeed, is almost essential to the production of a tumour. Dr. Bright has recorded in his *Papers on Abdominal Tumours*, seven cases in which suppuration in the kidney was the cause of the swelling. Of these, in two cases, no autopsy was obtained; in one, the ureter was found of natural size, but had been obstructed by the pressure upon it of the abscess-cyst, which hung downwards; in one, the pus had escaped by the urethra and bowel before death, and the condition of the ureter



is not noted; and in two, the urethra is stated to have been much contracted. The seventh is not easily explicable, as, although the kidney contained two pints of pus, which had free communication with its pelvis, yet the notes state that "the ureter was slightly enlarged." It can scarcely be meant that the calibre of the ureter was enlarged, since, as the disease depended on a renal calculus, and there was no obstruction in the bladder or urethra, the non-escape of pus under such circumstances would be very difficult of explanation.

On the question of the diagnosis of tumours of the kidney we shall not enter until we have recorded several examples of solid growths from that viscus which will find their place in a future part of the series. It may be remarked here, however, that when inflammation has been the cause of the tumour, the organ will generally have become more closely fixed in its position than under other circumstances; the prominence in the loin will be greater, and the bulging forwards and into the abdomen less. The rule is, however, by no means uniform. The differential diagnosis will generally be between abscess and malignant growths or hydatid cysts. The history of rigors having occurred, and of the disease having been attended by pain and symptoms of irritation before the discovery of a tumour, will strongly favour the supposition of the existence of abscess. The existence of stricture of the urethra, the history of the passage of a calculus, or of an injury to the loins, are also indications which point in the same direction, though much less trustworthy. It is of course supposed, that the question is rendered difficult by the absence of pus from the urine; for if there be a flow of purulent secretion, unmixed with fragments of malignant structures, (to be detected by the microscope,) there can be but little doubt as to the nature of the disease. One of Dr. Bright's cases is an example of the co-existence of a large abscess in the kidney, dependent upon an impacted calculus, with malignant disease both of that organ and of the liver.<sup>(a)</sup> Such a conjunction must, however, be very rare.

*Case 14.—Abscess in the Kidney.—Puncture in the Loin.—Death.*—Some years ago a very interesting case of abscess in the kidney was under the care of Mr. Stanley in St. Bartholomew's Hospital. The subject of it was a middle-aged man who had previously had fair health. The pus did not escape freely by the urethra, and there was such manifest bulging in the lumbar region, that it was thought advisable to make an external opening. The soft parts were divided by a scalpel, and a large trocar and canula were then thrust into the most prominent part of the tumour. A copious discharge of pus followed, and was kept up during the rest of the time that the man lived. The patient improved much in health during the first week or two, but subsequently he relapsed, and death, with symptoms of extreme constitutional irritation ultimately followed. At the *post-mortem*, several oxalate of lime calculi, of moderate size, were found in the pelvis of the kidney, surrounded by a large abscess. The ureter was obstructed. It could only have been by the freest incisions and extended exploration that the calculi could have been removed during life. The supposition that they existed had often occurred to Mr. Stanley, and been the subject of discussion; but, as they could not be discovered by the probe, it was not thought justifiable to adopt at hazard the measures necessary for their discovery.

## GUY'S HOSPITAL.

### SIMULATED OR "PHANTOM" TUMOURS.

[Cases under the care of Dr. ADDISON and Dr. GULL.]

Among the circumstances which combine to make the investigation and diagnosis of abdominal tumours difficult, is the existence of a class in which the symptoms are so changeable that it becomes almost impossible to decide whether or not any tumour does exist. The signs are present one day, entirely absent on another, then present again, in a most perplexing manner. Every practitioner of experience must have met with such puzzling cases; but to those who have not, it would be impossible to convey any idea of the degree to which they sometimes simulate real tumours. Dr. Bright, in his papers on Abdominal Tumours, in the Guy's Hospital Reports,<sup>(b)</sup> mentions a case in which, in an hysterical woman, the Surgeon had been induced to attempt ovariectomy, believing that an ovarian cyst was present. The incision having been made, no tumour whatever could be found, and the operator was obliged to desist. The woman fortunately

recovered, and the tumour at a subsequent period again made its appearance.

One of the earliest allusions to this deceptive class of cases was, we believe, by Dr. Bright;<sup>(a)</sup> and in the wards of Guy's Hospital they have since been the subject of much investigation. Our own knowledge of them has been chiefly derived from the clinical observations of Drs. Addison and Gull, under whose care several very instructive cases have occurred during the last few years. To the latter gentleman it is, we believe, that the affection is indebted for its very appropriate name of "phantom tumour." We shall attempt in the following sentences a short summary of such facts as have been made out respecting them, but shall not occupy space with the details of cases, as the disease is one in which the prominent symptoms, from being essentially unreal, are interesting rather to the manipulator at the bed-side than to the reader of notes. Dr. Bright's allusion to the subject, to which we have referred, is as follows. In speaking of reported cases of disappearance of ovarian cysts, that experienced Physician states:—"It is even possible that a certain number of these cases may be set down as instances of erroneous diagnosis; for there is no question that the diagnosis is not always obvious. There is one class of cases more particularly liable to lead the unwary and inexperienced into error respecting the disappearance of an abdominal tumour;—I mean cases of hysterical distention of the bowels; for, although the swelling in these cases is essentially tympanitic, yet occasionally, from the singular way in which the intestines are partially distended, and remain so for days and weeks at a time, they sometimes give completely the forms of tumours; and sometimes even indistinct fluctuation may arise from fluid feces, or even from the co-existence of a distended bladder; and sometimes the large accumulation of hardened feces has led to a belief of a more solid tumour." To state them *seriatim*, we have then the following, as the chief conditions on which these variable tumours may depend. 1. Distension of the bladder. 2. Solid fecal accumulations. 3. Irregular contractions of the intestine at two points, and distension of the intervening portion, with flatus or with fluid feces. 4. Spasmodic rigidity of a part of the abdominal parietes. It may, perhaps, seem almost superfluous to add the last, but practically, it is one of the most frequent sources of deception. An hysterical patient is quite capable of making a circumscribed portion of the abdominal wall rigid and hard, while the rest remains comparatively flaccid; and even in a person of calm nervous system the same condition may be produced by an instinctive reflex act, for the protection of a part of the belly which is tender on pressure. The recti muscles are peculiarly apt to the seat of these contractions, which may, however, also occur in the lateral regions of the abdomen. It is rare, perhaps, for any one of the above mentioned causes to exist singly and uncomplicated by any of the others. Neither of the first two, indeed, unless exaggerated by one or other of the latter could properly rank as a "phantom" tumour. Hardened masses of feces are probably, however, the most frequent of the exciting causes of the affection. By the irritation produced by their lodgment, the intestines are made to contract irregularly, and local tenderness is also induced, which latter, in its turn, acts as an excitant, in producing reflex rigidity of a part of the abdominal parietes. It has been observed of phantom tumours, that they are by much more frequent on the right than the left side, and that not rarely there are present in connexion with them indications of renal irritation. Both of these circumstances are probably to be explained by reference to the facilities afforded by the cœcum and ascending colon for the delay and accumulation of scybalous feces. The period of early adult life would appear to be the one most liable to the development of this chain of symptoms. The simulated tumour in question is by no means met with only in the female sex, some of the most marked examples of it that we have seen having been in young men. As it regards treatment, that should of course be modified according to the peculiar circumstances of the case. A brisk purgative will probably be a remedy almost always useful, and afterwards a course of nervine tonics, or perhaps of anti-spasmodics, may be exhibited with benefit. The chief importance of the cases is in the lesson they convey as to the necessity for great caution before pronouncing positively as to the existence of an abdominal tumour. The Surgeon should always be content, in doubtful cases, to examine his patient, on several separate occasions, before venturing an opinion. In most cases, probably, the careful employment of percussion and palpation will be competent to decide the question correctly; but if there be the least doubt remaining, the diagnosis

(a) Case 5, page 223, Guy's Hospital Reports, Vol. IV., 1839.

(b) Guy's Hospital Reports, No. VI., p. 257.

(a) Loc. cit.



should be deferred until, after the free action of a purgative, a second examination has been instituted.

We have introduced the above remarks in this part of the series, among the examples of tumours resulting from accumulation of inflammatory products, because it is for such that these fictitious enlargements will generally be mistaken. Cases of typhlitis are perhaps those with which, more especially, they are likely to be confounded, and, next to them, tumours springing from the kidney or abscesses in that organ. We shall now proceed with the series in order, taking next cases in which the suppuration was connected with the liver.

**Case 15.—LARGE CHRONIC ABSCESS IN THE LIVER, IN A MAN WHO HAD BEEN THE SUBJECT OF CANCER OF THE PENIS.—DEATH.—AUTOPSY.**

[Under the care of Dr. BARLOW.]

Henry Andrews, aged 34, a tall, dark-complexioned man, was admitted on August 10, 1853. His aspect was that of a man suffering from an advanced stage of malignant disease, and he was, in addition, somewhat jaundiced. The abdomen was much distended, and the legs were also slightly œdematous; but the upper extremities and thorax were extremely emaciated. It appeared that he had formerly been a private in the army, and had served in India; his habits had been very intemperate, and he had suffered much from illness. A year ago he had been an inmate of St. Mary's Hospital, and had there submitted to amputation of the penis on account of cancerous disease of the glans.<sup>(a)</sup> At the same time, he suffered from the swelling of the abdomen, and, after recovery from the operation, had been an inmate of the Physicians' ward on account of it. Since the operation, he had had no trouble with the urinary apparatus, and there had been no signs of return of the disease, either in the remaining portion of the penis or in the glands. He had, however, continued to lose flesh, and distension of the belly had increased. Dr. Barlow examined the abdomen very carefully. It was so much distended with fluid that it was difficult to ascertain the exact position of the viscera; but it was evident, either that the liver was much displaced, or that there was a large solid tumour in the right hypochondriac region. An accurate diagnosis could not be formed; but, judging from the account of his having already suffered from cancer, and from the state of his general health, the inference of malignant disease seemed not improbable. The conjecture was also supported by the circumstance, that his left testis contained a firmish tumour, about the size of a half walnut.

This man remained under care, without material change, excepting that he got weaker and weaker, from August 10 to October 11, on which last date death rather suddenly took place. It had been evident from the first that the case was a hopeless one, and the treatment had consisted mainly in the administration of remedies for the relief of cough and of the violent abdominal pain from which he suffered. The condition of his abdomen remained as at first; and, indeed, from the increase of the ascites it became towards the end additionally difficult to form an opinion as to the exact nature of the tumour.

The autopsy was performed on October 12, by Dr. Habershon, and Dr. Wilkes was kind enough to furnish us with the following brief particulars respecting it:—The peritoneal sac was distended with clear serum. The liver adhered closely to the diaphragm, and was in all parts cirrhotic to a slight degree. In its right lobe was a mass the size of an infant's head, which proved to be a dense, almost cartilaginous cyst, containing stuff which appeared like a mixture of concrete tubercle and pus. This tumour had involved the diaphragm, and partly destroyed it, the lung above being closely adherent. The first thought suggested was, that the cyst and its contents were the remains of a degenerated hydatid; but on further examination this view was not supported. The fibrinous walls of the cyst were very firm, and gradually merged into the liver tissue. In the left testis was a circumscribed collection of precisely similar deposit.

**Remarks.**—In the above case, the primary cancer had been of a kind (the epithelial) which with extremeness is deposited in the internal organs; there was not, therefore, much ground for supposing the abdominal tumour to have had any connexion with it. That another form of cancer was also present did not seem so improbable, and the tumour in the left testis was naturally suggestive of secondary growth from the lumbar glands, and very possibly from the liver also. The real nature of the disease had probably

been an abscess in the first place, the contents of which had been inspissated to a certain degree by absorption. The man had resided in hot climates, and had most likely there acquired a proclivity to hepatic disorder. The duration of the ascites, which was known to have been more than a year, favoured the idea that the abscess had been of long standing. No doubt but that both the ascites and the jaundice had been occasioned by the compression of the ascending cava by the tumour.

**ST. BARTHOLOMEW'S HOSPITAL.**

**Case 16.—LARGE FLUCTUATING TUMOUR IN THE LEFT HYPOCHONDRIUM.—PUNCTURE.—FAVOURABLE PROGRESS.—DEATH FROM PLEURISY.—AUTOPSY.**

[Under the care of Mr. LLOYD.]

A man of dark complexion, aged 45, was admitted in June, 1853, into Pitcairn Ward, suffering from a large and prominent tumour in the left hypochondrium. He had originally been of a powerful frame, and had mostly enjoyed good health; but his illness having then lasted several months, he had become much emaciated. His aspect was sallow and almost icteroid. It appeared, that about three months before, he had, while at work on board a vessel at the London Docks, been injured by the fall of a chest of tea, which struck him below the edge of the ribs on the left side. Much pain followed the injury, and within a few weeks afterwards he became subject to slight rigors. Subsequent to this a tumour gradually formed, and became perceptible externally; he also lost his flesh and strength. At the time of admission there was a distinct projection of the margins of the ribs on the left side, and beneath them a prominent swelling about the size of the extended hand might be seen. Percussion over this part gave a dull note, and the area of dullness was continued upwards without any interval until it joined that of the heart. Over the most prominent part of the swelling obscure fluctuation, as of fluid in a very tense, thick-walled cyst, might be felt. No abnormal sounds were heard on auscultation of the chest, but the lung on the left side appeared to be considerably pushed upwards. The man suffered from some dyspnoea, and had an anxious expression; his tongue was moist and almost clean; pulse feeble and soft, 100 in the minute. About three weeks after admission, the tumour having meanwhile much increased in size and fluctuation, having become much more distinct, Mr. Lloyd determined not to defer the making of a puncture into it. The man had decidedly lost ground, and appeared, indeed, to be fast sinking. Mr. Lloyd selected the most prominent part of the swelling, about an inch below the margin of the ribs, and two inches to the left of the median line. A lancet puncture was first made, and considerably more than a pint of thin, gruel-like fluid having escaped, the operator then enlarged the opening with a bistoury, and examined the cavity by means of the finger, which could be passed freely in to its full length. The upper boundary of the cavity was, as afterwards proved, formed by the diaphragm, and so thin was this structure that a gentleman present, who, at Mr. Lloyd's request, made an examination with his finger, believed that he had passed it directly into the pericardium, and that he had touched the heart itself. The man was rendered a little faint by the operation, but soon afterwards recovered, and appeared relieved. It had been thought not improbable before the puncture that the tumour might prove to be an hydatid cyst, which, in consequence of the injury received had supplicated, and the appearance of the fluid evacuated, although not containing any acephalo-cysts, rather tended to support that view. A very careful microscopic examination of the fluid was accordingly instituted by Mr. Lloyd, Mr. Paget, and several others, all of whom, however, failed to discover any either of the echinococci or their hooklets. The fluid appeared to consist of thin serous pus, in which were mixed many little masses of adherent yellow globules, which could only be supposed to be derived from the bile. The inference, therefore, seemed unavoidable, that the case was one of hepatic abscess.

For several weeks after the operation the man continued in a very precarious state; profuse suppuration ensued, and on several occasions there were symptoms as if of general peritonitis. By degrees, however, the discharge diminished in quantity, the tumour quite disappeared, and the greatest improvement in his general condition resulted. About two months after the puncture, at a time when he appeared to be making steady progress, symptoms of acute pleurisy on both sides set in, and from this disease, in the course of a few days, death resulted.

(a) The operator, Mr. James Lane, was subsequently kind enough to inform us, in answer to inquiries respecting the disease for which the penis was in this case removed, that it was a well characterised epithelial cancer.



At the autopsy, in addition to large effusion into both pleural sacs, the following appearances in connexion with the abdominal disease were discovered. The tumour had entirely disappeared, and all that remained of the abscess cavity was a fistulous track about capable of admitting a finger. This track led from the external opening deeply among the indurated tissue which connected the left lobe of the liver with the diaphragm. At its termination, the upper surface of the liver had manifestly been partly destroyed, and traces of recent cicatrization were evident. The extent of disease, however, did not appear to have been great; the neighbouring parts of the organ seemed healthy. The lining membrane of the extremity of the pouch was of the ordinary villous character of pus-secreting surfaces, and did not in any way resemble the cyst wall of an hydatid.

*Remarks.*—We must conclude, then, in the above case, that the abscess had formed, as the result of injury, between the diaphragm and liver, involving the upper surface only of the latter. Notwithstanding the ultimate result, there was in the immediate results very strong evidence in favour of the plan of treatment adopted. At the time the abscess was opened the man would probably not have lived another week, had that measure not been adopted; and by its aid all but a recovery ensued. The disease which at last caused death had no direct connexion with the hepatic abscess, though it was no doubt one of those low and intractable forms of inflammation to which those who have long been confined to bed by exhausting affections become particularly liable.

The following three cases of abscess in the liver we shall quote very briefly, as their detailed particulars have already appeared in our Hospital Reports:—

*Case 17.—Abscess in the Liver.—Death from Rupture into the Pericardium.*—A man, aged 48, who had long been under the care of Mr. Erichsen, in University College Hospital, with symptoms of encysted vesical calculus, and who was in very bad health, and had had jaundice, began to suffer from what was suspected to be a pleuritic pain in the right side. About a month after this, a fluctuating tumour, the size of a fist, bulged forward beneath the free margin of the ribs into the left hypochondrium. The swelling having much increased in size, Mr. Erichsen made an incision into it about three weeks after its first appearance, and evacuated nearly half a pint of brownish and very fetid pus. In spite of the free use of stimulants, death occurred on the fourth day. At the *post-mortem*, an abscess capable of containing an infant's head was found in the extremity of the left lobe of the liver. The abscess communicated externally, by the incision which had been made, and also with the pericardium, by means of a fistulous opening about capable of admitting a goose-quill. The heart was bathed in pus, and rough from deposits of lymph. The left pleura contained nearly seven pints of turbid serum. (See *Medical Times and Gazette* for Feb. 5, 1853, page 139.)

*Case 18.—Chronic Abscess in the Liver.—Rupture into the Peritoneal Sac.*—A man, aged 29, was admitted into St. Thomas's Hospital, under the care of Dr. Leeson, on account of symptoms of sub-acute peritonitis. He had previously been under care as an out-patient, suffering from pain in the epigastric and right hypochondriac regions, with much depression of spirits. His severe symptoms had commenced suddenly a few hours before admission. On examination, a decided bulging was noticed in the right hypochondriac region, where percussion also gave a dull note; but no fluctuation could be detected. He remained under treatment for about a month before death took place, and suffered much from frequent vomiting, diarrhoea, etc., not, however, without several intervals of apparent improvement. About a fortnight after his admission, an abscess formed and broke beneath the umbilicus, and it subsequently discharged profusely an offensive pus. At the *post-mortem*, an abscess was found in the upper part of the right lobe of the liver, which had opened into the peritoneal cavity. The abdominal viscera were generally adherent to each other, and several large encysted cavities had been formed by their adhesions, which contained fetid pus. With the largest of these the external opening communicated. (See *Medical Times and Gazette* for Feb. 5, 1853, page 140.)

*Case 19.—Case of Abscesses in the Liver.—Death from Peritonitis.*—A sailor, aged forty, who had formerly voyaged in tropical climates, had for upwards of three months been an inmate of St. Thomas's Hospital, under the care of Dr. Risdon Bennett, on account of empyema of the left side. Thoracentesis had been four times performed. His illness had been characterised throughout by restless anxiety of manner and depression of spirits. For two months before death, he had complained of pain in the left shoulder, and had been subject to frequent attacks of nausea and

sickness; and there had been also a troublesome diarrhoea. No tumour in the abdomen had been noticed, and the fulness in the right hypochondrium which was present, had been attributed to pushing down of the liver by the distended pleural sac. Death finally occurred, after about twenty-four hours' illness, with symptoms of acute abdominal inflammation. At the autopsy, a quantity of sero-purulent fluid was found in the peritoneal sac. The transverse colon and the stomach both adhered to the liver; and, on tearing them away, the cavity of a large hepatic abscess was opened. Five distinct collections of pus were found in the liver, the largest of which might have contained a fist. The surrounding tissue was softened and broken down, and the pus had a most fetid smell. (See *Medical Times and Gazette* for Feb. 4, 1854, p. 109.)

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### LIVERPOOL ROYAL INFIRMARY.

#### CASES OF INJURY OF THE HEAD.

[Under the care of Mr. HALTON.]

[Reported by Mr. A. T. H. WATERS, House-Surgeon to the Infirmary.]

INJURIES of the scalp and head are among the most frequent cases that come before the notice of the Hospital Surgeon in Liverpool; and although, from the nature of the parts injured, and their vicinity to important structures, there is great liability to extension of the original mischief, yet, when due care is taken in their treatment, the proportion of cases in which such extension occurs is small. That the bones of the cranium may be denuded of their periosteum to a considerable extent, without any loss of vitality, is frequently seen; and although a separation of the external nutrient membrane, may be, and sometimes is, followed by a corresponding separation of the internal membrane, attended with the formation of matter, from the interference in the nutrition which consequently occurs, yet such results form rather the exception than the rule. The following two cases, which occurred under the care of Mr. Halton, in the Infirmary, serve to illustrate some of the more formidable and fortunately more rare consequences which occasionally follow injuries of this kind.

John C., aged 45, a cab-driver, was admitted into the Infirmary on the 26th of December, 1853. While driving his cab, he had fallen from the box, being at the time in a fit of intoxication. He was insensible for a few minutes after the fall, but soon recovered, and was brought at once to the Hospital. On examination, it was found that he had received a severe wound of the scalp covering the left side of the forehead. The wound was filled with dirt, the edges were very ragged, and the bone was denuded in two places, one a little above the left eye, the other somewhat above and external to the first. The wound was cleaned, and water dressing applied. For a fortnight, no unfavourable symptom occurred; small portions of slough came away from the wound, healthy action had set in, and granulation was proceeding favourably. On the 9th of January—viz., fourteen days after the receipt of the injury—he complained of pain in the head, with slight general disturbance, for which a purgative was administered, and he was carefully watched. On the morning of the 11th, he was somewhat confused in his manner, and unable to answer questions rationally; he was capable of being roused, and would protrude his tongue when told to do so; his pulse was slow, and somewhat laboured. There was no heat of scalp nor flushing of the face, and the wound presented a healthy aspect. In the afternoon the above symptoms had increased; he was scarcely able to articulate, and his pulse was slow, laboured, and irregular. Blood was taken from the arm "*pleno rivo*," the finger being placed on the pulse, which rose and became regular during the operation. Sixteen ounces were taken away. He was then ordered two grains of calomel, with one-eighth of a grain of tartarised antimony, every four hours, and a blister to the nape of the neck.

Jan. 12.—He is in much the same condition as yesterday as regards consciousness. He is unable to give an intelligible answer when spoken to, although he seems to understand what is said. Pulse 56, regular; bowels open; there is no puffiness of the scalp. The blood drawn yesterday exhibits a cupped and buffed appearance. In the afternoon he was again bled to sixteen ounces, the pulse rising from 56 to 76 during the operation.

13th.—He evinces more consciousness, and is able to speak



better. Pulse 60, and soft. During the day he had several convulsive fits.

14th.—Gums sore. He has passed his water for the first time involuntarily. The fits continue. There is some puffiness of the left temporal region and at one spot on the forehead. Incisions were made down to the bone in these situations, but no unhealthy appearance was found. Omit calomel.

For several days no change of any importance occurred; the fits continued up to the 17th, when they ceased. He now began to pass both his urine and feces involuntarily; he became more stupid, and lay in a perfectly quiescent state. Paralysis of the right side was first observed on the 18th. During all this time he was easily roused to consciousness, would protrude his tongue when told to do so, and regularly took his food. The predominant symptoms were, an impaired state of intellect, with paralysis of the muscles of articulation and of the right side. On the 21st calomel was again given, and was continued up to the 26th. He became more conscious for the next two days, took his food better, and appeared to be in every respect improved. On the 28th he was more unconscious. Pulse weak, 108. He gradually sank into a state of perfect coma, and died on the 30th, at one a.m.

*Autopsy:—Cranium.*—On removing the scalp, a portion of the frontal bone, about the size of a two-shilling piece, was found denuded of its pericranium. At the centre of the denuded portion there was a narrow spot, about an inch in length, where the bone had ulcerated; and a very small opening existed leading into the cavity of the cranium. On removing the calvarium, no pus was found between the bone and dura mater; but under the seat of ulcerated bone, at one spot, the dura mater was adherent to the inner table of the skull, and a portion of it came away with the latter, and thus an opening was established into the cavity of the arachnoid; that portion of the dura mater which thus adhered to the bone was covered on its arachnoid surface with pus. On opening the cavity of the arachnoid, pus was found existing between its layers, and coating the visceral surface of the upper and anterior parts of the anterior and middle lobes of the brain. A similar deposit of purulent matter existed also in the sulcus between the hemispheres of the brain on the left side, but it did not pass to the opposite side; the lateral surface of the left hemisphere was also coated with it. No deposit was found at the base of the brain. In the substance of the anterior lobe of the left hemisphere, there existed a cavity filled with greenish yellow fetid matter, mixed with pus, having the appearance of gangrenous brain; this cavity extended backwards into the middle lobe, and communicated at its upper and back part with another cavity, containing matter of a similar character. Both these cavities were circumscribed, and had a distinct sac in the substance of the brain itself. The upper wall of these cavities was formed by the dura mater, but in this situation they were not so distinct and circumscribed. The right hemisphere presented a healthy appearance.

The viscera of the thorax and abdomen were healthy.

During the progress of this case, the propriety of trephining the skull at the seat of injury was on two or three occasions considered; but, as the symptoms did not indicate any great amount of pressure on the brain, and as there was no external appearance indicating the seat of any deposition of matter beneath the bone, the operation was deemed unadvisable, and the condition of the brain, as revealed by the autopsy, fully justified, I think, the course that was adopted; for, although in some cases, the dura-mater has been punctured, and an abscess of the brain has been opened with satisfactory result, yet, probably, these have been cases in which but little of the structure of the brain has been involved; whereas, in the case before us, a large portion of one hemisphere was the subject of suppurative inflammation, as well as the membranes investing it; operative interference, in such a case, in all probability, would only have tended to hasten death.

John G—, aged 25, was admitted into the infirmary on the 13th February, 1854. While engaged unhooking some wagons from an engine on the London and North Western Railway, the part of the engine on which he was supporting himself with one hand, gave way, and he fell on the rails; the wheels of twelve wagons passed over his left arm, and his head was struck by some of them. When picked up he was quite insensible, and he states, that the first thing he distinctly recollects, is finding himself in bed at the infirmary. This was after the performance of the operation, which will be subsequently detailed.

When admitted he was partially sensible, and answered questions put to him. On examination he was found to have sustained the following extensive injuries. The left forearm, about three inches above the wrist, was completely smashed, so that

the lower part was only connected with the upper by a few shreds of tissue; the wheels of the wagons had evidently passed over this part. The humerus was fractured about three inches below the shoulder-joint, and a small opening existed on the outside of the arm, which communicated with the fracture, which was comminuted. Further examination revealed a dislocation of the head of the humerus into the axilla. On ascertaining the condition of the head, it was found that a large portion of the scalp, at the posterior aspect, had been torn from the cranium, and was but slightly connected at one spot with the remaining portion of the scalp. The laceration had taken place from below upwards. The cranium was exposed to the extent of several square inches, and the lambdoid suture was seen in the centre of the denuded part.

*Treatment, etc.*—Chloroform having been administered, amputation at the shoulder-joint was at once performed. A flap was first made by transfixing the deltoid muscle, and the cavity of the joint was opened. The dislocated head of the humerus was now replaced, and the knife being passed behind it the under flap was made. The subclavian artery was compressed by the finger above the clavicle, and but little blood was lost during the operation. The flaps were secured in the ordinary way. The wound of the scalp was carefully cleaned, the parts replaced, and water-dressing applied.

As it is chiefly with reference to the progress of the scalp-wound that it is desired to direct attention, it will be sufficient, as regards the stump, to say, that it healed almost entirely by adhesion, and did well.

*General Progress of Case.*—A few days after the operation the pulse became somewhat slow and irregular, but this soon subsided. No symptoms indicating any mischief going on within the cavity of the cranium occurred. On the 22nd February, viz., nine days after admission, a portion of the scalp that had been torn sloughed, and exposed a piece of bone about half the size of the palm of the hand. A few days subsequently the remaining portion of the lacerated scalp sloughed, so that the whole extent of bone originally laid bare was exposed. The bone was for the most part pale in colour, but yet at some spots it presented a pink appearance. On the 2nd of March I find the following notes entered:—The bone is exposed to the extent of several square inches, granulations have sprung up in the line of the lambdoid suture, and are also shooting across from the integuments surrounding the denuded bone. Appetite good. He takes a chop daily; pulse quiet. The scalp is dressed with water dressing, and a weak solution of chlorinated soda, the discharge being of a somewhat fetid character.

March 6th.—There is a large collection of matter beneath the scalp, contiguous to the exposed bone. This was evacuated by incision. The granulations look flabby. To take a pint of ale and two mutton-chops daily.

9th.—There is but little discharge from the abscess of the scalp; granulations healthy; discharge natural.

13th.—In the evening he complained of pain in the head; pulse 50 and irregular; tongue clean. No other symptoms.

14th.—The pulse has resumed its natural state. The pain in the head is gone.

16th.—The granulations have increased in the line of suture; they are somewhat exuberant at the sides of the wound, and are repressed with caustic.

The wound progressed favourably from this date, under the treatment already mentioned, (the chlorinated soda wash being omitted as the suppuration became healthy,) and no symptom of any importance occurred till the 15th of April, when a portion of the denuded bone, which for some time had looked pale, and seemed deprived of its vitality, exfoliated. It was a thin shell, rough on its under surface. Healthy granulations appeared beneath it.

April 30.—He is progressing favourably. The remaining portion of denuded bone, which had been getting loose for some days, was removed; and, on examination, it was found that at one spot the whole thickness of the cranium had exfoliated, to the extent of nearly a square inch; the pulsation of the brain was distinctly visible where this had taken place. Healthy granulations appeared beneath the exfoliated bone.

May 25.—No symptom requiring any remark has occurred since the last report. Cicatrization is going on round the circumference of the sore. The pulsation of the brain is still visible, but it is more circumscribed. His health continues good. He was made an out-patient this day.

At the present time (June 13) he still attends as an out-patient. He has improved since he left the Infirmary. The wound is cicatrising slowly. The pulsation of the brain is much less visible, and is more circumscribed.



The two preceding cases serve well to illustrate the results which may occasionally follow injuries of the head. In some respects they are similar in their nature, in others totally different. In both cases concussion of the brain occurred; in the first, the immediate effects passing off rapidly; in the other, lasting for a longer period. In the first, the re-action probably having something to do with the inflammation of the brain, which subsequently manifested itself; in the latter, the re-action giving rise to scarcely any symptom at all. In both cases the bone was denuded of its pericranium at the time of the receipt of the injury, varying only in extent of surface; in both cases treatment of an unirritating kind was employed. Thus far the similarity holds; but, when we consider the results, we trace no resemblance. In one instance, where the injury to the scalp was but slight, and the extent of bone exposed small, we find inflammation of the brain of an insidious kind taking place, and terminating fatally; while, in the other, where there was severe injury to the scalp, and a large extent of bone denuded, and where the nutrition which is carried by means of the dura mater was so interfered with, that a large portion of the bone exfoliated, and at one spot throughout its whole thickness, so as to expose that membrane itself, and yet no symptoms of head affection occurred.

How are we to account for the discrepancy in the results in the two cases? That, in the latter case, the unirritating and simple nature of the treatment adopted had much to do with its favourable termination, was strongly impressed on the minds of all who watched its progress; but yet the treatment in the other case was equally unirritating and simple; and I think we must rather look to the antecedents of each individual than to the injuries sustained or the treatment adopted, for an explanation of the results that followed. In one instance the patient was in the middle of life, the accident happened while he was in a fit of intoxication, previous habits of drunkenness had undermined his constitution, and the result was fatal. In the other case, the patient was young, of temperate habits, and the powers of nature were sufficient to repair the complicated injuries he had sustained.

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## Medical Times & Gazette.

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SATURDAY, SEPTEMBER 30.

### CHOLERA CORRESPONDENCE.

As, on board a blazing ship, one can excuse a little hurry and confusion, so, in the midst of a raging pestilence, it is not to be wondered at if the laws of logic are somewhat neglected. Were it otherwise, we should be compelled to cry shame upon more than one of those who, during the last few weeks, have spilt ink on the various questions connected with cholera. The zeal of several has far outrun their prudence, and the laudable anxiety to be the first with good news has induced many to make broad statements regarding the treatment of this fell disease which further examination soon showed to be utterly unsupported by facts. Men love to exert power, and take pleasure in recognising their own influence in the events which surround them. Hence arise innumerable fallacies. We assume hastily that the part we have played has been the all-important one. Our deed turned the scale. It was our hand which won the victory. We did our best, and it is hard to be told, that, after all, that best was but dust in the balance, and had the least possible influence on the result which ensued.

There is something in the excitement and alarm which the outbreak of a violent epidemic causes which peculiarly unfits those closely concerned with it for cool reasoning. The effect is a constant one. It has been observed by all the chroniclers of former visitations, and is apparent in no less a degree in the present day. No sooner does the cholera show itself among us, than the Medical and General Press is at once inundated by letters which agree only in manifesting a spirit of daring defiance of all that Locke and Whateley have taught.

Reasonings on insufficient data, and reasonings upon no data at all, at once become the order of the day. There is, perhaps, not much to wonder at in this haste. It is, indeed, to a certain extent, excused by circumstances. The public are clamorous to be cured by drugs in which they place implicit faith, and the Profession is naturally anxious to cure by drugs, and to attribute to them whatever benefit may follow their employment. Hence arises an habitual forgetfulness of the spontaneous tendencies to cure, and bold statements are made as to the anticholeraic virtues of remedies at which any tyro might smile. It is often observed that the first cases in which any therapeutic experiment is tried do well, and that only after some little continuance of the plan failures begin to occur. We are acquainted with an instance, during the former epidemic of cholera, which occurred under the observation of a Physician to one of our largest Hospitals, and which well illustrates the deceptiveness of first conclusions. A new plan of treatment, in which the exhibition of nitro-muriatic acid was a chief feature, had been adopted, and no fewer than sixteen consecutive cases of severe cholera recovered under it. The experienced Medical logician declined rushing to print with this cheering piece of experience, and went on with the plan. Of the next sixteen, with one or two exceptions, all died, and further trials made it evident that the first result had been a mere coincidence, and that the plan possessed no superiority whatever over others. Another instance of remarkable coincidence happened a few years ago at St. Bartholomew's. Of six consecutive hernia cases, it chanced that in three the bowel was found gangrenous, and had to be cut open, while in the three others reduction was effected in the usual manner. The former three all recovered, the latter three all died. What, then, might be the conclusion? Plainly, that in hernia operations the safest practice is to slit up the bowel! Such are the absurdities which hasty reasonings lead to.

So long as the communications to which we have referred are restricted to Medical circles, there is not much fear of their doing evil. They are brought before those who are well able to judge of their merits, and, counting only as isolated facts, are supported or rendered doubtful by further experience. If false, the antidote is soon provided by some one else. By free discussion, even if both sides a little pass the bounds of cautious reasoning, there is much hope of ultimate arrival at truth. With the General Press, however, the case is totally different. The appeal is then made to those who are altogether unfit to judge. The evil which one-sided writing on Medical subjects in the general newspapers may do, is incalculable. We need not extend any caution to our readers, for we trust there are none among the respectable part of the Profession who would think of addressing themselves to the public upon purely Medical matters through the newspapers. To newspaper Editors, however, we may say, that in extracting, either from ourselves or from other Medical Journals, letters of the character alluded to, they incur a responsibility which they cannot estimate. We may make use of a recent instance to enforce the caution we would advise. In our edition of September 3, there appeared an able letter from Dr. George Johnson, of King's College, giving the results of his experience in the treatment of cholera by castor oil. The letter was written in the spirit of warm laudation of the remedy. It, at the same time, however, stated the facts on which the conclusions were founded. That letter was, as every one knows, reprinted by the *Times*, and preceded by some unwarrantable reflections upon the conduct of the Profession in rejecting novel modes of treatment. The very page of our Journal which contained that letter, had also one on "Purgatives and Cholera," professing to prove the induction of the disease by purgation. Two pages further on, in the same number of the Journal, was the following, from the pen of our own reporter:—"The circum-



stance that an unusual degree of mortality has not resulted in the practice of those who have given purgatives, seems to show that the necessity for arresting the alvine evacuations is not so imperious as had been supposed, while it cannot certainly as yet be held to prove more. Several isolated cases have been treated in the other Hospitals, according to the plan found so successful in King's College, *but without any similar results.*" We must suppose that this escaped the eye of the Editor of the *Times*, who ventured to volunteer the citation of *ex parte* evidence, and a defence of the plan recommended. For ourselves, we partake in faith neither with Dr. Johnson nor Dr. Maccloughlin. We do not believe in purgative elimination as a cure for cholera, nor do we regard with much alarm the exhibition of an oleaginous aperient in a case of bilious diarrhoea. We trust, therefore, that the public has sustained no material damage from the quantities of castor oil swallowed during the last three weeks. As to the cases of real cholera so treated, probably the fatality has been little, if at all, increased, since what facts have hitherto been collated seem to show, that the castor-oil treatment is only very slightly worse than useless. In the meantime, however, while not viewing the matter in so serious a light as to its immediate results as some do, we would urge upon all concerned in the direction of the general Press, that the case is a good example of the impropriety of their interference in the practical matters of medicine. If society has not been poisoned, it has at least been deceived by a false excitement, and by loud proffers of help from a source which could afford none.

#### THE STOURBRIDGE BOARD OF GUARDIANS AND THE NUISANCES REMOVAL ACT.

In another column will be found a correspondence between the Stourbridge Board of Guardians and one of their Medical Officers, upon the subject of remuneration being due to the Surgeons of Unions for giving certificates and attending before Justices, in cases involving the removal of nuisances.

It will be observed that the Board directs Mr. Walker, one of the Union Surgeons, to co-operate with the Inspector of Nuisances, to give information of any nuisance in his (Mr. Walker's) district, and also to furnish certificates as required by the Act of Parliament, and by direction of the Board of Health. This course is adopted by the Board because, as the local inspector of nuisances reports, the requisite legal steps cannot be taken without medical certificates. To this communication, Mr. Walker replies, that the removal of nuisances is not one of his duties, and that he cannot perform the task required of him, until the Guardians agree to grant him a reasonable remuneration.

To this very proper and moderate remonstrance, the rejoinder is, that the Board orders the clerk to write to Mr. Walker, *requiring him forthwith to obey* the directions of the Guardians, and in default of his doing so, requesting him to *resign his office.*

In this case, however, it would appear that the Guardians are in the wrong in point of law, for the opinions quoted in the Official Circular, published by direction of the Poor Law Board, are quite conclusive as to the liability of the Guardians to pay a reasonable remuneration for such services as they require Mr. Walker to perform. In the meantime, we understand that Mr. Walker has treated the request to resign with contempt, and has appealed to the Poor Law Board upon the subject. It is high time that this Board should be prepared to regulate such matters in a more liberal and equitable spirit.

**POISONING BY TOBACCO.**—A female, at New Brighton, Cheshire, has caused her death. "On her own mere notion that decoction of tobacco would do her good, she swallowed enough to kill five people."

#### REVIEWS.

*A Manual of Practical Therapeutics; Considered Chiefly with Reference to Articles of the Materia Medica.* By E. J. WARING, M.R.C.S., H.E.I.C.S. London and Bombay, 1854. 8vo. Pp. 755.

THE Author states very truly, that in many works on *Materia Medica*, the botanical, chemical, and pharmaceutical departments have been fully and minutely entered into, while the therapeutical has been comparatively neglected. He accordingly endeavours to collect and bring within a small compass "the opinions and experience of the most eminent writers of modern times as to the real value of the articles of the *Materia Medica* in the treatment of disease," and trusts, not unreasonably, that his work will be acceptable to "floating Practitioners," namely, Surgeons in the public services, in emigrant or merchant ships, or in distant colonies.

That our readers may form some idea of the manner in which Mr. Waring has executed his task, we will quote what he says about an old remedy:—

"*Sodæ bicarbonas, seu sesquicarbonas.* The bicarbonate or sesquicarbonate of soda. (The carbonate of the shops.) *Comp.* Soda 36·90, carbonic acid 52·38, water 10·71, in 100 parts; or 1 eq. soda=31, + 2 carbonic acid=44, + 1 water=9=84 eq. wt.

"*Med. Prop. and Action.*—Antacid, alterative, and lithontriptic, in doses of gr. x.—3j. When taken in large and long-continued doses, it causes derangement of the digestive organs and of the assimilating functions, and induces a state of the constitution resembling that accompanying scurvy. It is frequently employed in making effervescent draughts; thus, ℥j. of this salt saturates gr. xvij. of tartaric acid, or gr. xvij. of citric acid, or ʒiv. of lemon-juice.

"*Incompatibles*—Acids and acidulated salts, earthy and metallic salts, the hydrochlorate of ammonia.

"*Therapeutic Uses.*—In acidity of the primæ viæ, great relief may be afforded by the administration of gr. x.—xv. of the sesquicarbonate of soda in some aromatic water, four or five hours after a full meal. In *cardialgia* and *flatulence* arising from the same cause, it also proves very effectual. In the *aphthæ* of children it often proves effectual, combined with a few grains of rhubarb or hydrarg. c. cretâ.

"*Calculous Disease.*—In the lithic or uric acid diathesis, alkalies are clearly indicated, and are often productive of great temporary benefit. Dr. Prout prefers potash; but Dr. Marcet employed successfully the carbonate of soda, in doses of ʒiiss. daily; and it may be observed that the waters of Vichy, which have obtained great celebrity from their known solvent powers of calculous concretions, are almost entirely composed of soda. The French codex gives a formula for this celebrated water. It is made of simple acidulous water, impregnated with twice its bulk of carbonic acid ʒxxss., subcarbonate of soda gr. xxxij., sulphate of soda gr. xvj., chloride of sodium gr. iv., subcarbonate of magnesia gr. ½, chloride of iron gr. ¼, M.

"*Biliary Concretions.*—In the severe pain attendant on the passage of gall-stones, Dr. Prout states that he has seen more immediate alleviation afforded by large draughts of hot water, containing the carbonate of soda in solution (ʒj.—ʒij. ad aq. Oj.), than by any other means. The alkali counteracts the distressing symptoms produced by acidity of the stomach, while the hot water acts like a fomentation to the seat of pain. The first dose or two will be rejected, but it should be persevered in, and a few drops of laudanum may be added, if necessary.

In *Cholera*, the carbonate of soda forms one of the principal ingredients employed by Dr. Stevens in what is called the Saline Treatment. His formula was—℞ Sodæ carb. ʒss., sodii chlorid. ℥j., potas. chlorat. gr. vij., M.; dissolve in half a tumblerful of water, and repeat at intervals from fifteen minutes to an hour, according to circumstances. Salines were at the same time administered in enemata. Great expectations were formed of this treatment; but it does not appear to have answered as well as was anticipated.

"In *Diarrhœa*, depending upon Acidity of the Stomach, the carbonate of soda, by removing the cause, is often productive of much benefit; this is particularly the case in infants. Dr. Willshire prescribes the following formula:—℞ Pulv. rhei gr. ij., pulv. ipecac. gr. j.; sodæ carb. gr. iv., M. ft. pulv.

"The Vomiting of Pregnancy may often be arrested by the carbonate of soda (gr. x.—xv.) with a few drops of t. opii, or t. hyoscyam., or t. cardam. co.

"In *Dry Catarrh* much benefit is often derived from alkalies, particularly from sodæ carb. It is supposed to act by attenuating the secretions, and rendering them more liquid. Laennec, who speaks highly of alkalies in these cases, administered this salt in doses of gr. xij.—ʒss. daily. Salt-water and alkaline baths



should be employed at the same time. The liq. potassæ is generally preferable.

"*Neuralgia, connected with Acidity of the Primæ Viæ*, (a very common cause,) may often be removed by the administration of mild alkalies. In severe paroxysms of pain, Dr. Theophilus Thompson states, that he has known decided relief produced in a few minutes by the use of a few grains of sodæ carb.

"*In Acute Rheumatism*, Dr. Wright, of Birmingham, states that he has found no remedy so generally efficacious as the mild alkalies, particularly the carbonate of soda. He advises it externally in the form of bath, (3ij. to the bath,) and internally in the following form:—℞ Sodæ carb. ʒij., Mist. camph. ʒviij., M. sumat coch. amp. ij., 3tis horis. He relates several cases illustrative of the efficacy of this treatment, and considers that it acts by correcting the acidity which always exists in rheumatic attacks.

"*In Purpura Hemorrhagica*, the following formula, proposed originally by Dr. Stevens, has been found useful:—℞ Sodæ carb. ʒss., sodii chlorid. ʒj., potas. chlorat. gr. vj. M. Ft. pulv. ter in die sumend. ex aquâ.

"*In Diseases of the Skin*, particularly in those of papular and scaly character, M. Devergie has extensively employed the alkalies, both internally and externally. The bicarbonate of soda is the one chiefly used, the corresponding salt of potash being found more caustic and irritant. Internally, the dose is gr. xv. daily, in some bitter infusion, or in syrup (ʒss., syr. simp. ʒviij.); and this quantity is augmented gr. viij. every third day, until ʒj. is taken every twenty-four hours. This is the maximum quantity. Externally he employs lotions, baths, powders, and ointments. The baths are to contain each from ʒviij. to ʒxvj. of the carbonate, either of soda or potash. The lotions contain ʒij.—ʒiij. of the salt in Oj. of water, and are employed chiefly in *eczema* and *impetigo of the scalp*. The alkaline powder (one part of soda, ten of starch) is used principally as a depilatory, in *tinea* and *sycosis menti*. The ointments are of various strengths, according to the nature of the disease; thus, in *Lichen* and in its various forms, the strength is gr. viij.—xv., to ʒj. of lard; in *Lepra*, *Psoriasis*, and *Ichthyosis*, gr. xv.—ʒss. to ʒj.; and in *Porrigo Favosa*, ʒss.—ʒj. to ʒj., with a grain or two of quicklime. In *Porrigo Larvalis*, lotions containing this salt have been found highly serviceable.

"*In Albuminuria*, Dr. Osborne advises the internal use of the alkalies. Alkalescence, he observes, is a necessary condition of the blood, and that the free alkali is soda, and that when the soda fails, either from a deficient supply or from want of power to decompose the muriate of soda in the stomach, the result will be coagulation of the blood in the capillary vessels, and phenomena of inflammation in those parts in which such coagulation takes place, and that potash or soda taken into the stomach, either uncombined, or as carbonates, have the power of rendering the urine alkaline, and of dissolving fibrin. On these grounds he reasons that, when in any disease the kidneys contain fibrinous deposits, alkalies should be given. He employs the following:—℞ Sodæ carb., liq. potassæ, aa. ʒij., decoct. chondri crisp. ʒviij. Dose a tablespoonful every two hours in milk. When anæmia is very marked, he adds the tartrate of iron."

The work is exceedingly well arranged for reference, and is calculated to prove very useful to practical men.

*Notification of the Central Board of Health.* Drawn up and Presented by the Members of the Standing Committee for Kingston. Approved of and Ordered by the Board to be Printed. Kingston. 1854. Reprinted by Direction of the Secretary of State for the Colonial Department. Svo. Pp. 30.

THIS is an extremely useful pamphlet, highly creditable to the Jamaica Board of Health. In consequence of the cholera having appeared in the island in an epidemic form, the Board state, in the first paragraph of the notification, that they "deem it to be their duty to offer such remarks upon the nature, origin, spread, and preventive treatment of the disease, as they consider may be of service in warding off or modifying the severity of the malady, and also briefly to state the curative treatment which experience has pointed out to be the most successful." The Board support the opinion of the moderate contagionists. The treatment recommended is opium at the outset, that is to say, in the stage of diarrhoea. Salines at a later period. The saline powder the Board advise is composed as follows:—

Chlorate of potash, 7 grains.

Carbonate of soda, 20 grains.

Chloride of sodium, 30 grains.

Such a powder is to be given when the patient is in a state of collapse, every quarter of an hour,—“as much cold or iced water being drunk between the doses as the patient will take.”

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### UPON THE EFFICACY OF ICE COMBINED WITH COMPRESSION IN THE REDUCTION OF HERNIA.

In sixteen cases of strangulated hernia, in which all the ordinary means of reduction had been unsuccessfully employed, M. Baudens has effected the return of the bowel by the application of ice associated with permanent local pressure. The degree of refrigeration is to be regulated in proportion to the amount of inflammation in the hernial tumour, and the sensations of the patient. M. Baudens commences by the application of a simple compress, which is soaked from time to time in water, whose coldness is gradually increased. Fragments of ice are afterwards placed on the compress, and the cold thus produced may be augmented, if necessary, to a very considerable intensity by the addition of increasing quantities of common salt. Sometimes the refrigeration alone is sufficient to effect the reduction, as M. Baudens has witnessed on three occasions; but when this does not take place, an elastic bandage is applied over the ice, by means of which a continual steady pressure is exercised on the tumour. Whenever the rupture is so painful that no pressure can be tolerated, ice alone must be employed at the outset, and the elastic bandage may be added as soon as the sensibility of the swelling is sufficiently diminished. In order to facilitate the action of these measures, the pelvis should be kept in an elevated position.

M. Baudens ascribes the efficacy of this treatment to the powerful influence of cold in diminishing the size of the hernial tumour, by overcoming the capillary congestion, and extinguishing the inflammation in the strangulated bowel. Hitherto, says he, the treatment by cold has been condemned, because its therapeutical effects have been neglected or misappreciated. He regards the idea that the application of cold to a strangulated rupture is likely to produce mortification in the bowel as a groundless apprehension, believing that so large an amount of heat is developed in a part during the continuance of inflammation, as to enable it to resist with facility long and powerful refrigeration, without at all endangering its vitality. He admits, however, that it is quite possible to continue the application of cold too long, but maintains that the feelings of the patient furnish the best index as to the advantageous or prejudicial operation of the remedy. As long as the patient feels that the action of the refrigerant is grateful, and productive of comfort, its application should be continued; but, as soon as he begins to experience a disagreeable sensation of coldness and moisture, it should be immediately removed.—*Gaz. des Hôpitaux*, June 3, 1854.

#### UPON THE PATHOLOGICAL ANATOMY OF RANULA.

By Dr. C. O. WEBER.

The author relates the particulars of two cases of ranula, treated in the Surgical Clinique at Bonn, and adds thereto remarks to illustrate the pathology of the disease, which, in spite of the researches and writings of many authors, seems to be yet involved in some obscurity.

A smith, aged 33, applied, in the winter of 1851-2, at the Surgical Clinique, in consequence of a plastic membranous exudation on various parts of the mucous membrane of the mouth, following an attack of chronic diphtheritis. The use of the knife and scissors, and the application of hot iron, ultimately got rid of the affection; but, in May, 1852, there formed, close to the frænum linguae, on the right side, a ranula, which required many operations for its complete obliteration. The patient, who was also suffering from hydrocele, left the Institution in July, but returned in October, to have the radical operation performed on the tunica vaginalis. The tumour under the tongue had re-appeared, and required the re-application of the knife and cautery. In January, 1853, the ranula had formed again, having acquired the size of a hazel-nut. The contents were squeezed out, and collected for examination. The greater part of the cyst was excised, the operator having seized it with hooked forceps; the small piece which remained was rubbed with caustic. This proceeding seems to have been successful, for there was no return of the disease in January, 1854, when the patient was again seen on account of the hydrocele. The extirpated piece of the cyst was examined. It was covered by the mucous membrane of the mouth, and was composed of firm areolar tissue, containing many bloodvessels. The fluid was thick, greenish, and transparent, and contained epithelium and mucous corpuscles. Acetic acid caused immediate coagulation.



Catherine Korff, aged 27, was the subject of ranula on the left side of the frænum linguæ, for which Dr. Writzer performed the following operation:—He punctured the cyst with a trocar to collect the fluid pure. The anterior part of the cyst was then removed, and the remainder touched with tincture of iodine. The case terminated favourably. Dr. Boedeker examined the fluid, and pronounced that it contained neither albumen nor paralbumen in remarkable quantity, but some pyin. Its chief constituent (beside water) was mucus. The characteristic constituents of saliva, namely sulpho-cyanate of potash and phyalin were absent.

Thus the chemical analysis of the fluid of ranula does not allow us to pronounce the disease to be the dilatation of the duct of a salivary gland; it rather shows the analogy with synovial sacs and mucous cysts. Anatomical investigation points out the following structures under the tongue capable of being developed into cysts. 1. The salivary glands and their ducts, namely, the submaxillary and the sublingual glands and Wharton's duct. But these ducts are composed of a firm areolar tissue, with elastic and flat muscular fibres; the interior is covered by cylindrical epithelium. The cyst of a ranula is formed only of areolar tissue, and contains a little tessellated, but no cylindrical epithelium whatever. 2. The mucous glands of the membrane of the mouth. Dupuytren believed that obstruction to the duct of one of these glands might produce ranula; and this view is somewhat supported by the examination of their minute structure; but the author rejects it upon anatomical grounds. 3. The synovial sac described first by Fleischmann (*De novis sub lingua bursis*, Nürimberg, 1841), the presence of which has been confirmed by Froriep. It lies close to the frænum linguæ, on the outer side of the genioglossus under the mucous membrane of the tongue, sometimes only on one side, sometimes on both, but never between the two muscles. The Author, after pointing out the necessity of taking all these structures into consideration in the examination of cystic tumours in the floor of the mouth, expresses his belief that the cysts described by Fleischmann form the ranula commonly seen in surgical practice.—*Virchow's Archiv.*, Bd. vi. Heft. 2.

#### NEW METHOD OF DIAGNOSIS IN FISTULA ANI.

In cases of fistula ani, in which the intestinal orifice of the fistula cannot be discovered by the ordinary methods of investigation, M. Limaugue suggests that a small quantity of the compound tincture of iodine should be injected through the external aperture of the fistula, while the finger of the operator is retained in the rectum. A permanent stain will thus be produced on the skin of the finger, by which not only the existence of an internal orifice is established, but a pretty correct idea is also afforded of the situation of that orifice, and its distance from the outlet of the bowel.

M. Limaugue observes, that the tincture of iodine is preferable to other coloured solutions that have been recommended as injections into fistulæ, because, if the rectal orifice of the fistula should happen to be extremely small, so minute a quantity of the injected fluid may penetrate into the bowel, that its presence may easily escape detection, unless a distinct and indelible stain, such as the tincture of iodine communicates, is imparted to the finger. *Arch. Belges de Méd. Mil.* 1854.

### GENERAL CORRESPONDENCE.

#### CHOLERA IN THE BLACK SEA FLEET.

[To the Editor of the Medical Times and Gazette.]

110, Jermyn Street, Sept. 8, 1854.

SIR,—Knowing the great interest which attaches at this moment to the condition of our fleet in the Black Sea, I shall take a liberty with a letter received from a friend by forwarding an extract from it concerning the present condition of the health of the ships, for the information of your readers.

I am, &c.

JOHN T. VEITCH, M.D., F.R.C.S.E.

Baljik, August 23, 1854.

\* From the great interest \* you still take in all \* that concerns the service in which we were once companions, I know perfectly well that you will read with eagerness an account coming direct from the scene of this alarming visitation, which may appear to many to be quite unprecedented; but which has, as far as I can see, conformed to laws already ascertained.

I shall, therefore, relate to you a few of the circumstances which I have witnessed, or which have come to me on reliable authority.

We all know there are peculiar conditions of the general health that precede an approaching epidemic of cholera, and these have not been wanting in this instance.

From the early part of July, bowel complaints—fatal in some cases—have existed in the camp at Varna. To have called these cases “Asiatic cholera” would have laid one open, then, to the charge of being “an alarmist;” but now no one doubts their true character.

In the fleet, too, and especially in the division of it anchored at Varna, diarrhoea of a bad form has been frequent from the early part of the summer. The peculiar characters of this diarrhoea have been depressed animal spirits, prostration of muscular power, a dusky dry skin, or a damp chilled surface, with a lurid heavy expression of the eye, the vivacity and rapidity of its glance being lost, and its orbit surrounded with a darkened arcola. Digestion and assimilation, especially of vegetable food, were suspended, and the excretory functions of the liver and kidneys were diminished, or even temporarily suppressed. In most cases, the re-action of the system after this stage of depression amounted to ephemeral fever.

This ought to have been regarded as an epidemic condition, pregnant with evils of a more formidable nature, or, at all events, as offering a congenial bed on which poisonous seeds, brought from a distance, would find everything conducive to their speedy development.

It may seem far-fetched to speak of any “unfavourable circumstances of place” influencing ships lying at anchor in an open roadstead, off a narrow strip of shore, from which the land rises in cliffs, broken here and there by water-channels; because all the features of such a scene wear a health-giving aspect. If, standing on the cliffs of Dover, and admiring a noble fleet at anchor in the Downs, you were told that diseases existed among them from local circumstances, you would ridicule the idea; nor would you think it probable, that before to-morrow's noon the majority of them might be afflicted with pestilence, that should leave forty healthy men of to-day dead on the decks of a single ship: but all this has occurred with us.

With regard to local causes of disease, if you were here you would think with me, that man may convert even the pebbly beach into a source of disease by neglect of ordinary sanitary precautions.

To feed the large community of 20,000 who man the Allied fleet requires a daily hecatomb of slaughtered beasts; and, for three months past, this Commissariat operation has been performed close to the sea-side; the offal,—paunches, heads, and feet, of horned cattle, have been cast into the sea, carried along-shore by the current, and stranded again at some distant spot; so that the beach, for two miles from the butchery, is strewn with putrid animal remains.

Now, the seamen who are sent ashore on duty rarely have permission to go away from the beach; sometimes they are detained an hour or two waiting for some person, or while their boats are being loaded with fresh water. They saunter along the shore; perhaps they trespass on the neighbouring gardens, and help themselves to unripe fruit; or they stretch themselves on the sand and fall asleep amidst all the odours of putrefying remains,—which cannot be healthy when the thermometer ranges from 80 to 90 degrees. I have often remarked on the evil consequences that might be expected from such gross carelessness of seamen to the commonest dictates of prudence.

Such facts as these may explain much of the condition of the general health as to bowel complaints which has reigned here; but a certain something was still wanting to give the prevalent disorder the true cholera characters. No case of collapse had occurred in the combined fleet, as far as I am aware, until after the arrival of a vessel which had Asiatic cholera among her crew.

On the 14th of July, a small steamer arrived from the South of France, having lost four men by cholera on her voyage, and one on the night preceding her arrival. She anchored inshore of the English squadron, and landed her men, to live in tents. Another French steamer, similarly situated, joined her on the 25th, and, while thus encamped, they buried several of their men.

Soon after the arrival of this vessel, cases of collapse occurred in ships of the fleet. The Diamond, which was near to the encampment, had a case on the night of the 16th; and the French three-decker, Valmy, sailed out of the bay on the 25th, on account of having had several cases.

In the meantime, on the 21st of July, the main body of the Allied fleet left this, to reconnoitre the Crimea, and returned to



the anchorage on the 31st, apparently in healthy condition, expecting no epidemic disease. Elated with the result of the visit to the Crimea, all energies were directed to the preparations for an intended siege, and it was generally believed that we should depart from this about the middle of the month, to commence active operations. No one hesitated in anticipation,—none dreamed of an unseen agency that might postpone the expedition, and could lay low, in a single night, as many of a ship's crew as have been struck off a ship's muster-book after severe engagements.

To be maimed, or even to die in battle, is the "fortune of war," of which each may coolly calculate the chances, knowing that glory, etc., await the survivors. But to perish by scores in a single night, all aid being applied in vain, none knowing who may be next seized, or what limit will be placed to the calamity, is a situation which will always appal men of courage, unimpeachable amid the horrors and the din of battle.

A week after the return of the fleet to Baljik, on the 7th of August, about 4000 French troops encamped on the heights abreast our anchorage. These were part of the 1st division of the army that had marched to Kostenje, about ten days before. By it the first blood had been drawn on the part of the Allied army. The loss in battle was small, but they had encountered an enemy more terrible than the Russian. The cholera had broken out among them, and attacking 400 on the first night, had destroyed 60. The total loss had been something incredible. It was said, that out of 11,000 men, not less than 5000 had perished in a few days. This dreadful calamity was attributed to drinking water from wells that had been poisoned by throwing in putrid carcases.

Putting aside the question of intentional poisoning which always presents itself as the most ready way of accounting for such destruction, perhaps some support to the theory, that water is the medium by which cholera poison is conveyed, may be found in this circumstance, and in another of which I was witness. These soldiers, wearied by marching from a focus of cholera infection, were seen, many of them, washing their persons and clothing in the stream from which all the French ships of war, and the majority of the English fleet, obtained their water. This was going on on the 7th and 8th, and on the nights of the 9th and 10th, the disease burst out with great violence among the crews of several ships.

Some English ships were the first to suffer, on the night of the 9th, and they proceeded to sea the next morning. On the night of the 10th other English ships and some of the French began to suffer, and the latter in an almost unparalleled manner.

The two Admirals' ships, Montebello and Ville de Paris, were terribly affected. On the previous day they had been in as healthy a state as usual, and in the night the cholera attacked, in the former, 200 men, of whom 40 lay dead in the morning, and in the Ville de Paris there were also many deaths. The French fleet sailed on the afternoon of the 11th, and the following morning saw the English ships also at sea.

On Sunday, the 13th, after receiving sick reports from all the ships, the Commander-in-Chief hoisted a signal, "All are improving," which was cheering to all.

14th.—Several ships hoisted their ensigns half-mast while engaged in the burial service of their dead. It blew fresh this day, and at night the courses were reefed, which implies the necessity of closing the lower deck ports, by which ventilation was greatly impeded.

By signal we learned, that 5 ships were improving, 3 not better, and only 2 unaffected.

On this day, about noon, the Britannia, which had left port in a favourable condition, was attacked suddenly, and in twenty hours upwards of 50 of her crew had expired. We knew nothing of the calamity that had overwhelmed our leader until the following evening, when "reports of the sick" were sent from each ship to the Admiral. By this time, the evening of the 16th, 80 had died, and more than 200 remained in greater or less danger.

The night of the 16th must have been one of great consternation on board her; the epidemic went on with unchecked violence, the officers were voluntarily attending on the sick, and the very few of the crew who had not been attacked, or who were not assisting their unfortunate messmates, were found, quite insufficient to perform the duties of a ship when under sail, and the Admiral, therefore, determined to return to Baljik, taking with him the Trafalgar and Albion, also badly affected.

The crew of the Britannia were at once sent away from the ship in small parties, into the numerous transports that remained idle, and it appears, that by this procedure, the epidemic influ-

ences operating among them have been greatly moderated, if not extirpated.

Next to the Britannia, the Albion has suffered most severely, and then the Trafalgar, Vengeance, Furious, Rodney, London, and Queen, the last having lost only two.

As far as I can gather, the losses are, in round numbers—Britannia, 130; Albion, 60; Trafalgar, 30; Furious, 18; Vengeance, 16; Rodney, 6; London, 5; Queen, 2; Retribution, 1.

You may regard this as an approximation somewhat below the reality.

If, as they say, the epidemic has ceased, and there are "no fresh cases," then we may add 5 per cent. for deaths by consecutive fever, and compute our total loss at 270 men, and that the number of men put *hors de combat* by sickness will not be less than 300 more. This will show how greatly our strength has been reduced in a few days, perhaps as much as it would have been by an attack on Sebastopol. I am sorry to add, that, as far as we know, the loss of the French exceeds our own, and is, probably, more than double, as two of their ships have not had less than 350 deaths between them.

Our Professional affairs are by no means satisfactory. We are numerous enough when our ships are employed in summer cruises in the Mediterranean; but our present reduced numbers are totally inadequate to such emergencies as this.

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### CHOLERA IN ST. JAMES'S.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have not yet quite completed the statement I hoped to have sent to you for insertion in this week's Journal of the general results of the recent epidemic, as seen in the Middlesex Hospital; but I cannot delay till another week several questions regarding the cause of the late fearful outbreak, which has clothed in mourning so many families in the Soho and St. Anne's districts of St. James's parish. They are questions, it appears to me, which all connected with the Hospital that has borne the brunt so heavily have a right to put, and which the public has a right to see answered, when they are called to contribute to the relief of the widows and orphans whom this visitation has cast penniless and friendless on the world. And it is not my fault that they were not addressed ten days ago to the St. James's Vestry, through the same columns in which the luckless Commissioners of Sewers are denounced by zealous correspondents as the chief cause, and castor oil is lauded as the only "rational" cure, of this inscrutable pestilence. Having repeatedly visited the district during the height of the epidemic, and made careful inquiry on the spot regarding the circumstances that led to so calamitous an invasion, it has struck me as very strange that no one has asked—

1. Whether the disease was not prevalent in the Soho district for ten days, and seriously so for a week, before Friday, the 1st of September?

2. Whether, in these circumstances, any such means as were proved to be useful in 1849—as house-to-house visitation and the establishment of houses of refuge in the neighbourhood—had been adopted to check its further progress?

3. Whether, on the contrary, the disease had not been raging with its utmost intensity for thirty hours before the Vestry met to ask each other what should be done?

4. Whether the medical visitors, who ought to have been appointed three weeks beforehand, were not appointed for the first time on the afternoon of Saturday, the 2nd of September, *i.e.*, after scores of victims had been already sacrificed?

5. Whether, on their appointment, these gentlemen were not informed that their remuneration for attendance at all hours of the night and day, and for supplying medicine, would be at the rate of 3*l.* 3*s.* a-week?

As it is possible that common report has wronged the Vestry of St. James's, in giving an affirmative reply to all these questions, I think it but fair to give them an opportunity of disabusing the public mind, and of giving to the world a true statement of the case, before I venture to draw any conclusions from the tragical events which have startled so many during the first fortnight of September. But until these questions are met with a decided negative, it seems to me far worse than useless to be systematically leading the public mind on a wild-goose chase, among sewers that have been closed up for months or years, and plague-pits that were dug and filled in the days of Robinson Crusoe and his gifted biographer.

Yours, &c. A. P. STEWART.

Grosvenor Street, Sept. 27, 1854.



## TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am very glad that castor oil has been given by Dr. Johnson in all the cases of the disease generally called cholera which have come under his care at the Hospital; but, as I believe that opium and brandy should be most carefully avoided, even after the stage of collapse is safely passed, perhaps you will allow me to describe in your widely circulating columns, the treatment I adopted in nearly 200 cases at Newcastle, in 1831—2; in at least 300 cases at Hull, in 1849, and in more than 100 cases at Newcastle last year; and which effectually cured every one of these cases, a great many of them in the extremity of collapse, to whom opium or brandy, or some other stimulant, had not previously been given. Some of these cases, in collapse, to whom opium or brandy, or some other stimulant had previously been given, recovered by the treatment I adopted. My plan of treatment is as follows:—Carbonate of soda  $\mathfrak{z}\text{ij}$ ., sugar  $\mathfrak{z}\text{ij}$ ., water,  $\mathfrak{v}\text{iii}$ . Two table-spoonfuls of this mixed with one table-spoonful of lemon juice, is given in a state of effervescence every two hours, and after every vomiting. If any dose of it be rejected by vomiting, another dose is given directly after, and repeated as often as it is rejected. In a few minutes after a dose of it has been taken and retained, I give calomel gr. i., blue pill gr. i., powdered rhubarb, gr. v. This is given in a little jelly or treacle, or is made into two pills with a drop or two of water. Four or five hours after this has been taken, I give a teaspoonful of castor oil in half a wineglassful of milk. The powder is repeated every twenty-four hours, and the castor oil twelve hours after each powder, until the tongue has become clean, and the evacuations from the bowels have become natural. After the sickness and vomiting have ceased, the effervescing medicine is given every three or four hours. Warm milk, barley water, oatmeal water, or toast and water, is given as often as the thirst requires it. The patient is allowed, after the sickness and vomiting have ceased, to take a little boiled barley, or sago in milk, and chicken or weak mutton broth, either warm or cold. I use no external remedies, and apply nothing warm to any part of the body. In cases unaccompanied with sickness and vomiting, I give a dose of the effervescing medicine every three or four hours, the powder every night and the castor oil in the morning, until the diarrhoea entirely ceases. I have not called any case of this disease cholera; and I give the name inflammation of the inner membrane of the bowels to every case of it. I have no reason to believe that the effort of vomiting is beneficial. The sickness, vomiting, and retching are very distressing symptoms, and I endeavour to relieve them as soon as possible. The effervescing medicine very speedily relieves them, and the cramps in the extremities soon abate after it has been taken; and I believe it has a very beneficial effect in correcting and allaying the diarrhoea. It may be proper to state, that I published my treatment and its result in 1832, 1836, and in the early part of the present year; and I addressed a circular last year to the members of the Profession resident at Newcastle and Gateshead, in which I described my treatment, and requested them to test its efficacy in any case they might attend. I proposed also last year, to the Board of Health at Newcastle, to attend gratuitously any number of cases they might deem requisite, to convince them that the disease may, in any of its stages, and in every instance, be cured by the treatment I described.

I have lately attended three cases in the extremity of collapse, one of them a woman 84 years of age; and they have recovered.

I am, &c. G. TINN.

Barton-upon-Humber, Sept. 18, 1854.

## UNIVERSITY COLLEGE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you kindly give insertion this week to the following corrected statement of the results of our treatment of cholera, as the report given last week gives quite a wrong impression. In all, 50 cases have been admitted to our Hospital; 32 cases have died, 16 recovered; while 2 remain under treatment, and will probably recover. 26 cases have been treated on Dr. Ayre's plan, of which 11 have recovered; 8 on castor oil, of which 1 only recovered; several on hyposulphite of soda, of which none have recovered.

Our treatment might have been made to appear more successful, if I had not carefully excluded all cases of choleraic diarrhoea from the enumeration, not counting any cases in which

there were not cramps, suppression of urine, and rice-water stools; and in most cases there was also marked collapse.

I am, &c.

THOS. HILLIER,

Resident Medical Officer.

Sept. 27.

## QUACKERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall be obliged if you will allow the insertion of the enclosed advertisement, cut out of the *Rugby Advertiser* of last week, in your Journal. H. Bannister is a dyer and scourer by trade, and quack by profession. Perhaps you would be so good as to suggest some means for putting a stop to such quackery.

I am, &c.

A SUBSCRIBER.

Rugby, Sept. 19, 1854.

"Facts are stubborn things."

The undermentioned cures have been effected by

H. BANNISTER,

No. 6, WEST LEYES, RUGBY,

Within the last three months:—

Mr. John Jillings, of Lawford, was cured of two broken ribs in three weeks.

Miss Carter, of Dunchurch, cured of an ulcerated hand.

Mr. John Smith, of Spon Street, Coventry, cured of the rheumatism, of 12 years' standing.

Mr. Powell, Coventry, cured of a very bad case of St. Anthony's fire.

Elizabeth Archer, cured of two very bad legs and joints contracted.

Mrs. S. Law, Church Street, Rugby, cured of a tumour in the breast.

Mrs. Worall, Grandborough, cured of two bad breasts.

Mrs. Thompson, of Barby, cured of the scurvy and two bad breasts of ten years' standing.

Moses Cowley, of Clifton, cured of an abscess in the neck.

Three ladies, residing in the vicinity of Rugby, cured of the King's evil.

Mrs. Walton, Thurlaston, cured of a very bad leg.

Other cures of King's evil, fistulas, etc. Respectable references can be given.

To prevent prejudice or doubt,

NO CURE NO PAY!

## REPORTS OF SOCIETIES.

## ROYAL SOCIETY.

## ON THE IMMEDIATE PRINCIPLES OF THE EXCREMENTS OF MAN AND ANIMALS IN THE HEALTHY CONDITION.

By WILLIAM MARCET, M.D.

[Communicated by F. MARCET, F.R.S.]

The author describes a new method of extracting the immediate chemical constituents of the excrements of man and animals, and gives an account of the substances obtained by its employment. Healthy human faeces are boiled to exhaustion in alcohol. The residue is insoluble in ether, and yields to boiling water nothing but ammoniaco-magnesian phosphate. The strained alcoholic solution deposits, on standing, a sediment, from which it is decanted, and then mixed with milk of lime. The subsiding lime is of a yellow brown colour; it is dried on filtering-paper, and treated with ether, cold or hot; and the solution thus obtained yields, on spontaneous evaporation, beautiful silky crystals, which are purified by solution in a mixture of alcohol and ether, repeated filtration through animal charcoal, and recrystallisation; they then appear in circular groups, have the form of acicular four-sided prisms, and polarise light very readily. This crystalline body the author proposes to call Excretine. It is very soluble in ether, cold or hot, but sparingly soluble in cold alcohol; its solution has a decided though weak alkaline re-action. It is insoluble in hot or cold water, and is not decomposed by dilute mineral acids. It fuses between 95° and 96° C., and at a higher temperature burns away without inorganic residue. When boiled with solution of potash, it does not dissolve. As to its qualitative constitution, it is found to contain nitrogen and sulphur, though in small proportions; the products of its decomposition have not yet been investigated.



The author has in several cases observed the excretine to crystallise directly in the alcoholic solution of fæces before the addition of lime, and has scarcely any doubt that it exists for the most part in a free state in the excrements, and constitutes one of their immediate principles. As to its source, he observes that it appeared in excess when a considerable quantity of beef had been taken, and in less than the usual quantity in a case of diarrhœa attended with loss of appetite; but none could be directly obtained from beef on subjecting it to the same process of extraction as fæces. Neither could it be found in ox-bile, the urine, or the substance of the spleen. From the difficulty of obtaining the contents of the human small intestine in a healthy state, its presence or absence in that part of the alimentary canal has not yet been satisfactorily determined. The lime precipitate, after having been thus thoroughly deprived of the excretine by ether, is next treated with hydrochloric acid, and water or alcohol, by which means margaric acid is extracted from it. The author is uncertain whether the margaric acid of the fæces is free or combined with excretine; but he is disposed to conclude that the neutral fats are decomposed in the intestinal canal, and their acid set free. Not having been able to detect stearic acid in human evacuations, he supposes that what is contained in the fat of mutton or beef taken as food must be converted into margaric acid in its passage through the alimentary canal. The lime precipitate, freed from excretine, and dissolved in alcohol by means of hydrochloric acid, forms a dark, port-wine-coloured solution, from which the margaric acid is deposited. On then adding water to the solution, and concentrating it on the water-bath, a flaky colouring matter separates, which, being purified by solution in ether, and washing with water, is obtained as a dark brown or black amorphous substance, similar to the colouring matter of blood, and to that which Dr. Harley has lately extracted from urine. The matters brought down with the lime having been thus extracted, the sediment which spontaneously subsides from the alcoholic solution of fæces before its treatment with the milk of lime is next examined. This deposit appears to be complex in its nature; it has a strongly acid re-action, and presents under the microscope small oily globules, mixed sometimes with crystals of excretine, and accompanied by a yellow amorphous matter. By boiling with alcohol and filtration, a residue remains, which the author has not yet examined, and two substances are obtained from the filtrate. The first is deposited on cooling; when collected and dried on filtering-paper it has a granular character, and is quite colourless; it is very sparingly soluble in ether, fuses by heat, and burns with a bright fuliginous flame, leaving a white residue, consisting of phosphate of potash. The author has not yet been able satisfactorily to decide whether this is a pure immediate principle or not; he is inclined to consider it as a combination of phosphate of potash and a pure organic substance. The filtered fluid, after separation of this matter, still contains a substance, which he has called Excretoic acid. It is obtained by evaporating to dryness, extracting the residue with ether, adding to the ethereal solution alcohol and lime-water, and heating. The acid is precipitated in combination with lime, from which it is separated by means of sulphuric or hydrochloric acid and solution in ether. The ethereal solution, after being well washed with water to remove mineral acid, yields the pure excretoic acid on evaporation. This body is of an olive colour; it fuses between 25° and 26° C., and at a higher temperature burns without residue. It is insoluble in water and in a boiling solution of potash; very soluble in ether; sparingly soluble in cold alcohol, readily so in hot; its solutions having a marked acid re-action. The author is disposed to believe that in excrement it is combined in form of a salt, with excretine or a basic substance closely allied to it, which is obtained in the filtrate from which the excretoic acid is precipitated in combination with lime in the process of its purification. The author failed to obtain evidence of the presence either of butyric or of lactic acid in the clear alcoholic solution of fæces filtered from the precipitate formed by the milk of lime. From the above investigation, therefore, it appears that healthy human excrements contain:—

1. A new organic substance, possessing an alkaline re-action, which the author names Excretine.
2. A fatty acid, having the properties of margaric acid, but not constantly present.
3. A colouring matter, similar to that of blood and urine.
4. A light granular substance, whose properties have not yet been sufficiently examined to admit of its being considered a pure substance.
5. An acid olive-coloured substance, of a fatty nature, named Excretoic acid.
6. No butyric acid and no lactic acid.

The fæces of various animals were submitted to the same process of analysis, with the following results:—

1. The excrements of carnivorous mammalia, viz., the tiger, leopard, and dog (fed on meat), contain a substance allied in its nature to excretine, but not identical with it. They contain no excretine; they yield butyric acid, which is not present in human excrements.
2. The excrements of the crocodile contain cholesterine and no uric acid; while those of the boa yield uric acid and no cholesterine.
3. The fæces of herbivorous animals, viz., the horse, sheep, dog (fed on bread), wild boar, elephant, deer, and monkey, contain no excretine, no butyric acid, and no cholesterine.

## THE STOURBRIDGE BOARD OF GUARDIANS

AND THE

### NUISANCES REMOVAL ACT.

Stourbridge, August 25, 1854.

SIR,—It having been reported to the Board of Guardians that the Inspectors of Nuisances are in a great measure unable to remove several nuisances, owing to the want of a certificate from the Medical or Relieving Officer to enable them to take proceedings for removal of the same, I am directed by the Board to request that you will co-operate with the Inspector of Nuisances, and give them information of any nuisance in your district, and also furnish them with the certificate required by the Act of Parliament, and also by the direction of the Board of Health, so that proceedings may be properly taken when parties will not remove the nuisances without adopting that course.

Yours obediently, W. B. COLLIS, Clerk.

H. Walker, Esq., Surgeon, Brierly-hill.

Stourbridge, Sept. 1, 1854.

DEAR SIR,—I am directed by the Board of Guardians to acknowledge the receipt of your letter of the 26th ult., and to transmit you a copy of a Resolution passed at their meeting this day.

I remain, dear Sir, your obedient servant,

W. B. COLLIS.

H. Walker, Esq., Surgeon, Brierly-hill.

The following letter from Mr. Walker, one of the Medical Officers of the Union, having been read and considered:—

Brierly-hill, August 26, 1854.

DEAR SIR,—In reply to your letter of yesterday, I beg to say, that the removal of nuisances constitutes no part of my contract with the Guardians of this union, and that I cannot co-operate with the Inspectors of Nuisances until a reasonable rate of remuneration for my services is fixed upon.

I am, dear Sir, yours faithfully,

H. WALKER.

W. B. Collis, Esq.

Ordered:—That the clerk do write to Mr. Walker, and express the extreme surprise of the Board that he should have written the above letter; and the Board hereby again require Mr. Walker forthwith to obey their directions with regard to the letter addressed by the clerk to him on the 25th August ult.; and, in default of his at once complying with such directions, they must request Mr. Walker will resign his office as one of the Surgeons to the Union.

The Board much regret, that at a time when the co-operation of the officers of the Union "are" especially necessary to prevent disease, that Mr. Walker should have written the letter in question.

The following two decisions are published in the official Circular, by the direction of the Poor-law Board, and intended for the guidance of Boards of Guardians and their officers:—

Vol. VII., page 19.

"FEE TO MEDICAL MEN FOR CERTIFICATES.

"October 24, 1846.

"Clerk of Louth Union: Inquired whether any, and what, fee may be given to Medical Practitioners, for furnishing certificates, under the 9th and 10th Vic., c. xvi., by order of the Board of Guardians; and if the Medical Practitioner is a Medical Officer of the union, and is directed by the Board to give such certificate, whether he will be entitled to any, and what, fee.

"Answer: The 9th and 10th Vic., c. xvi., is wholly silent on the subject of remuneration to the Medical Practitioners. If they originate the matter, which they apparently can do under the



statute, they cannot claim any remuneration for their trouble. If the Medical men are employed by the Guardians, or by any other body, to make the examination, and to give the certificate, they will be entitled to a reasonable compensation. The Commissioners cannot state what should be the amount of such compensations. The Commissioners cannot require the Medical Officer of the Union to give any such certificate by reason of any duty imposed upon such officer."

Page 265.

"PROCEEDINGS FOR REMOVAL OF NUISANCES.

"April 3, 1848.

"Clerk of Luton Union: The Guardians have taken proceedings, under the statute 9 and 10 Vic., cap. xvi., against several owners of premises, for the removal of nuisances, which were certified to them, at the request of Guardians, by two of their Medical Officers, one of whom has sent in a bill, amounting to 3*l.* 3*s.*, for his fees for certificates and attendances, before justices. In some of the cases, the parties have removed the nuisances without an order of justices; and, in others, orders have been issued. Inquired whether the charges of the Medical men for certificates and attendances upon the justices are recoverable under sections 2 and 13 of the said Act; whether, in those cases in which the parties have been summoned, but have removed the nuisance without an order, the justices can order payment of the expenses incurred; and, if not, whether the Guardians can charge such expenses, including the Medical men's fees, in the accounts of the respective parishes.

"Answer: The Board, having consulted counsel in the matter, are advised that the public authorities alluded to in the 1st section of the 9th and 10th Vic., cap. xvi., have power to originate proceedings under that section; and that where Medical Practitioners are employed by them, to inquire into and certify as to a nuisance, such Medical Practitioners may lawfully claim remuneration for their certificate from the authorities so employing them; though, if they send such certificate of their own accord, or at the instances of any private individuals, they have no such legal claim. The Board are further advised that such Medical Practitioners could not claim remuneration for their attendance before the justices without a special contract, (see *Payne v. the Guardians of the Strand Union*, 82 B., Rep. 326); but that, under the 13th section of the Act, they might be paid such reasonable remuneration as might be made the subject of a proper agreement. With regard to the fund, or party chargeable with the expenses in question, the advice given to the Board is to the effect that the party complained against is not liable to re-imburse the expenses of the preliminary inquiry, the costs recoverable from him under the second section of the Act being limited to those incurred in obtaining and executing the order, *i. e.*, necessarily incurred in the proceedings pointed out in the first section which follows the receipt of the certificate; but that the costs incurred by the public authorities in causing inquiries to be made and premises examined, or in taking proceedings under the Act, may (provided they are reasonable and proper for effecting the general objects of the Act) be defrayed out of the Poor-rates under the 13th section, in the several cases where no application is made to the justices, or where no order is obtained, and the justices, nevertheless, in the exercise of their discretion, decline to make an order for costs under the second section."

### PROTRACTED GESTATION (?)

In an affiliation case, at Cheltenham, the solicitor for the plaintiff said, it was agreed that the last time the defendant had intercourse with the young woman was on the night of the 5th of July, 1853, because he left her on the following morning to proceed to his situation at Northleach. From that period up to the birth of the child, on the 21st of May in the present year, would be exactly 45 weeks and four days, or 319 days altogether. It was contended on the other side, that as 40 weeks, or 280 days, was the natural period of gestation, the defendant could not by any possibility be the father of the child.

The Medical witnesses were then called.

Dr. W. P. Brookes: I am a Physician and Surgeon, practising in Cheltenham for the last fifteen years. I have heard your statement of the dates, showing that the period of gestation in this case must have been as long as 319 days. I know there are cases on record of equal length. Dr. Murphy, the chief Physician of University College Hospital, reports a case where the period was 324 days. I have met with no such case within my own experience. I have known women to be three or four weeks

out in fixing the period of confinement; but I have never noted a case of unusually protracted gestation.

By Mr. Pruen, for defendant: I do not of my own knowledge name any case beyond the usual period of 280 days, though I have had such cases, but could not now name one. It is by no means general to find the period extended, and such a case as this I should call a very rare case. There are several cases reported in Taylor's work which go to equal lengths, even allowing for the usual period after menstruation has ceased. I believe in these cases as I would in any other Medical facts. Dr. Murphy, in his cases, dates the commencement of the period of gestation 28 days after menstruation has ceased.

By Mr. Chesshyre, for plaintiff: I should not say this case is by any means impossible, when I have such high authority to go upon.

Mr. A. W. Gabb: I am a surgeon, in practice in Cheltenham. I have heard the dates given in this case, and I believe it very possible that defendant may be the father of the child. In my own practice I have known the period of gestation extend much beyond the usual time, which is nine months. I have known a case where the period has been 310 days, or thirty days beyond the natural and usual time.

By Mr. Pruen: I have allowed, in the case I have named, the usual period after menstruation has ceased. Of 310 days I am certain, and I believe it to have been a few days more; I am certain conception must have taken place ten clear months before parturition. The labour was an ordinary one of twelve hours' duration. The same circumstance has occurred twice to the same lady within my own knowledge, and, I thought the case sufficiently remarkable to induce me to mention it to my professional brethren. I do believe 319 days quite possible and probable as the period of gestation, because there are cases on record of even longer periods. There are cases reported of eleven, and I have read of one case of twelve months' duration. Taylor, in his work, gives a case of 325 days, and in that case the date of conception is taken after the usual period of menstruation. I cannot go of my own knowledge on any case beyond 310 days.

By Mr. Chesshyre: There are cases of protracted parturition, where the labour has extended over a week.

Mr. Charles Fowler: I am a Surgeon, in extensive midwifery practice for many years in Cheltenham. I have never known a case in which the period of gestation has extended over 300 days; never, in fact, beyond the usual period of 280 days, so far as dates could be ascertained. This is the result of my own practice; but of course other gentlemen have met with different results.

Mr. Chesshyre: I have known women to be a fortnight and a month out in their calculation as to the time of their confinement; but I have no distinct recollection of any case of very protracted gestation. I have read of such cases, and I believe it has extended over the natural period as much as five weeks and four days; but these are not frequent or very probable cases.

Mr. Pruen: When you say you think it possible, I suppose you mean you would not limit nature?

Mr. Fowler: I do mean that.

Mr. Pruen: Have you consulted any authority on the subject?

Mr. Fowler: Yes, I have consulted a work by Dr. Blundell, an eminent midwifery authority, but he carries no case beyond forty weeks and one day.

Mr. Walter Jessop: I am a Surgeon, in practice in this town. While in the London Hospitals I devoted my attention to these cases, and I never knew of one extending to 319 days. There is no case reported of gestation extending over such a period from a single coitus.

The magistrates announced their determination to dismiss the case.

### CHOLERA.

#### METROPOLIS.

THE last return of the Registrar-General supplies evidence of the result of wholesale newspaper advertising of quasi-remedies for the epidemic, which is still committing its ravages. It is questionable whether we shall ever know, to the full extent, the fatality which has resulted from the *domestic* practice of the various specifics which have been vaunted before the public by the daily journals. The *Spectator* goes so far as to ask—"Does its consequence not amount to something like manslaughter? If in this formal inquiry [referring to the investigation of the Medical Council of the Board of Health on the Castor-oil Treat-



ment] some portion of the 68 patients died for their country's good, there have been others who have died for the curiosity—it was little better—of those who adopted as a suggestion that which ought only to have been a question. The newspaper is the worst of all mediums for prescribing physic." The Registrar-General supplies us with some evidence on this point, in the following cases:—

At 6, Hungerford-street, on 16th September, a boot-maker, aged 52 years, "malignant cholera (12 hours)." From 59, Christian-street, Liverpool. Had diarrhoea on 9th, and took castor-oil; having exceeded in drink, was again ill on the 11th. On the 14th took rhubarb pills, which purged continuously till 16th, 8h. 30m. p.m.; when, having taken brandy in tea, he was instantly seized with vomiting and collapse, and died at 9h. 30m. p.m.

At York Chambers, Adelphi, on 22nd September, a gentleman, aged about 60 years, "diarrhoea (5 days), cholera (1 day)." Within the influence of the nuisance on the river at West Wharf, Adelphi. Had diarrhoea some days, which was controlled by opiates; having taken some castor-oil, the unfavourable symptoms returned, and ended fatally.

At 48, Georgiana-street, on 18th September, a chaffcutter, aged 50 years, "cholera (24 hours), consecutive fever with suppression of urine (48 hours)." In consequence of a slight pain in the bowels, the deceased applied to a druggist, who gave him a dose of castor-oil, which brought on cholera and diarrhoea in nine hours.

At 6, Hutchison-street, Aldgate, on 17th September, the daughter of a grocer, aged 5 years, "vomiting (16 hours), collapse." The Medical attendant states: "This child had a dose of castor-oil administered, after which, incessant vomiting took place for 16 hours; I was then requested to see the child, and found her in a state of collapse, and in about an hour and a-half she died."

At 4, Fleet-street hill, on 19th September, a dock-labourer, aged 49 years, "diarrhoea, cholera (7 hours), collapse (3 hours)." Informant, the widow, states that her husband had diarrhoea a week before, but got over it without medicine; he went to bed between 8 and 9 on the evening of the 18th quite well; she went out, and came home soon after 10, and found him out of bed in very great agony with the cramp in feet, legs, arms, and hands; gave him castor-oil, and applied mustard poultices, but could not get Medical advice till about 1 o'clock a.m., and he died about 10 a.m. The whole six cases of cholera I have registered this week are in the immediate vicinity, densely populated.

At 6, Chapel-street, Stockwell, on 16th September, the son of a tailor, aged 2 years and 11 months, "Asiatic cholera (8 hours)." Mr. Osborn, the Medical man, states:—"The patient only had two small premonitory movements, and sunk immediately into a state of collapse, which gradually increased until ten o'clock, the time of death; no cause could be assigned. The castor-oil treatment was adopted, but without the slightest good effect; there was no purging or sickness after the first two motions referred to. Drains not complained of in the house, but much complained of opposite. The mother of this patient died in same house of cholera on 22nd August.

At High-street, Wandsworth, on 18th September, a butcher, aged 42 years, "diarrhoea (24 hours), cholera (36 hours)." He had a severe attack in 1849. He was in apparent good health, but took a large dose of castor-oil on the morning of the 15th, which brought on severe diarrhoea.

The Return of the Registrar-General for the week ending Sept. 23, shows that the cholera is slowly retreating from London; it nevertheless destroyed last week 1284 lives, and 190 from diarrhoea, a reduction of 265 on the previous week. The deaths according to age are—

From 0 to 15	...	...	...	373
" 15 to 60	...	...	...	698
" 60 and upwards	...	...	...	212

In the same week of 1849, the number of deaths were 839, and the ages—

From 0 to 15	...	...	...	234
" 15 to 60	...	...	...	471
" 60 and upwards	...	...	...	134

or, taking a week when the numbers were nearly the same as this year, (namely, Aug. 25, 1849,) the deaths being 1276, the ages were—

From 0 to 15	...	...	...	313
" 15 to 60	...	...	...	751
" 60 and upwards	...	...	...	212

The deaths in districts are as follow:—

DISTRICTS AND SUB-DISTRICTS.	Elevation above Trinity High- water Mark.	Popula- tion in 1851.	Deaths from Cholera registered			Total of 9 Weeks ending Sept. 22, 1849.
			in the Eleven Weeks ending Sept. 23.	in the Week ending Sept. 23.	in the Week ending Sept. 22, 1849.	
LONDON .....	feet 39	2,362,236	8953	1284	839	12,260
WEST DISTRICTS....	28	376,527	1774	216	68	1004
NORTH DISTRICTS..	135	490,396	645	70	71	778
CENTRAL DISTRICTS	49	393,256	495	77	95	1514
EAST DISTRICTS....	26	485,522	1170	197	183	2918
SOUTH DISTRICTS..	6	616,635	4869	724	422	6346

Rate of Increase and Decrease in same Ten Weeks of 1849 and 1854.

	1	2	3	4	5	6	7	8	9	10
1849										
Incr.	339	105	143	..	406	43	391	363	..	..
Decr.	..	..	..	103	..	..	..	..	344	843
1854										
Incr.	21	107	266	245	85	118	440	763	..	..
Decr.	..	..	..	..	..	..	..	..	501	265

Difference between Mean Temperature of Air on an average of 38 years in same Ten weeks of 1849 and 1854.

1849	— 0·3	— 2·2	— 1·9	+ 4·9	— 1·1	+ 2·6	+ 3·7	+ 5·8	— 3·2	— 1·2
1854	+ 1·3	+ 2·9	— 3·7	— 1·7	+ 1·2	+ 1·1	+ 5·9	+ 1·1	+ 3·8	+ 1·5

Temperature in same Ten Weeks of 1849 and 1854.

1849	60·5	58·9	59·5	66·4	60·3	62·9	64·0	64·1	56·5	55·7
1854	63·2	64·9	58·5	60·1	59·9	61·2	65·1	59·2	60·7	57·1

Mean Readings of Barometer.

1849	29·692	29·598	29·793	29·766	29·678	30·076	29·772	29·884	29·464	30·155
1854	29·954	29·990	29·701	29·846	29·813	29·915	30·212	30·166	29·857	29·972

DEATHS over BIRTHS from Week ending August 12, compared with same Weeks of 1849.

	1	2	3	4	5	6	7
1849 .....	650	896	1140	1569	1882	1563	581
1854 .....	170	264	401	890	1807	1331	876

BIRTHS above the average of 9 years from the Week ending August 12, 1854, compared with the same Weeks of 1853.

1853 .....	110	170	134	204	342	196	223
1854 .....	306	206	271	258	205	140	297

The following have been the number of deaths from all causes in the General Hospitals of London for the week:—

Deaths.			Deaths.		
St. Mary's	...	4	King's College	...	3
St. George's	...	9	St. Bartholomew's	...	24
Westminster	...	9	London	...	9
Charing Cross	...	1	Guy's	...	8
Middlesex	...	6	St. Thomas's	...	9
University College	...	4			
Royal Free Hospital	...	7	Total	...	93

ST. JAMES'S.—Mr. Bazalgette, in a report to the Commissioners of Sewers, says:—"It appears, so far as I have been able to ascertain, that up to the present time the streets in which new sewers are now in the course of construction have been more exempt from the visitation of cholera than other similar streets where no such works are in progress; and although much has been said respecting the existence and disturbance of the ancient 'plague-field,' in Little Marlborough-street, to account for the recent outbreak of cholera in that neighbourhood, it is a fact that the 'plague-field,' as it is called, occupied only a small spot at the extremity of the district visited with disease, and that the cholera was less virulent at that particular spot than in many



other parts of the district. The subsoil of the district which was disturbed for the construction of the new sewers was generally a clear, sharp gravel and sand, such as would be the strongest recommendation to any neighbourhood, and no smell was perceptible from the works during their progress. In Little Marlborough-street, which is an exception to this rule, the subsoil was a dark mould or clay, from which, however, beyond a few bones found at the west end of the street, and some slight smell, there was no marked indication of animal remains. It is worthy of special observation that during the progress of these works none of the workmen employed on them were affected with illness, and the works were completed as far back as the 8th of February last; that is a period of from six or seven months before the outbreak of cholera there. From personal inspection and special inquiry, since the late fearful outbreak of cholera in the district of St. James's, I find that those houses which were properly drained into the sewers have been remarkably exempt from the epidemic, and that it burst with unmitigated violence on the overcrowded houses, with overcharged cesspools and obstructed drainage; but, inasmuch as a more minute inquiry is now being instituted by Mr. Cooper upon these subjects for your information, I will not further detail them. It is a fact, that of the 2300 men at present employed by you in old sewers, or upon new sewer works, there has been but one death from cholera within the last fortnight; and the workmen in sewers, as a class, are not remarkable for sobriety and steadiness, and do not inhabit the best parts of London."

#### THE PROVINCES.

**THE NORTHERN TOWNS.**—The towns in the counties of Northumberland and Durham have this season, so far, escaped any malignant attack of cholera. A few cases have appeared during the past month in Shields, Sunderland, Newcastle, Gateshead, and some of the other towns; but the deaths from all put together in those towns within the period mentioned will not exceed a dozen, and several of those from the disease known as English cholera. The malignant form of the disease, however, appeared suddenly in Hartlepool on Friday, and four persons fell victims to it in a few hours. Cholera has also been epidemic in Middlesborough since about the 17th of August, and, notwithstanding the exertions made by the local authorities, down to the publication of the last Medical report there had been 65 deaths from cholera, and 15 from diarrhoea.—**MARGATE, Sept. 20.**—The Danish brig, *Acmet*, from Hamburg for Melbourne, has arrived off the North Foreland, and remains. On the 16th inst., while reaching to windward in the North Sea, cholera broke out among the passengers, of whom there are 72 adults, besides children, on board. The scourge immediately swept off one man, one woman, and one child. Since then three other cases have occurred, and they are at the worst stage, and in a hopeless state. Several of the passengers have landed here, and proceeded to Ramsgate for Medical aid, etc.—**THE MANUFACTURING DISTRICTS.**—In Manchester, owing, it is believed, to the persevering exertions of the authorities in white-washing and cleansing the dwellings of the poor, and to other sanitary measures, there have been but few cases of cholera this year; but the dreaded disease has been hovering round it in most of the smaller towns. Since the case in Salford on Tuesday, there have been three others, two of which have proved fatal, and two in Pendleton which have been fatal. Some few cases have also occurred in Stockport, Bolton, Wigan, Warrington, Leigh, and other towns.—**REPORTED CHOLERA AT YORK.**—Seventeen of the principal Physicians and Surgeons of York have subscribed the following declaration:—"The impression having gone abroad, that this city is now being visited by this dreadful epidemic, to allay the public mind, we, the Physicians and Surgeons of the city of York, certify that no case of Asiatic cholera has occurred under our observation, and that the health of this city is in a better state than usual at a corresponding period of the year."—**IRELAND.**—This epidemic has broken out in the vicinity of Dublin. The disease has committed formidable ravages at Larne, Lisburn, and other towns lying towards the eastern side of the province of Ulster; but appears now to be on the decline.

**POULTON, LANCASHIRE.**—A meeting of the Local Board of Health was held at Lancaster on Monday week, when, according to the expressed opinion of two members of the Profession, it was made evident that a fearful responsibility is cast on some of the authorities at Morecambe. The *Lancaster Guardian* says:—"The opening of a cesspool during the hot weather, in the midst of a populated locality, has supplied the conditions necessary for the germination of the choleraic poison which may have been floating in the atmosphere. There seems the strongest

evidence of this position. The choleraic district radiates around this pestiferous cesspool, while the rest of the village is entirely free from the epidemic. It is a fact that nine deaths have resulted from a flagrant breach of sanitary regulations, households have been desolated, and the protectors and supporters of several families carried off, by a preventible malady."

**BELFAST.**—From a return which has been carefully compiled by the dispensary medical officers, it appears that the total number of cholera cases which have occurred in Belfast up to the date of the last Report furnished to the Board of Guardians, since the outbreak of the epidemic, has been 980, of which there have been 451 deaths, 471 cures, and 58 remaining under treatment, the mortality being estimated at fully 50 per cent.

#### THE SEAT OF WAR.

The cholera is raging fearfully among the troops now in Besarabia, and the murrain among the cattle is so general that precautionary measures to prevent its spreading are no longer taken. The cholera has also commenced levying its tribute on the Austrian soldiery. Up to the 20th inst. there were 130 cases and 60 deaths already announced in Vienna.

**STOCKHOLM** is at last declared infected with cholera, which it has been all the year, and communication with the fleet and with Aland is now open. Had Aland not been evacuated by the Allies, Stockholm would still have been officially free from cholera. The cholera has now broken out in Vaxholm fortress, and in Upsala.

**WEST INDIES.**—It is stated, on good authority, that fully 20,000 persons have died of cholera in Barbadoes, of whom 573 were white. 9000 died in Mauritius.

**MALTA.**—At the date of the 18th the cholera had nearly disappeared from Malta. The health certificates delivered to captains of ships contained this declaration: "Cholera cases very rare." It was thought that, in the absence of any unlooked-for aggravating circumstance, the epidemic would totally disappear in a week, and that communications would be re-established as usual. At Messina and in other parts of Sicily the disease had greatly "decreased."

**FRANCE.**—Total deaths from cholera in France, from the commencement of the epidemic to the 14th September, have been 82,050. The cases in the civil hospitals of Paris have been 4293, of whom 3144 died. At that date it was generally diminishing, the deaths in Paris only amounting to 20 daily.

**MESSINA.**—Out of a population of 90,000, of whom full one-half have fled, the most moderate computation puts the deaths at 9,000; of the English residents, who amount to 70, 22 have died.

## MEDICAL NEWS.

**QUEEN'S COLLEGE, BIRMINGHAM.—AWARD OF HONOURS.**—The Warneford Gold Medals (20*l.* each): Porter, Heely. The essays of Wolston and Lee honourably mentioned. The Warneford Scholarships (10*l.* each for two years): Ruffe, first scholarship; Bright, second scholarship. The Governors' Gold Medals, for regularity and good conduct during a period of three years: Porter, Arden. The Webster Prize (5*l.*), for proficiency in the French language: T. A. Williams. The Percy Prize (5*l.*), for proficiency in the German language: Abbey, Lynch—equal. Anatomy: medal, Suchling; certificate, Jordan. Surgery: medal, Fletcher; second medal, Harris. Medicine: medal, Jordan; certificate, Heeley. Midwifery: medal, Heeley; certificate, Spade. Chemistry: medal, Bond; certificate, Smith. Materia Medica: medal, Neal; certificate, Hayward. Botany: medal, Bright; certificate, Neal. Forensic Medicine: certificate, C. R. Williams. Anatomical Demonstrations: J. R. Davies. Elements of Medical Science: Neal, first; J. A. Williams, second; honourably mentioned, J. T. Smith. Classics: medal, T. A. Williams. French Language: Abbey, first prize; G. H. Harris, second prize. Mechanical Drawing: Watts. The session will be opened on Tuesday the 3rd of October, by R. D. Grainger, Esq., when the presentations of the prizes will afterwards take place.

#### DEATHS.

**DIXON.**—September 16, at Lambton Terrace, East Greenwich, Edward Dixon, Esq., sen., Surgeon, after a long and severe illness, aged 66.

**FOAKER.**—July 28, at Bangalore, East Indies, George Norton Foaker, Esq., Surgeon of Her Majesty's 12th Regiment of Lancers.



LEWIS.—Sept. 19, at North Side, Bethnal Green, of disease of the heart, Theophilus Caractacus Lewis, Esq., M.D., Surgeon to the Queen's Own Light Infantry Regiment, Tower Hamlets Militia, aged 35. M.D. University and King's College, Aberdeen, 1851; F.R.C.S. (Sen.), 1852; M.R.C.S.E., 1843; L.S.A., 1840; Surgeon to the Royal South London Dispensary; one of the Cholera Surgeons for St. Mary, Newington, 1849. Author,—“On the Treatment of Epilepsy,” *Medical Gazette*, 1842.

TAIT.—Sept. 21, at Boulogne-sur-Mer, William Tait, Esq., M.D., many years Physician to the Royal Naval Hospital, Yarmouth.

BRIGHTON MEDICAL SOCIETY.—At a meeting of this Society, held Aug. 31, the following Resolution was come to:—“That this meeting views with deep regret the present embarrassment of Mr. George Battcock, of Brighton, one of their body, who, after a long life spent in the laborious duties of his Profession, is, in the winter of his days, suffering from the want of that assistance which, during his prosperity, he so liberally bestowed on others; and, in order to testify their undiminished esteem and confidence in his honour and respectability, express their desire to co-operate in the efforts of his friends to relieve him from his difficulties. It is therefore proposed to raise a public subscription for him to purchase an annuity.”

BRITISH ASSOCIATION.—At a meeting of the Association at Liverpool, Mr. J. Cunningham read a paper upon ventilation of emigrant ships, which excited some attention among the shipowners of Liverpool. He said, it was a fact acknowledged by all men practically conversant with the general condition of emigrant ships as respected ventilation, that the means usually employed were wholly inadequate for affording a constant and sufficient supply of pure air to the parts of a vessel occupied by emigrants, or for conveying away from them at the same time the vitiated air. The want of such means was painfully experienced by the emigrants, even under ordinary circumstances; but more particularly was the want felt during calms and hot weather, when scarcely a breath of pure air could be conveyed into the cabins and holds, and when the vessels were crowded with human beings, as emigrant vessels usually are, in spaces proportionally less than the law allows for the commonest lodging-houses. In rough weather, also, when the portholes were closed and the hatches battened down, the condition of the emigrants became infinitely worse, for, to the fetid atmosphere which they were compelled to breathe, were superadded consequent sickness, fevers, and other cognate evils. These consequences, frequently fatal, arising to the poor creatures from such a state of unfavourable conditions, were too well known to require particular illustration. An example or two, however, might be given of the fatal effects, which, if not directly produced, were certainly greatly aggravated by a want of the means for proper ventilation, and for disinfecting the vessels. He referred to the ship *Dirigo*, which lately sailed from this port for Australia with emigrants, and in which two days after she left the port cholera broke out, and carried off forty-two passengers. In a letter published in the *Times* of the 1st of this month, an account was given of the horrible condition of the men in the Government ships now in the Black Sea, where the cholera broke out during stormy weather, when the hatches were battened down, and the portholes closed. The fetid state of the atmosphere in these ships from a want of ventilation, and the frightful mortality that ensued in consequence, were most graphically described in that letter. These cases were sufficient to illustrate the defective ventilating means employed on board, not only of merchant vessels, but even the best appointed men-of-war or Government ships. The plan of the engine shown by Mr. Cunningham to the section was calculated at 3-horse power, and was sufficient to thoroughly ventilate a ship of 1500 tons burden, containing 600 persons, and to afford each person 3 cubic feet of pure air every minute. This supply is effected by two fans, performing 450 revolutions in a minute, thereby forcing the air down the main air-shaft to the side trunk flues, which extend along each side of the vessel. Small branch flues to the cabins and other parts of the ship requiring ventilation are joined in the main trunk flues, each being provided with sliding or revolving ventilators to regulate the requisite amount of supply. One vessel is employed for disinfecting or for cooling the atmosphere; a tank is charged with water containing the disinfecting fluid, and the truncated cone, which is termed “a spray,” is inverted with its smaller end into the fluid, its upper end spreading out, and being perforated. This vessel rotates rapidly, and the fluid, by the centrifugal force, is drawn up and thrown out in spray, through which the

air must pass into the fanners, thus becoming impregnated in its passage with the disinfecting material, such as the chloride of zinc or of lime. By placing a few bucketsful of ice per diem in the tank, the water may be cooled to a low degree, and consequently the air must be reduced in temperature in like manner. This may be applied in the tropics, or when required. The cost of providing a steam-engine boiler and apparatus complete, including flues, etc., for a ship of 1500 tons burden, similar to the plans exhibited, was estimated by the lecturer at between 250*l.* and 300*l.* The quantity of fuel required to keep the engine at work night and day for 100 days would be about twenty tons. In addition to the process of ventilation, it was proposed also to adapt the engine to several other purposes, such as the loading and discharging of the vessel, lifting the anchors, pumping the ship, supplying water to the waterclosets, and for cleansing the decks; and besides this it was proposed to apply the waste steam to the purposes of cooking.—[This plan appears to be more expensive, less simple, and less likely to prove effectual than the pumps introduced by Dr. Arnott.—Ed.]—Professor F. Crace Calvert presented to the chemical section a paper on the action of citric, tartaric, and oxalic acids on cotton and flax fibres under the influence of dry heat and steam pressure. He observed that when from two to four parts of these acids are dissolved in 100 parts of water, and that linen or cotton is dipped into the solution obtained, and afterwards dried in the air, they, on exposure to certain temperatures, completely destroy the tenacity of the fibre. This action of organic acids is interesting, when it is known that it takes place even at the low temperature of 180° F., 212° F., and 260° F. He also found that cotton flax fibres, when prepared as above, and then submitted to the influence of steam of 3 lbs. pressure, were also destroyed. These facts will prove not only interesting to calico printers, who employ large quantities of these acids, but also to the Medical man, who often prescribes to his patients calves'-foot jelly as made by confectioners, which, in reality, generally consists of isinglass clarified by tartaric acid. The same gentleman communicated a paper on the value of carbo-azotic acid as a therapeutic agent. He stated that Dr. Bell, Physician to the Royal Infirmary of Manchester, had cured with it several cases of intermittent fever, and remarked that he should be very happy to furnish any physician with a small sample of the substance, so that its real medicinal value might be ascertained. After having described the process by which pure carbo-azotic could be procured from carbonic acid, he impressed upon those present the value of this pure acid in silk dyeing, as a much finer straw colour could be obtained by employing it.—NEXT MEETING.—The General Committee decided that their next meeting for the year 1855, should be held in Glasgow. On the Motion of Sir R. Murchison, seconded by Mr. Smith, the Duke of Argyll was elected President of the Association for the next meeting.

WEST INDIES.—The yellow fever at Savannah continues with unmitigated force. The city is being rapidly depopulated.

TEMPERATURE IN THE UNITED STATES.—The intense heat and drought continued in many parts of the United States. The thermometer had stood as high as 89, 95, and, in one instance, 100 degrees in the shade at noon, at Buffalo, Philadelphia, and Washington. At Washington, it stood three degrees higher, on the last day to which the advices come, than it had ever done before during the summer. At Baltimore, the thermometer stood at 82 degrees on the night of the 1st September.

“THE PIG CHOLERA.”—Under this heading, the *Galway Vindicator* contains the following: “This disease, we regret to learn, is still very virulent, and exhibits slight indications of abatement. Some farmers attributed the attack to diseased potatoes, alleging that these animals are frequently taken ill after eating them. We are, however, disposed to regard this theory as incorrect, and to refer it to one of those scourges which mysteriously assail both men and animals, the origin of which has baffled the ‘wisdom of the wise.’”

MORTALITY IN PUBLIC INSTITUTIONS for the week ending Sept. 23:—

	Males.	Females.	Total.
Workhouses...	117	132	249
Military and Naval Asylums	9	...	9
General Hospitals	52	41	93
Hospitals for Special Diseases	...	3	3
Lying-in Hospitals	...	...	...
Lunatic Asylums	5	10	15
Military and Naval Hospitals	10	...	10
Hospitals for Foreigners, etc.	...	...	...
Prisons	13	...	13
	206	186	392



DEATHS REGISTERED in the Metropolis for the Week ending  
Saturday, September 23, 1854.

CAUSES OF DEATH.	SEPT. 23.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	1009	1056	436	2504	10499
SPECIFIED CAUSES .. .. .	1004	1055	436	2498	10444
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	686	777	253	1717	3746
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Di- seases of uncertain or variable seat .. .. .	8	22	20	50	436
3. Tubercular Diseases .. .. .	73	92	5	170	1697
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	58	38	37	133	1087
5. Diseases of the Heart and Blood- vessels .. .. .	1	32	7	40	297
6. Diseases of the Lungs and of the other Organs of Respiration ..	55	26	27	108	892
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	21	30	13	64	604
8. Diseases of the Kidneys, etc. ..	..	6	3	9	168
9. Childbirth, Diseases of the Uterus ..	..	4	1	5	108
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	3	2	1	6	80
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	1	1	..	2	17
12. Malformations .. .. .	2	..	..	2	38
13. Premature Birth and Debility ..	40	3	..	43	238
14. Atrophy .. .. .	30	..	11	41	235
15. Age .. .. .	..	..	55	55	487
16. Sudden .. .. .	7	3	3	15	77
17. Violence, Privation, Cold, and In- temperance .. .. .	19	19	..	38	297
CAUSES NOT SPECIFIED .. .. .	5	1	..	6	55

APPOINTMENTS FOR THE WEEK.

OCTOBER.	MISCELLANEOUS REGISTER.
2. Mon. ..	Royal College of Surgeons opens.—OPENING OF THE MEDICAL SCHOOLS. The following are the Introductory Lectures:—King's College, J. Forbes Royle, M.D., F.R.S., 2 p.m.; University College, Professor Carpenter, M.D., 3 p.m.; St. Bartholomew's Hospital, George Burrows, M.D., F.R.S., 7 p.m.; St. Thomas's Hospital, Samuel Solly, Esq., F.R.S., 8 p.m.; Guy's Hospital, John Birkett, Esq., 2 p.m.; St. George's Hospital, Distribution of Prizes, 2 p.m.; Westminster Hospital, Barnard Holt, Esq., 7 p.m.; London Hospital, W. J. Little, M.D., 3 p.m.; Middlesex Hospital, C. H. Moore, Esq., F.R.C.S., 8 p.m.; Charing-cross Hospital, Dr. W. D. Chowne, M.D.; St. Mary's Hospital, Dr. Alderson, F.R.S., 2½ p.m.; School of Medicine adjoining St. George's, Edwin Lankester, M.D., F.R.S., F.L.S., 2 p.m. Operations at Charing-cross, 2 p.m.
3. Tues. ..	Operations at Guy's, 1 p.m.
4. Wed. ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m.
5. Thurs. ..	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m.
6. Friday. ..	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.
7. Sat. ..	Cambridge—Caius College, Commemoration of Dr. Caius. Operation at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.

TO CORRESPONDENTS.

MEETING OF THE PROVINCIAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I hasten to correct an erroneous impression of your reporter in the latter part of his account of the proceedings of the late anniversary meeting of the Provincial Medical and Surgical Association.

It was not because our worthy Mayor is an homœopath, that we had not the use of the Town Hall for our "festivities," but that, in consequence of the Corporation being so pressed for room in their present building, they had determined that no public dinner should be given for the future.

I am happy to say, that the Mayor is not an homœopath (or he would not have been invited to our dinner), and that in his letter giving permission for the members to inspect the Town Hall, he expressed his regret that there was little worthy to be seen, but that it would afford him pleasure to use his influence to gain admission for the members to anything interesting in the city.

I am, &c.

JOHN HATTON, Hon. Sec. to Local Committee.

Oxford-street, Manchester, September 25, 1854.

THE STAFF OF GUY'S HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall feel obliged if you will permit me, through the medium of your widely-circulated publication, to express the deep surprise and regret I felt on seeing the prospectus of Guy's—the Hospital that has ever maintained its pre-eminence; and it would be grievous if from any mistake it should be shorn of any of its old glory. Names great and ever to be remembered have first been pupils, and afterwards teachers, in its School. I enjoyed the benefit of lectures on comparative anatomy (now entirely discontinued), which is necessary for the examination of B.M. at the London University, and Navy Board, as also pathology and physiology, which formerly claimed each a distinct course; but now I am astonished to find these combined, for every one must be aware that physiology by itself is ample for a course. I deem it a pity, to say the least of it, that pluralities are enjoyed to so great an extent, as it serves to exclude men of well-known ability and talent; I will only instance Dr. Lloyd, Dr. Wilks, and Dr. E. L. Birkett, each clever and rising men. I regret to find Dr. Lloyd's name erased from the prospectus as lecturer of Guy's—a position he filled with credit to himself, and great benefit and satisfaction to the pupils. The numerous losses the School has sustained during the last few years induces me to fear, unless greater care is observed in its management, it must fall in general opinion.

I am, &c.

"AN OLD PUPIL."

TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have attended hundreds of cases both in 1832 and 1849, and, I am happy to say, without losing a single patient, when called in one hour prior to collapse.

The treatment consists in giving two five grain pills of gum opium, and washing them down with a draught composed of sixty minims of tinct. opii and the same quantity of spirit. ammon. aromat., and one ounce and a-half of water. In watching my patients, if I find a pill has been rejected, I give another, and even another if rejection should take place. But very rarely am I obliged to do it. In a short time, the cramps, sickness, and purging, cease, the patient complains of great thirst, liquids are freely given, which enter into the blood, liquefying the thick blood (crassamentum) left in the vessels, so as to enable circulation to go on, and the patient is saved. It has been said, that the large dose of opium is poisonous. I grant it in ordinary cases, but not in cholera. For it must be borne in mind, the constitution is in an abnormal condition. The absorbents are inactive, therefore, if I want to get four grains into the system, I must give sixteen; but, if I give only four grains, I only get one grain into the system, which is of no use whatever.

If you want to extinguish a fire, you must pour a ton of water a minute, not a pint.

Topical applications are also made use of to the abdomen, such as bags of hot salt, mustard cataplasms, turpentine embrocations, etc.

Having been so very successful myself in the treatment here laid down, I trust the members of the Medical Profession will give it a trial.

I am, &c.

JOHN PATEY BALDY,

M.R.C.S. Eng., and Surgeon to the Great Steam Navigation Yard, Keyham, Devonport.

PROFESSIONAL QUACKERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—The enclosed is copied from the *Durham Chronicle* of last week. Quackery is almost as rampant in the Profession as out of it. The exposures you are now making must, one would hope, in time, do great service.

I am, &c.

GATESHEAD.

Sept. 26, 1854.

"RETIREMENT OF DR. HARPER.—It has been reported that the good people of Darlington are about to lose the good services of that highly-successful Medical practitioner, Alfred Harper, Esq., M.D., who, for a long series of years, has enjoyed the esteem, confidence, and friendly sympathies both of his patients and the public; and by his generous kindness, benevolence, honourable conduct, and professional skill, has endeared himself to a most extensive circle of friends, by whom his departure will be deeply regretted. We are informed he will leave behind him an able successor in F. G. Clarkson, Esq., M.D., who, during his course of professional studies at the University College, London, has highly distinguished himself, having carried off no less than six medals (besides many certificates of honour)—viz., 4 gold medals, one for the best 'Hospital Report,' one for 'Midwifery,' one for 'Surgery,' one for 'Medical Jurisprudence,' a silver medal for 'Medicine,' and a silver medal for 'Physiology.' We believe there are other honours in abeyance, which, at the termination of the next session, may be expected to result in the presentation of one or two additional medals. These meritorious distinctions speak strongly in favour of the gentleman's professional capabilities, and are sufficient guarantees to insure confidence of Dr. Harper's recommendation of his successor."

Mr. McIlree's paper shall be inserted.

Erratum.—Mr. Ernst, 43, Lamb's Conduit-street, should have been inserted in the list of Surgical Instrument Makers in our Students' Number.

M.R.C.S. and L.S.A.—The evil is so glaring that it scarcely requires further Exposure.

Dr Black's communication arrived too late for insertion this week.

Dr. Tyerman's case shall be inserted next week, if possible.

R. F. S.—We know of no such place where an income would be certain, but probable in almost any Continental watering place frequented by the English.

Mr. Complin's interesting account of the castor-oil treatment of cholera in the Dreadnought shall be inserted next week.

R. A. R.—It is imperative.

COMMUNICATIONS have been received from—

Dr. RIGBY; Mr. McILREE; Sir GEORGE BALLINGALL; Mr. TAAFFE; THE LECTURERS AT ST. GEORGE'S HOSPITAL MEDICAL SCHOOL; Mr. ROWDON; Mr. JONES; Mr. HATTON; Dr. BLACK; THE COUNCIL OF QUEEN'S COLLEGE, Birmingham; Mr. GIBB and Mr. WILSON, Newcastle-on-Tyne; R. F. S.; M.R.C.S. and L.S.A.; Mr. BULLEY; Dr. RANKING, Norwich; Mr. RANSOM, Cambridge; Mr. FLETCHER, Liverpool; Dr. STOKES and Dr. LYONS, Dublin; Dr. M'CORMACK, Belfast.



## LECTURES

AT THE

### OPENING OF THE MEDICAL SCHOOLS.

THE large number of Surgeons required by the public services in consequence of the war will, it is expected, add considerably to the number of Medical students this year, but with this exception and the opening of one new school, that of St. Mary's, under very favourable auspices, nothing unusual has occurred in connexion with the re-opening of the Medical Schools this Session. Some changes have been made among the lecturers at different Schools, and something has been done at St. Bartholomew's, St. Thomas's, and the Charing Cross Hospitals towards effecting a sufficient increase in the number of the Medical officers of our Hospitals.

We append some account of the Opening Addresses at the various Schools:—

#### KING'S COLLEGE.

The Medical department connected with this College was opened by Dr. Royle. He remarked, that the Hospital, from its advancing and completed state, belonged especially to the Session. Having lately had an opportunity of visiting the new Hospital, and the advantage of doing so in company with the Dean, he could not but congratulate them on the prospect of the speedy completion of an institution which would not only greatly add to the comforts of the poor for whose benefit it was intended, but also to that of the students when attending to one of the most important departments of their Profession. He might go further, and say, that, from all he observed, it would not only be a credit to the College with which it was connected, but even to the time in which we lived. (Cheers.) There they saw carried out in severe, but, at the same time, impressive simplicity, the plain and clear description given by the architect of what the Hospital was to be. Those who saw it would be at a loss which most to admire in its wards, whether their length or their breadth, their height or their light and airy appearance, the mode in which they were to be warmed, or that in which they are to be ventilated, as the warming was to be effected entirely by open fires, and the ventilation by windows alone. These were placed centrally opposite to each other, both longitudinally and transversely, throughout the entire building. So that, even when full and shut up, the patients could at no time be cribbed and cabined within those spacious walls, as the maximum quantity of air for each patient would be 2550 cubic feet, and the minimum quantity 1885 cubic feet. On the basement storey there would be a steam-engine to supply water for warm baths, to charge the cold-water cisterns, and to perform all laboratory processes, and to work the lifts by which patients might eventually be conveyed from the lower to the upper storeys without pain or inconvenience. In the Hospital they might also see signs of the progress which the College with which it was connected had made in the course of comparatively a few years. In beginning with a school only for teaching, because education was at that time the most defective feature of the Metropolis, an hospital was added on a site which was suited for its locality, and in a neighbourhood where such an institution was much required for the numerous poor. It had grown into a building which would be second to none in the essentials for the comfort of the patients, in space, and in the supply of light and air, and this notwithstanding that hospitals were the first institutions which were built as palaces for the people. Of the great importance of the subject of general education there could be no question; and, as signs of the interest which it was attracting, they might notice a Faraday lecturing at the Royal Institution on mental education, because he observed what to him appeared a great deficiency in the exercise of the mental powers in every direction, and that those words expressed the greater evil, deficiency of judgment. It was plain, too, when they found such a man as Lord Ashburton addressing a collection of village teachers. Dr. Royle quoted several passages from their addresses in support of his views, and having traced the progress of Medical science through successive ages to the present day, proceeded to say, that the practice of medicine had greatly improved they might fairly infer from the increased duration of life, as well as the correct diagnosis which practitioners were able to form of internal diseases. He alluded to the appointments in the Medical service of the East India Company, which were to be opened in future to public competition. The first award of such prizes, that of Assistant-Surgeons in the Indian service, was to take place next January. Several of those

appointments had been bestowed, by the liberality of the Directors, on students of King's College who had distinguished themselves, and because they had distinguished themselves. The two Messrs. M'Namara and Mr. Bowen Partridge, and though last, not least, Mr. Salmon, who was lately House-Surgeon in the hospital, had received these distinctions. From what he knew of those gentlemen he would say that they need not fear that their laurels would be shaded by the winners of future prizes. In calling the attention of the students present to those gentlemen, so lately their predecessors in the Medical School of King's College, he could not do better than conclude his discourse by earnestly inviting them to emulate their example, for, by doing so, they would lay up permanent satisfaction for themselves, afford pleasure to their friends, and be a credit to the College, and eventually become ornaments of the Profession.

Dr. Royle retired amid loud applause.

#### UNIVERSITY COLLEGE.

Dr. Carpenter having dwelt for some time upon generalities, proceeded as follows:—"Let me now direct your attention to an illustration of the application of the logic of causation to a particular branch of medical inquiry which derives peculiar importance from existing circumstances, and which it falls within my particular province to treat as a department of public hygiene. Our country is suffering under the invasion of one of the most fatal of those epidemic pestilences which from time to time spread over large tracts of country, and through the most populous cities, carrying death and dismay where there was previously an aspect of health and security. Its attacks have been still more remarkably localised in the present visitation than on previous occasions, and yet in many of the spots which have been most severely visited, it has displayed a degree of severity which, in this country, I believe, has never been surpassed—rarely, if ever, equalled. Few intelligent pathologists, I imagine, would now hesitate in attributing the peculiar phenomena of this extraordinary disease to the introduction of a specific poison into the body, and in regarding that poison as belonging to the same category as the poisons of the exanthemata and the idiopathic fevers: its operation on the blood, and through it upon the system at large, being of the nature termed zymotic, that is, bearing a strong analogy to the operation of a chemical ferment upon a fermentible fluid. And if we do not admit this doctrine as an unquestionable verity, still we may entertain it as a probable hypothesis, especially since, as I shall show, it may be employed to colligate not merely the phenomena of the disease itself (on which it was originally based), but a large order of facts relative to the conditions of its development; and not merely of its development, but of the development of other epidemic diseases. And here let me notice the great benefit that may frequently be derived from the introduction of a new word, when that word expresses a definite idea. The term zymotic (from ζυμωσις, fermentation) has now come to be applied by a sort of general consent to a set of maladies presenting a strong family likeness to each other, their phenomena being attributable to something like a fermentation in the blood. The idea itself is by no means a novel one. It was most clearly stated by our great Sydenham. It was warmly advocated by many subsequent writers, and among others by that most accurate observer and sagacious reasoner, Sir John Pringle, whose work on the diseases of the army is one of the most valuable of our Medical classics. And it has of late acquired an increased precision from the researches of Liebig and other organic chemists on the nature and conditions of the various kinds of that remarkable change which may be induced in a great mass of fluids by the introduction of even the minutest proportion of extraneous matter of a certain kind. Our ordinary notion of fermentation is based on the phenomena of the alcoholic fermentation of saccharine substances excited by the introduction of yeast; and the facility with which its conditions may be experimentally determined in this particular case renders it extremely valuable as a fixed centre round which we may group the phenomena supplied by other instances. From the study of these conditions we arrive at the conclusion, that the dynamical agency is supplied by the ferment, which stands to the fermentible fluids very much in the relation of the spark to the barrel of gunpowder; for, just as the explosion of the entire mass is consequent upon the almost instantaneous transmission through the whole of it of the ignition, first excited in a minute portion, so does the change produced by the yeast in a certain constituent of the fluid render that constituent itself a ferment which, in its turn, exerts a cor-



responding action upon another portion of its components, while at the same time effecting a chemical change in the sugar with which it is in contact. If a small quantity of yeast be introduced into a solution of pure sugar, the amount of fermentation it will occasion is limited to that arising from the changes that occur in the yeast itself. No reproduction of the ferment takes place for want of the requisite material; and as soon as the yeast has undergone its entire transformation the action ceases. But if, on the other hand, the yeast be introduced into an infusion of malt, which contains in solution, not only a sugar, but a portion of the albuminous constituent of the corn grain, the yeast excites in this azotised substance a change analogous to that which it is itself undergoing; as fast as the dynamical influence of one part of the ferment is expended, a fresh supply is afforded by the change that is taking place in another portion of the azotised substance, and thus a metamorphosis is effected in the entire mass of the sugar, while a reproduction of the ferment itself takes place, yielding an amount equal to many times that originally introduced. Hence we see that, for this act of fermentation, besides the warmth and the oxygen, which are conditions not less essential to it, and, therefore, to be comprehended with the others in any specification of its cause, there are required: 1. The dynamical agency supplied by the peculiar change going on in the ferment; 2. The presence of an azotised substance, in every part of which a similar change may be excited; and 3. The saccharine substance which undergoes the metamorphosis of which alcohol is the product. Now, to use the ordinary language of medicine, the latter two would rank as "predisposing causes," the introduction of yeast as the "exciting cause." But, however convenient this distribution may be, we must not lose sight of the fact, that there is no logical ground for the separation. We may say, that the predisposition exists when most of the conditions are already present, perhaps all save one, and we may designate as the exciting cause that which comes in to complete the aggregate. But it is obvious that any of the conditions may then be exciting causes, or any of them predisposing causes, according simply to the order of their operation. But recognising, as we do, in the zymotic poison the real dynamical agency, we are led to inquire whether the material condition with which it is associated is not really the same in every case, notwithstanding the apparent diversity in the circumstances under which it presents itself; or, in other words, whether the moveable antecedent is not a certain state of the human body which may be developed by several different processes. Such, as it appears to me, is truly the case; for it can be shown, I believe, that, according to the known laws of physiology and organic chemistry, every one of those antecedent circumstances which are commonly recognised as the predisposing causes of cholera (and of other zymotic diseases), really involves this one condition,—the accumulation of decomposing azotised matter in the blood. This accumulation may proceed from the direct introduction of such matter from without, as in food, in which putrescence has already commenced, or which readily undergoes decomposition in the alimentary canal; or in water contaminated by the overflow of privies, or the infiltration of sewers, or in air charged with miasmatic emanations, proceeding from any kind of organic decomposition, or tainted by the exhalations of filthy or overcrowded aggregations of human beings; or it may result from an obstruction to the elimination by the excretory processes (and especially by respiration) of those products of the disintegration of the body itself, which are continually being thrown in upon the circulating current, and which ought as constantly to be withdrawn from it. This, as it seems to me, is the mode in which overcrowding and deficient ventilation chiefly operate; for I hold the excess of carbonic acid in the atmosphere, and even its accumulation in the blood, to be *per se* far less injurious than that imperfect oxidation of the decomposing azotised matter, which causes it to assume that peculiarly fetid character, which is manifested under such circumstances in the breath and the exhalations from the skin. And the same result happens from the abuse of alcoholic liquors, which appear to me to exert precisely the same influence as a deficient atmospheric supply of oxygen, since, when present in the blood, by greedily appropriating to itself the oxygen which the respiratory process supplies, it prevents the oxidation of those effete matters, the getting rid of which is one of the special purposes of the process, so that, in fact, it does tend to induce the very same condition of the blood as that which is consequent upon interrupted respiration. Our general conclusion, then, is, that as cholera cannot develop itself without the concurrence of certain conditions, we can prevent its development if we can annihilate any of its essential conditions; and seeing that the liability to cholera is not inherent (as

in the case of small-pox or scarlatina), but must be acquired by a certain departure from the laws of health, it is quite as much within our power to secure an entire immunity from it by the public and private observance of those laws, as it is to exterminate small-pox by universal vaccination. I firmly believe, that if the blood of a person of sound constitution be kept in a state of perfect purity by the moderate, but not excessive use of wholesome food and drink; by free respiration of pure air; by adequate exercise, not pushed to the extent of over-fatigue; and by personal cleanliness, he is as completely protected against the invasion of cholera as he who has been effectually and recently vaccinated is proof against small-pox. Dr. Carpenter concluded with some sound practical advice to the students amid loud applause.

#### ST. BARTHOLOMEW'S HOSPITAL.

Dr. Burrows delivered the anniversary address, at the commencement of the new Session, before a crowded audience of Governors, Medical officers, and students of the Hospital. After a few preliminary remarks, Dr. Burrows proceeded to address himself more directly to the large body of students before him. In doing this he said that he purposed first, to offer a few observations upon Medicine, as a pursuit or occupation for life; secondly, to give some advice upon the best methods of obtaining a knowledge of Medicine, so that its practice may be creditable to the cultivators of it, and beneficial to the community; and thirdly, to impress upon the students' minds the spirit in which Medicine should be cultivated, and its profession pursued throughout life. In proceeding to offer some advice as to the method of obtaining a knowledge of Medicine, Dr. Burrows drew a striking contrast between the difficulties which formerly beset the career of a Medical student, and the aids and advantages afforded to him in the present day. The various branches of Medical study were briefly commented upon by the lecturer, who then proceeded to direct attention to the best methods of conducting these studies, and to the sources whence a knowledge of Medicine in all its parts may be obtained. Of the latter, he alluded to the three separate channels from which the student may derive his knowledge, viz., by attendance upon lectures, by personal observation and reflection, and by reading in books the recorded experience of others. On each of these topics he offered some appropriate remarks. With respect to attendance upon lectures, Dr. Burrows expressed his opinion, that certain eminent members of the Profession have unduly depreciated lectures as a method of conveying instruction to the uninformed; for, independent of their use as a means to an end, they are most valuable, as tending to discipline the faculties, to strengthen the memory, and to encourage habits of regularity and attention to any subject brought before the mind. The vast mine of Professional knowledge afforded by such a magnificent Hospital as St. Bartholomew's, in which nearly 80,000 patients annually are under treatment, was eloquently alluded to by the lecturer, who then dedicated the remainder of his lecture to an exposition of the true spirit with which the study of Medicine should be pursued, both during the period of pupilage and in after life. Among other observations he stated, that it is far from desirable that in the later periods of Professional study, the whole time and thought should be dedicated exclusively to Medical pursuits; for it must be borne in mind that medical men have to maintain their position in society as members of a liberal and learned profession; and that in the treatment of disease patients have minds and feelings as well as organised bodies. Some portion of time should, therefore, be appropriated to general mental culture by the study of some modern foreign languages, the cultivation of polite literature, and other methods of enlarging the sphere of general knowledge. The difficulties as well as the pleasures of the study and practice of the science of medicine were then dwelt upon by the lecturer, who alluded to the many gratifications experienced by the medical man in the knowledge that his life is so largely dedicated to the advantage of others; and, in conclusion, he observed that the honours which the conscientious student of medicine may justly look for will not, indeed, consist in high-sounding titles and the glittering coronet, but in the esteem of the wise and in the gratitude and blessings of his fellow-men, and, after death, in being numbered among the benefactors of mankind.

The address was listened to throughout with earnest attention by the audience, who frequently manifested their satisfaction at the learned lecturer's remarks.

It was intended that after the lecture the scholarships and other honorary distinctions gained by the students in the past year should be publicly awarded in the great hall of the hospital,



but the recent sudden death of Dr. Roupell, one of the Physicians of the hospital, caused this intention to be abandoned. The sad event was feelingly alluded to by Dr. Burrows, who, directing his remarks to the treasurer of the hospital, said:—"Although, sir, an imperious necessity of opening the winter session at the appointed time has compelled me reluctantly to perform the duty of addressing you, still we all deeply feel that this is not the moment when we can participate in any scene of gratulation and rejoicing. A recent melancholy event has rudely snatched from the service of the hospital one of its most accomplished and faithful officers; has deprived us of an honourable and highly-esteemed colleague; has robbed the school of one of its most experienced and respected teachers; the loss of a friend, whose rectitude of principle, disinterestedness, obliging disposition, and kindness of heart endeared him to many around me, compels the postponement of a most grateful ceremony."

#### ST. THOMAS'S HOSPITAL.

The Introductory Lecture at St. Thomas's Hospital was delivered, by S. Solly, Esq., in the Great Hall, in the presence of the Treasurer, the other authorities, and a very crowded assemblage. Mr. Solly, after preliminary observations, and having given some anecdotes of the practice in past times, proceeded:—"There are none of us, however long we may have been engaged in the study and practice of our Profession, who do not feel that we occasionally require reminding of the weighty and solemn character of the duties we have undertaken to fulfil. If this observation applies to men who, in the active discharge of their duties, necessarily, from the fallibility of human nature, meet with severe losses to stimulate them to constant study, how much more will it apply to those who are only commencing their career, and who cannot possibly conceive the difficulties to which they will one day be exposed. Our Profession must not be considered merely as a source of emolument. The alleviation of the distress of our fellow-creatures ought to be our first consideration. We are not irresponsible agents,—we are the servants of the public, and, by our ignorance or knowledge may scatter misery or diffuse blessings. If a man in trade fails in his undertakings, he suffers the penalty of his ignorance, not necessarily involving the happiness of others; but with us the health and happiness of our fellow-creatures are more or less in our hands; and if we, through ignorance, sacrifice the lives of our patients, we commit crimes for which we shall be accountable to an all-wise Judge hereafter. It is, then, a matter of the deepest moment to you, at this season of your lives, to study your Profession so that, in future years, you will be able to look back without regret upon the seed-time of your education. The improvement which has taken place in the general education of the Medical student in the course of the last thirty years is so great, that your course is comparatively plain before you." After a general reference to the great improvement in the manners and habits of the Medical student, he went into a description of the different heads of study that would require the student's close and continued attention; and concluded by adverting to the fearful pestilence which has devastated the land; first, to express his deep regret that so little had been done by those who now possess the power to suppress the fearful causes of cholera which still exist in the suburbs of London and the Borough; secondly, to congratulate the pupils on the signal success which has attended the exertions of our Physicians; but still more the constant unremitting labour of the Resident Medical Officer, Mr. Whitfield, to whose care may be attributed the relatively small mortality which has occurred in the Hospital."

The Lecture, of which the above is a very brief outline, was listened to with the deepest attention, and, at its termination, Mr. Solly retired amid loud and general cheering.

#### GUY'S HOSPITAL.

The Introductory Lecture at this Hospital was delivered by Mr. Birkett, before a most crowded auditory. The object of this address was, to interest those of the auditory who now for the first time occupy the benches of an anatomical theatre; to endeavour to incite them to pursue the right course; to encourage others to follow the path they have selected; and to deter a few from continuing in the error of their way, in order that all may attain an honourable and distinguished position in the Profession they have selected to follow; to impress strongly upon the mind of the Medical Student the exalted duties of his calling, and to lead his thoughts to the

contemplation of the objects and the intellectual and moral influence of the study and practice of Medical science. The lecture was frequently interrupted by loud applause, and the conclusion was marked by general cheering.

#### WESTMINSTER HOSPITAL.

The customary Anniversary Address was delivered by Mr. Barnard Holt, Senior Surgeon to the Hospital, to a numerous audience of pupils and friends. The lecturer earnestly impressed on his auditory the necessity of manly virtues and social sympathies as the substratum of the Medical character. Regarding the general education of the Practitioner, Mr. Holt drew a humiliating picture of the ignorant and neglected mind, and pointed out the three chief sources of improvement as available to the zealous student,—reading, conversation, and reflection. He demonstrated the difference between methodised reading and the desultory perusal of books, and inculcated some excellent maxims for the guidance of the student in this practice. Contracting his view to purely professional subjects, the lecturer applied the principles already indicated as necessary to the acquisition of general knowledge to the subjects of Medical study. He reviewed the several sciences subservient to the purposes of the healing art, and illustrated by well chosen examples the applicability of chemistry, botany, materia medica, and natural philosophy generally, to various purposes of diagnosis, prognosis, and treatment of diseases, as well as in assisting the administration of justice. Mr. Holt recommended to the attention of the audience certain novel and ingenious views of Dr. Radcliffe. Dr. Radcliffe considers that a complete revolution is necessary in all matters connected with the physiology and pathology of muscular contraction. His doctrine is, that muscle is prevented from contracting by nervous influence, blood, electricity, light, heat, and the other physical and vital agencies which are concerned in the process, and that contraction happens on the cessation of the action of these agencies, from the unrestricted physical attraction of the muscular molecules, just as contraction happens in a bar of metal on the abstraction of heat. When a muscle contracts inordinately, as in tremor, convulsion, or spasm, it contracts, because it is less acted upon by nervous or other stimuli; when it contracts permanently, as in *rigor mortis*, it is because all stimulation is at an end. Muscular contraction is never an act; for even in voluntary contraction the act is a mental process, and the muscle contracts because nervous influence has been withdrawn from the muscle, and not because nervous influence has been communicated to the muscle.

Mr. Holt concluded an animated address amid much applause.

#### ST. GEORGE'S HOSPITAL.

The Medical School of this Hospital was opened on Monday for the session of 1854-5. A meeting was held on the occasion in the Hospital Board-room, at which Dr. Wilson, the Senior Physician, presided, and which was attended by a considerable number of the students. The only business transacted throughout the day was the presentation of hospital scholarships and other prizes awarded to the more successful pupils during the past year. The amiable and popular Chairman took occasion to address to the young recipients of these honours many humorous, but kindly and instructive, remarks.

#### SESSION—1853-54.

*Scholarships.*—Mr. William Sutton, of Halstead, Essex; Mr. Charles Hunter, of Wilton-place, Belgrave-square, and Mr. Robert L. Bowles, of Abergavenny. *Dr. Chambers's Prize.*—Mr. William H. Dickinson, of London. *Sir Charles Clarke's Prize.*—Mr. William H. Dickinson.

*Anatomy.*—Senior Class: Prize, Mr. Charles Roberts, of Gloucester-terrace, Paddington. Junior Class: Prize (*Æquales*), Mr. Charles Hunter and Mr. Robert L. Bowles. Certificate, Mr. Shirley E. Woolmer.

*Physiology.*—Prize, Mr. John H. Hooper, of Fulham. Certificate, Mr. Charles Roberts.

*Botany.*—Prize, Mr. Shirley E. Woolmer, of Pimlico.

*Chemistry.*—Prize, Mr. E. J. Marshall, of Walsall. Certificates, Mr. William Sutton and Mr. Robert L. Bowles.

*Practical Chemistry.*—Prize, Mr. Henry Charles Andrews, of New Bond-street, London. Certificates, Mr. Albert S. P. Knight, of Pimlico, Mr. Charles Roberts, and Mr. John H. Hooper.

*Materia Medica.*—Prize, Mr. William Sutton, of Halstead,



Essex. Certificates, Mr. Shirley E. Woolmer, Mr. H. Lewis, Mr. Charles Hunter, and Mr. S. Courtney.

*Medical Jurisprudence.*—Prize, Mr. Henry Charles Andrews, of New Bond-street, London. Certificate, Mr. Charles Roberts, of Paddington.

*Midwifery.*—Prize, Mr. John H. Hooper, of Fulham. Certificates, Mr. Henry Charles Andrews and Mr. E. J. Marshall.

*Practice of Physic.*—Prize, Mr. Henry W. Bellew, of Plymouth. Certificate, Mr. William H. Dickinson.

*Surgery.*—Prize, Mr. James Keene. Certificates, Mr. Henry W. Bellew and Mr. James D. Prytherch.

#### SCHOOL OF MEDICINE ADJOINING ST. GEORGE'S HOSPITAL.

On Monday the opening of the Session of the School of Anatomy and Medicine, adjoining St. George's Hospital, was inaugurated by an introductory lecture by Dr. Lankester, who commenced with a few remarks on education generally. Referring to the kind of knowledge which a person intending to be a medical man should have before he entered on his studies, he contended that the same kind of acquirements were equally applicable to every department of human industry. Turning to the question of the special studies of medical men, he proceeded to treat of the relation of the natural sciences to medical study. Dr. Lankester then gave several illustrations of the results of observation in animal and vegetable life and physiological examination, and urged that such studies ought to be preliminary to that of therapeutics. The way in which all these things were taught was by means of collegiate bodies and by the State. The studying of the Profession, and the passing of examinations, were often two very different things. Many students limited their knowledge to the "minimum" required of them by examining bodies; but those who wished to know their profession must far outstep the limits prescribed by examining boards. He thought that examining bodies should inquire into the system called "grinding;" for, when it was boasted that an intelligent cabman could be made to pass the College of Surgeons in three months, and when it was asserted that a pastrycook's apprentice had actually been enabled to pass in six months, there must be some fault in the system of routine questions now adopted, and the College of Surgeons ought to inquire into the question of the existing system of examinations. The teachers in medical schools had, he thought, too hastily adopted the professorial, as contradistinguished from the tutorial, system. In the school which he was now assisting in re-opening, that question had been considered, and a more searching system of teaching was about to be adopted; so that he hoped in a few months the student would not find it necessary to resort to private teaching. He concluded his observations amid much applause.

#### LONDON HOSPITAL.

The inauguration and opening of the new Medical and Surgical College attached to the London Hospital, in Turner street, Whitechapel, took place on Monday, in the presence of the Governors and House Committee of the Hospital, a very large attendance of the Medical officers, the Profession generally, and students, being present on the occasion, Dr. Little delivering the Inaugural Address on the opening of the College in the anatomical theatre. The new building is unpretending and chaste, but it is in its internal and practical compartments and details its beauty and usefulness are to be found. It is divided into rooms, and theatres are attached to every branch, the first and leading one being a raised theatre on the left of the entrance corridor, in which Dr. Little delivered the inaugural address, and which is capable of holding, besides the Committee and Professors, some 200 or 300 students.

The entire building has been erected by, and at the expense of, the Governors of the Hospital.

Dr. Little, in commencing his address, said, they were assembled for the twofold purpose of inaugurating their new Medical college, and of opening another academic session—the 70th since the establishment of a complete school of medicine in connexion with their noble Hospital. Sixty-nine years only had elapsed since the inauguration of the old Medical school, in which so many of them had been wont annually to meet, and seventy Octobers had there witnessed the laying of the corner-stone of the education of successive generations of Surgeons and Physicians. How large a field for reflection was suggested to every student present by their appearance there that day as the successors of a long line of men, many of them justly eminent for their ability

and their professional success. The London Hospital had the merit of having first set the example of a complete Medical school in connexion with an Hospital upon the model of the Medical faculty of a university, but independent of a university. A similar train of circumstances, no doubt, and the force of example, led to the formation of complete Medical schools at other Metropolitan Hospitals. That day their school was to be greatly extended. They must not forget that the Committee would have erected that building in vain—in vain would they strive to fulfil its objects,—unless the Divine Disposer of all events, through His immutable and inscrutable laws, favoured the undertaking. He trusted that their work would redound to the glory of God and the welfare of our fellow-men.

Dr. Little was warmly applauded at the close of his address.

#### MIDDLESEX HOSPITAL.

The Introductory Address to the students was delivered on the present occasion by Mr. Moore. It was exceedingly useful and practical.

After the address, and before the prizes were distributed to the successful candidates, the Chairman of the evening, Mr. William Hawes, addressed the students in a very appropriate manner, reminding them of the duties and obligations they took upon themselves by assuming the Medical Profession as their calling in life, at the same time pointing out to them the educational advantages that those qualified for this Profession enjoyed in the cultivation of their own minds, even while discharging their professional duties in active practice. He made some very pertinent allusions to the various kinds of quackeries that abound in society, and he spoke with considerable pleasure of the great improvement that had taken place within the last few years in the arrangements of the Hospital and school of medicine connected with it. At the conclusion of his address he proceeded to distribute the following prizes:—

In the class of *Medicine*—Prize: Mr. Horatio Edsall, Truro. Certificate; Mr. Joshua Plaskett, Louth.

In the class of *Surgery*—Prize: Mr. Horatio Edsall, Truro. Certificate: Mr. Joshua Plaskett, Louth.

In the class of *Physiology*—Prize: Mr. Arthur John Cribb, Cambridge. Certificate: Mr. Thomas James Cooper, Canterbury; Mr. William F. Keddell, Isle of Thanet.

In the class of *Anatomy*—Prize: Mr. Joshua Plaskett, Louth. Certificate: Mr. Francis Winter Clarke, London.

In the class of *Practical Anatomy*—Prize: Mr. Joshua Plaskett. Certificate (*æquales*): Mr. Francis Winter Clarke, London; Mr. W. J. Hutchinson, St. Albans.

In the class of *Chemistry*—Prize: Mr. Thos. James Cooper, Canterbury. First Certificate; Mr. Eustace John Carver, Cambridge. Second Certificate: Mr. Joseph Walter Davies.

In the class of *Practical Chemistry*—Prize: Mr. Algernon C. Woodhouse Norton. Certificate: Mr. Joseph Burn, London.

In the class of *Midwifery*—Prize: Mr. Robert Hall Bakewell, Waltham Abbey. Certificate: Mr. Joseph Burn, London; Mr. Joshua Plaskett, Louth.

In the class of *Materia Medica*—Prize: Mr. John Bake Husband, Bideford. Certificate: Mr. John Thos. Rouse, Mr. Arthur Prince, Mr. Francis Winter Clarke, London.

In the class of *Forensic Medicine*—Prize: Mr. William Deamer, London. Prize for Weekly Examinations: Mr. Stevens. Certificate: Mr. Joseph Burn, London; Mr. Henry Stear, Cambridge.

In the class of *Botany*—Prize: Mr. John Bake Husband, Bideford. Certificate: Mr. Francis Winter Clarke, London.

The prize in *Clinical Medicine* was awarded to Mr. Horatio Edsall, Truro.

The prize in *Clinical Surgery* was awarded to Mr. Richard Lipscomb, St. Albans.

The *Treasurer's Prize* was awarded to Mr. Horatio Edsall, Truro.

The following gentlemen received general certificates:—Messrs. Robert Hall Bakewell, James Montague Braund, Joseph Burn, Eustace John Carver, Francis Winter Clarke, Thomas James Cooper, Arthur John Cribb, Joseph Walter Davies, William Deamer, Horatio Edsall, Charles Gray, Joseph Tregellis Hingston, John Bake Husband, William James Hutchinson, William Frederick Keddell, Richard Nicholson Lipscomb, John Frederick Mitchell, Algernon C. W. Norton, Joshua Plaskett, William Birket Proctor, John Thomas Rouse, Henry Stear, Chambre R. C. Vigurs.

After the distribution of the prizes, the proceedings in the lecture theatre terminated with a cordial and unanimous vote of thanks to the Chairman, Mr. W. Hawes; after which, the com-



pany present assembled in the board-room of the Hospital, where refreshment was provided on a most liberal scale, and where several microscopic and photographic objects of great beauty and interest were exhibited, as well as some remarkably fine specimens of crystallised chemical and medicinal preparations.

#### CHARING-CROSS HOSPITAL.

The Introductory Address, at the Charing-cross Hospital School of Medicine, was delivered by Dr. Chowne, the Lecturer on the Principles and Practice of Medicine; in which the customary topics that constitute an inaugural lecture to Medical students were ably and emphatically dwelt upon, and urged upon the attention of the students present on the occasion by the lecturer. Free scholarships are instituted at this Hospital, and are bestowed upon a limited number of deserving students. Diligence and attention, combined with a good preliminary education, are absolutely necessary in cases where these free scholarships are bestowed.

#### ST. MARY'S.

The Inaugural Address was delivered by Dr. Alderson, F.R.S., the Senior Physician to the Hospital, and Lecturer at the School of Medicine, which is the only new Medical School opened, for the first time, at the commencement of the present Winter Session. The attendance was very numerous, and the address was very warmly received.

### ORIGINAL COMMUNICATIONS.

#### ARMY MEDICAL REPORTS

No. XX

(SELECTED WITH PERMISSION OF THE DIRECTOR-GENERAL, FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

#### EXTRACTS FROM A REPORT ON THE TOPOGRAPHY AND DISEASES OF THE TURCO-DANUBIAN PROVINCES.

By DAVID DUMBRECK, M.D.  
Deputy Inspector-General of Hospitals.

(Continued from page 339.)

#### PROPHYLAXIS.

1. I should recommend that every man in the army should, in the early part of the autumn, be provided with flannel jackets and drawers, to be worn till the month of May following. The climate, for nine months in the year, with its abrupt and trying transitions from great heat to the most severe cold, requires the adoption of the above suggestion as a measure of the first importance for the preservation of the health of our troops.

2. During seasons and in localities where endemic diseases prevail, I think that soldiers exposed to the evening and morning exhalations from malaria,—productive ground, should have a small ration of diluted spirit medicated with quinine given to them an hour before sun-set and before day-break. A couple of grains of quinine given at such times would exercise a very salutary effect as an antidote. This plan dates from Lind; it obtains in the Navy, and is worthy of serious consideration; for I believe that cinchona has as much an antidotal as a remedial power.

3. In notoriously unhealthy places, the sentries should be changed every hour. This may involve loss of rest, but it will break the force of the pestilential emanations if we can, before the period of continuous exposure to them.

4. The introduction of a good warm hood, as worn in the Turkish army, or where the men are exposed to severe weather, on night duties, would be an admirable addition to the soldier's dress, and would protect him from cold as well as disease. Let us imitate the inhabitants of all classes in these countries, who universally wear this in circumstances where protection is sought from cold and damp. The hood worn by the Turkish soldier will serve a double purpose. Pulled over the men's forage caps, it will save them from the chilling effect of the cold of night, piercing in these climates; and as it has two woollen straps, each a yard long, these brought over and round the neck and mouth, and tied, would form an excellent respirator and sifter of malarious exhalations.

5. Immediately on the occupation of a town or neighbourhood of evil (sanitary) reputation, large fatigue-parties should be at once employed in removing or lessening all patent or suspected causes of disease,—foul ditches should be cleaned, pent-up pools of stagnant water should be given vent to; exuberant vegetation, when not a screen against malaria, should be cut down; the filthy accumulations of mud, ordure, and numberless impurities with which Mussulman towns are polluted, should be removed.

6. Much of the river water in Bulgaria is bad—surcharged with lime; and at some parts of the country—for example, on the large plains stretching from Widdin to the East—water is far from plenty.

For our Hospitals, filters would be desirable, or some substitute for these. Felt, for instance, is used for this purpose in, I think, the Austrian army, when water is unwholesome. Alum, as a means of purifying turbid water, I have just heard of.

In the Turkish army there is attached to each regiment a certain number of men, about twenty-five to a battalion, whose duty it is to provide wholesome water for the soldiers. Each of these men has a horse laden with two immense leathern bags, with a hose at the bottom of each. The duty of these men is to keep the regiment supplied with good water. They bring it to the Hospitals and barracks. On a march they precede the advancing corps or army, and then meet it with water drawn from the purest sources, such as fountains, etc. When an army is encamped, these men still labour at their vocation, bringing good water, filling the receptacles provided for it, and always keeping up an abundant and wholesome supply. Some arrangement of this sort (we cannot do better than imitate the Turk) is wanted with us.

7. Short marches, particularly when troops first take the field.

8. The formation of open fireplaces, or the introduction of stoves into the wards of Hospitals or buildings used as such. The mode of house-heating is most objectionable. The "mangal" is a large dish of live charcoal, and on the introduction of this into the room or ward they are dependent for warmth. Two or three of these things would be insufficient to keep up a proper temperature if ventilation were also cared for, but this is disregarded; the windows are kept closed; large mattings are hung before the doors, and not a breath of air finds admittance; the atmosphere is naturally polluted and unwholesome. They are all stuffy and close, and I think, at Widdin, that the epidemic typhus and dysentery there prevailing were invited to establish themselves by the atmosphere provided and maintained for them by this miserable contrivance. Burning wood in an open fireplace would assist and promote ventilation; this and a good stove would warm the largest ward or barrack-room, and we should escape from the suffocating "mangal" and its consequences.

9. Avoiding, as quarters, towns deep sunk in valleys, where ventilation is obviously wanting. Towns so placed are always unhealthy.

10. In these countries there are scarcely any tables. The Turk eats off a tray placed on a low stool, and he writes on his knee.

Each regiment should carry with it a portable operating-table.

[Most—indeed, there is reason to believe all—of these recommendations have been carried into effect.—ED.]

#### CHOLERA IN THE MIDDLESEX HOSPITAL.

By ALEX. P. STEWART, M.D.  
Assistant-Physician to the Hospital.

MANY of your readers are, I doubt not, aware that the Middlesex Hospital has been the receptacle of a very unusual number of the victims of the late epidemic in the Soho district of St. James's parish. Many friends, both Medical and lay, have expressed to me their surprise and regret that no account has yet been given of the remarkable scene which the Hospital presented during the first week of September. Their surprise at the protracted silence of every one connected with the Institution would, I believe, have been even greater than it is had they seen the reality, the report of which would doubtless have "filled the post-horns of all Europe" long ere now, had the scene been laid at Varna or Aladyn, instead of London. That some notice of it has not appeared in "the leading Journal," is not owing to neglect on the part of my colleagues and myself, as we all agreed that an episode so unparalleled, as I suppose, in the more modern history of any of the Metropolitan Hospitals, presented features of some interest, not only to the Medical Profession, but to the public at large. I can but express my regret that the want, on my part, of that distinguished capacity which secures for the



communications of its "own correspondents" an eager perusal by all ranks and classes of the community, should have closed against me the columns of so influential a Journal. As the Hospital has now returned to its usual routine, and the cases of cholera admitted within the week have been comparatively few, I can now furnish you with the complete statistics of the late fearful outbreak, so far as we have had to do with it.

CHOLERA PATIENTS.							
Recovered.				Died.		Total.	
Before Sept. 1, 1854 :							
Males	...	...	4	...	5	...	9
Females	...	...	5	...	5	...	10
			<hr/>	...	<hr/>	...	<hr/>
			9	...	10	...	19
			<hr/>		<hr/>		<hr/>
From Sept. 1 to Sept. 30, inclusive :							
Males	...	...	48	...	64	...	112
Females	...	...	49	...	47	...	96
			<hr/>		<hr/>		<hr/>
			97	...	111	...	208
			<hr/>		<hr/>		<hr/>
Total 1854 to Sept. 30 :							
Males	...	...	52	...	69	...	121
Females	...	...	54	...	52	...	106
			<hr/>		<hr/>		<hr/>
			106	...	121	...	227

CHOLERAIC DIARRHŒA.				
In-patients, 1854 to Sept. 30 :				
Males ...	18	...	0	18
Females ...	24	...	0	24
	42	...	0	42

DIARRHŒA OF ALL KINDS.				
Out-patients, male and female, from July 1 to Sept. 30, inclusive ...				
	...	...	...	2010

Thus we have a grand total of 2279 cases of cholera and diarrhoea treated at the Hospital from the beginning of July till the present date. Between one-half and seven-twelfths, or 53·3 per cent. of the cases of well-marked cholera have died ; but we have not yet known or heard of a single death from choleraic diarrhoea, though some of the cases were of such severity as to be with difficulty distinguishable from cholera itself. This remarkable fact has naturally excited, in the minds of several with whom I have conversed, a feeling of surprise that deaths from diarrhoea should constitute so considerable an item in the Tables of the Registrar-General, and shows how unsafe it would be to found any special pathological conclusions on these returns, in the absence of more minute details.

The tabular statement I have given brings out pretty clearly the fact of a sudden increase in the number of cholera cases admitted on and after the 1st of September, but tells nothing as to the amount of that increase, or the distribution of the cases over the period referred to ; nor does it show the weekly rate of increase and decline of the collateral epidemic of diarrhoea. These points are well brought out in the following Table, which has been constructed from accurate data kindly furnished me by Dr. Corfe and Mr. Sibley. In it, a few cases of choleraic diarrhoea which occurred before July are omitted.

		IN-PATIENTS.				Out-patients with Diarrhoea.
		Males.		Females.		
		Cholera.	Choleraic Diarrhoea.	Cholera.	Choleraic Diarrhoea.	
July 2 to July 8, inclusive		..	..	..	..	5
" 9 " 15, "		..	..	..	..	7
" 16 " 22, "		..	..	..	..	7
" 23 " 29, "		2	2	2	2	42
" 30 Aug. 5, "		2	2	2	2	88
Aug. 6 " 12, "		3	1	2	2	145
" 13 " 19, "		..	3	..	..	299
" 20 " 26, "		1	3	3	3	299
" 27 Sept. 2, "		48	..	29	2	230
Sept. 3 " 9, "		37	2	38	1	465
" 10 " 16, "		13	..	20	..	190
" 17 " 23, "	↓	10	1	7	8	108
" 24 " 30, "		5	..	3	4	125
Total .. ..		121	14	106	24	2010

During the six weeks, then, preceding September, cases of well-marked cholera dropped in at more or less distant intervals, to the number of 19 ; the male and female admissions, recoveries, and deaths being as nearly as possible equal. On the morning of Friday, the 1st inst., however, the numbers suddenly increased. Above a dozen were admitted in the course of a few hours ; and, as it quickly became evident, from the fresh applications that came continually pouring in, that the demand for beds was only beginning, our first care was to discharge as many patients, both Surgical and Medical, as could with any propriety be sent home. Their places were soon filled by patients in all degrees of collapse, who were admitted, to the number of 57, before mid-day of Saturday, the 2nd instant, a very large proportion of these being, on admission, far beyond the reach of remedial skill. Such being the case, it is not wonderful, that of nearly 90 cases admitted during the fifty hours ending at one p.m., on Sunday, the 3rd of September, forty were at that hour already dead. That life, however, was prolonged for two, four, or six hours, in many even of the worst cases, by the warm bath, the mustard emetic, and the counter-irritants used in almost every case, does not admit of reasonable doubt. So rapid was the succession of arrivals, that the Hospital gates were besieged early and late by a crowd of onlookers, at times so dense that a couple of policemen were stationed there to keep the passage clear.

The excess of male cases, regard being had to the natural preponderance of females in the general population, is remarkable ; and no age has been exempted from the virulence of this epidemic. Infants and children (of whom an unusual number seem to have been fatally attacked), men and women in their prime, and feeble septuagenarians, were brought, though, strange to say, some walked, considerable distances to the Hospital, blue, cold, shrivelled, and almost or quite pulseless, and were carried up, with scarcely any intermission by night or day, to wards from which, as constantly, lifeless and decomposing bodies were carried down to the already over-crowded dead-house, which presented a spectacle that baffles description.

It is difficult, without appearing to exaggerate, to convey any adequate idea of the state of the wards during the four first days of September, or of the feelings of admiration with which the House Committee and Medical Officers viewed the noble conduct of all those resident in the establishment. While daylight lasted, the sunshine, though it revealed every minute detail, relieved, by its cheerfulness, some of the horrors of the sad and harrowing sight. But, as night closed in, the dim light shed by a solitary burner, and by the pale moonbeams that struggled through the windows, lent a still more ghastly hue to the livid features, the skinny hands, and the deeply-sunk eyes—in general nearly closed, as if in death, but sometimes bloodshot and glaring—of the poor patients, who were screaming in agony or groaning in mortal weakness, on every hand. Add to all this the sobs and shrieks of new-made orphans and widows, and the clank of the shell, as in its ceaseless round it "vexed the drowsy ear of night"—and you have a very feeble representation of a scene before which many a stout heart might have quailed, and by a single glance at which not a few who presented themselves to be engaged as assistant-nurses, were scared away, without so much as entering the wards. Yet hour after hour, and night succeeding day, did all the members of the Hospital staff—Apothecaries and House-Surgeons, Matron and House-Steward, the few pupils who were in town during the College vacation, sisters, nurses, and porters—discharge, without for a moment shrinking from, tasks the most laborious and the most revolting. To understand the whole amount of service rendered by them, and its bearing upon the question of the contagiousness of cholera, it must be borne in mind, that this enormous and unprecedented influx of cases, every one of which required nearly constant attendance, came upon us so unexpectedly, that we were wholly unprovided with the requisite assistance. The whole duties, therefore, overwhelming as they were, from the morning of the 1st till midday of the 2nd of September, fell to be and were discharged by the ordinary staff of the Hospital. To lessen this extraordinary pressure, which, if long continued, must have been attended with disastrous consequences, a large temporary addition was made as quickly as possible to the staff of attendants ; and to enable them to bear up under the excessive toil and the many depressing influences to which they were exposed, all, without exception, were at once placed on a very generous diet, which was continued for several weeks. The pleasing result of these measures, and of the admirable ventilation of every part of the building, is, that only two of the inmates have contracted the disease. One of these, after disregarding the premonitory symptoms, which were present for 12 hours before the fatal seizure,



was allowed to pass into a state of hopeless collapse before advice was applied for. The other, who had had severe diarrhoea for eleven days before she made any complaint, is now completely convalescent. I need only add to this narrative, that, as the Dispensary has been open night and day to all comers with diarrhoea, and as all the cases of cholera and choleraic diarrhoea have been at once admitted without letters of recommendation, the cost to the Hospital of the recent outbreak of cholera cannot be less than 300*l.* or 400*l.*,—an expenditure which, I believe, has been mainly rendered necessary, unless I am greatly misinformed, by the unexampled negligence and apathy of the Guardians of the wealthy parish of St. James. Hence my questions of last week, which, I have reason to know, have attracted attention in official quarters, and may be of service in eliciting the truth. On some future occasion, I may trouble you with some further remarks in reference to that ill-fated district, and the history of the epidemic which has rendered it so notorious. I must defer the few general observations which I had intended to make on the treatment of the disease till next week.

## ON THE COMMUNICATION OF CHOLERA BY IMPURE THAMES WATER.

By JOHN SNOW, M.D.

I HAVE now completed the inquiry of which I gave some account in a letter published in the *Medical Times and Gazette* of Sept. 2. I have called at every house in which a death from cholera had occurred and been registered during the first seven weeks of the present epidemic, in all the sub-districts to which the supply of the Lambeth Water Company extends. In the cases of persons removed to a workhouse or any other place after the attack, I have extended the inquiry to the house in which the attack commenced. In a few cases the address of persons removed to a workhouse was not known; in a few other instances the individuals were of such an itinerant character that it was impossible to ascertain where the illness might have been contracted. These cases are placed, with a few others which could not be found, in the column of the accompanying table for deaths where the water supply was not ascertained.

There were very few instances in which I could at once get the information I required. Even when the water rates are paid by the residents, they can seldom remember the name of the Water Company till they have looked for the receipt. In the case of working people who pay weekly rents, the rates are invariably paid by the landlord or his agent, who often lives at a distance, and the residents know nothing about the matter. It would, therefore, have been impossible for me to complete the inquiry if I had not found that I could distinguish the water of the two Companies with perfect certainty by a chemical test. The test I used is founded on the great difference in the quantity of chloride of sodium contained in the two kinds of water. On adding solution of nitrate of silver to a gallon of the water of the Lambeth Company, obtained at Thames Ditton, beyond the reach of the sewage of London, only 2.28 grains of chloride of silver are obtained, indicating the presence of .95 grains of chloride of sodium in the water. On treating the water of the Southwark and Vauxhall Company in the same manner, 91 grains of chloride of silver are obtained, showing the presence of 37.9 grains of common salt per gallon. Indeed, the difference in appearance on adding nitrate of silver to the two kinds of water is so great, that they can be at once distinguished without any further trouble. This test is not liable to any fallacy. The Lambeth water may become impure by remaining in a butt without cover, but the quantity of chlorides is not increased; and, on the other hand, the water of the Southwark Company may become perfectly free from organic impurity by spontaneous putrefaction, but the quantity of chloride of sodium remains unaltered. The common salt is, I believe, part of that which has passed through the kidneys and bowels of the two millions and a-quarter of inhabitants of London. I do not, of course, attribute any ill effects to this common salt, and I found it of great use in conducting the inquiry. When the resident could not give clear and conclusive evidence about the Water Company, I obtained some of the water in a small phial, and wrote the address on the cover, when I could examine it after coming home.

The number of deaths from cholera down to August 26, in the sub-districts which are partly supplied by the Lambeth Water Company, was 642. Of these I found that the water supplied to the house in which the attack took place was, in 509 instances, that of the Southwark and Vauxhall Water Company; in 93 cases it was that of the Lambeth Company; and in the remaining

40 instances it was from other sources, or the supply was not ascertained.

I hope shortly to learn the number of houses in each sub-district supplied by each of the Water Companies respectively, when the effect of the impure water in propagating cholera will be shown in a very striking manner, and with great detail. In the mean time, in order to be able to compare the mortality from cholera among the customers of each Company, with the entire number of houses supplied by each of them respectively, I thought it desirable to extend the inquiry to Rotherhithe, Bermondsey, Camberwell, and certain parts of Southwark, which are supplied by the Southwark and Vauxhall Company alone. I was unable by myself to execute this part of the inquiry before the commencement of the winter session, but I was fortunate enough to obtain the assistance of a medical man, Mr. John Joseph Whiting, L. A. C., who took great pains with this part of the inquiry. The inquiry thus extended reached over the whole of the districts on the south side of the Thames, except those of Greenwich and Lewisham. As regards most of the sub-districts, to which the water of the Lambeth Company does not extend, the personal inquiry reached only to the first four weeks of the epidemic, viz., to August 5, and the remaining cases are calculated to have been supplied by the Company, or to have obtained water from ditches, etc., in the same proportions as those occurring previously. The sub-districts in which the numbers are partly made up by calculation, are marked with an asterisk in the accompanying table.

DISTRICTS AND SUB-DISTRICTS.	Population in 1851.	Deaths from Cholera in the Seven Weeks ending August 26.	Supply of Water in the House of Attack.				
			Southwark and Vauxhall.	Lambeth.	Pump-wells & Springs.	River Thames, Ditches, &c.	Not ascertained.
ST. SAVIOUR, SOUTHWARK.							
Christchurch .. ..	16,022	25	11	13	..	..	1
*St. Saviour .. ..	19,709	125	115	..	..	10	..
ST. OLAVE, SOUTHWARK.							
*St. Olave .. ..	8,015	53	44	..	..	3	6
*St. John, Horsleydown ..	11,360	51	46	..	..	3	2
BERMONDSEY.							
*St. James .. ..	18,899	123	102	..	..	21	..
*St. Mary Magdalen ..	13,934	87	83	..	..	4	..
*Leather Market .. ..	15,295	81	81	..	..	..	..
ST. GEORGE, SOUTHWARK.							
Kent-road .. ..	18,126	57	52	5	..	..	..
Borough-road .. ..	15,862	71	61	7	..	..	3
London-road .. ..	17,836	29	21	8	..	..	..
NEWINGTON.							
Trinity .. ..	20,922	58	52	6	..	..	..
St. Peter, Walworth ..	29,861	90	84	4	..	..	2
St. Mary .. ..	14,033	21	19	1	1	..	..
LAMBETH.							
Waterloo-road, 1st. ..	14,088	10	8	2	..	..	..
Waterloo-road, 2nd. ..	18,348	36	25	8	1	2	..
Lambeth Church, 1st. ..	18,409	18	6	9	..	1	2
Lambeth Church, 2nd. ..	26,784	53	34	13	1	..	5
Kennington, 1st. ..	24,261	71	63	5	3	..	..
Kennington, 2nd. ..	18,848	38	34	3	1	..	..
Brixton .. ..	14,610	9	5	2	..	..	2
Norwood .. ..	3,977	8	..	2	1	5	..
WANDSWORTH.							
*Clapham .. ..	16,200	24	19	..	5	..	..
*Battersea .. ..	10,560	54	36	..	4	8	6
*Wandsworth .. ..	9,611	11	3	..	2	6	..
Putney .. ..	5,280	1	..	..	..	..	1
Streatham .. ..	9,023	6	..	1	5	..	..
CAMBERWELL.							
Dulwich .. ..	1,632	..	..	..	..	..	..
*Camberwell .. ..	17,742	96	72	..	24	..	..
*Peckham .. ..	19,444	59	45	..	..	..	14
St. George .. ..	15,849	42	34	4	..	..	4
ROTHERHITHE.							
*Rotherhithe .. ..	17,805	103	69	..	..	34	..
Total .. ..	482,435	1,510	1,224	93	48	97	48

In the instances placed in the column for pump-wells and springs the houses were not supplied by either Water Company. There are a few houses in the suburbs which have a pump-well in addition to the Water Company's supply, but I have not indicated this in the table. I shall, however, state the circumstance in the list of deaths from cholera, which I intend to have reprinted from the Weekly Returns of the Registrar-General. The cases in which water was obtained direct from the Thames by pailsful, or from the river Wandle, the Surrey Canal, or ditches, are included in a separate column.

The accompanying table shows that, during the first seven



weeks of the present epidemic, 1224 fatal attacks of cholera occurred in houses supplied with the impure water of the Southwark and Vauxhall Water Company, obtained at Battersea Fields, and that only 93 fatal attacks occurred in houses having the improved water supply from Thames Ditton. The entire number of houses supplied by the Southwark and Vauxhall Company, according to a return made to the General Board of Health in 1850, was 34,217, and the number supplied by the Lambeth Company, according to the same return, was 23,396. The number of houses supplied by both Companies has increased with the extension of the Metropolis, but it is pretty certain that the proportion continues nearly the same, and for the sake of comparison, the number of houses may be supposed to remain the same also. Now,  $34,217 \div 1224 = 28$ , and  $23,396 \div 93 = 251$ . So that while a death from cholera had occurred in 1 house in every 28 supplied by the Southwark and Vauxhall Company, a fatal attack of cholera had occurred in only 1 out of 251 of the houses supplied by the Lambeth Company. The mortality, in short, to August 26, was just nine times as great in the houses supplied by the former Company as in those supplied by the latter.

There is another way in which the beneficial influence of the improved water on the progress of cholera may be shown. On referring to the Population Tables of the late Census, it will be found that the districts and sub-districts which are partly supplied with water by the Lambeth Company contained 41,984 houses, inhabited and uninhabited; and that the population amounted to 271,987. At the end of last year the Lambeth Company supplied 25,583 houses, the population of which must have been about 165,000. But 93 deaths from cholera, the number which occurred in the population so supplied in these districts, is a proportion very little exceeding the mortality which had occurred at that time in the most elevated and favoured districts of the Metropolis, and much less than had happened in the West districts of London. It should be recollected, also, that a great portion of the population in the South districts are very poor, and are surrounded by all the conditions which have been generally supposed to favour cholera.

During the first four weeks of the present epidemic, 563 persons died of cholera in London. Of these it has been ascertained, by a personal inquiry at every one of the houses in which the attack took place, that no less than 268 of the fatal attacks took place in houses supplied with water by the Southwark and Vauxhall Company. A great part of the remaining deaths occurred in persons living or working among the shipping of the Thames, and who almost invariably draw their water direct from the river. During these four weeks there were but ten deaths from cholera in houses supplied with water by the Lambeth Water Company; although it has been shown above that they supply fully two-thirds as many houses as the other Company. The cholera was consequently eighteen times as fatal among the population supplied with the water from Battersea Fields as among that with the purer water from Thames Ditton, during these four weeks, although this latter population is intimately mixed with the former.

It may, indeed, be confidently asserted, that if the Southwark and Vauxhall Water Company had been able to use the same expedition as the Lambeth Company in completing their new works, and obtaining water free from sewage, the present epidemic of cholera would have been confined in a great measure to persons employed among the shipping, and to poor people, who get water by pailsful direct from the Thames or tidal ditches. It is quite obvious, that the mischief caused by the water of the Southwark Company is not confined to the cases occurring in the houses so supplied; for there are few people who take no food or drink except in their own houses; and persons, in all parts of London, have been attacked with cholera, after visiting the south districts of the town. The disease of course does not always stop with the cases produced directly by the water, but among poor people of not very cleanly habits; and where a whole family is confined to one or two small rooms, other cases follow the first in rapid succession. In many instances two or three deaths have occurred within a few days; and even where but a single death has occurred among poor people, I have seldom inquired without hearing of other cases more or less severe in the same house, and about the same time.

The cholera of 1849 was much more fatal in London than that of 1832; the present epidemic has been more fatal in the districts supplied exclusively by the Southwark and Vauxhall Company than that of 1849; and if the Lambeth Company had not changed their source of supply the mortality in London would have much exceeded that of 1849. There

is one circumstance, however, that ought to prevent any expression of blame or recrimination for the propagation of cholera in this way; it is this,—that the persons who have been most instrumental in causing the increase of cholera, are precisely those who have made the greatest efforts to check it, and who have been loudest in blaming what they considered the supineness of others. In 1832, there were few water-closets in London. The privies were chiefly emptied by nightmen, a race who have almost ceased to exist; or a portion of the contents of the cesspool flowed slowly, and after a time, into the sewers. By continued efforts to get rid of what were called the removable causes of disease, the excrement of the community has been washed every year more rapidly into the river from which two-thirds of the inhabitants, till lately, obtained their supply of water. While the faeces lay in the cesspools or sewers, giving off a small quantity of unpleasant gas having no power to propagate specific diseases, they were spoken of as dangerous and pestilential nuisances; but, when washed into the drinking-water of the community, they figured only in Sanitary Reports as so many grains of organic matter per gallon.

In 1832, the Borough of Southwark was supplied with water taken from the Thames near London-bridge, and sent direct to the houses, without any intervening reservoir; and this was the part of London which suffered most from cholera at that time. The Water Company, some time afterwards, discontinued this source of supply, to join with a Company obtaining water at Battersea-fields; but the increasing pollution of the Thames surpassed the efforts to get cleaner water, and the water at Battersea was soon worse than it had been at London-bridge. It is somewhat remarkable, that almost everything that has been done with a view to check the progress of cholera has had the effect of increasing it. Flushing the sewers, which was carried on in 1849, has certainly not been repeated during the present season; but increased quantities of water have been supplied at more frequent intervals, causing the water-butts to overflow for hours together, and having the effect of washing the evacuations of the cholera patients more quickly into the river, from whence they were distributed again to the community sooner than usual; as the increased quantity of water sent out did not permit it to remain the usual time in the settling reservoirs. Owing to this increase of the supply, the water of the Southwark and Vauxhall Company has been more than usually dirty, and full of living things, during the last few weeks.

These circumstances prove very clearly, that a disease is not to be prevented except by a correct knowledge of its real cause; and that it is to the improvement of the science of Medicine, by the study and observation of Medical men, that society must look for the diminution of mortality; and not to the ill-directed efforts of benevolent individuals among the non-medical part of the community.

18, Sackville-street, Oct. 2, 1854.

# CASE OF EXTENSIVE WOUND OF THE THROAT, IMPLICATING THE EXTERNAL CAROTID ARTERY AND ITS BRANCHES. LIGATURE OF THE COMMON CAROTID ARTERY. WITH OBSERVATIONS.

By D. F. TYERMAN, Esq.

Medical Superintendent of the Male Department, Middlesex Cou  
Asylum, Colney Hatch.

THE patient, M. S., aged 54, widower, an hotel waiter, who had been insane for twenty years, and resident for six months, on the morning of May 17, 1854, procured a razor, with which he inflicted a very deep and extensive wound on the left side of his neck and throat, completely severing the external carotid artery, and two of its branches—the lingual and occipital—near their origin. The wound extended from behind the angle of the jaw to the centre of the throat, above the pomum Adami, and, when examined, was found to be of great depth. The sterno-cleido-mastoid muscle was cut half through, and the left cornu of the hyoid bone was bared of its muscular attachments. On being summoned to the patient, I found him lying near a pool of blood, and apparently dead, hæmorrhage being temporarily arrested by the extreme state of syncope. All the secondary arteries were pulseless, and the respiration exceedingly slow, scarcely two weak respiratory acts being performed in the minute.

On his being placed in bed, weak pulsation was perceived in



the cervical vessels; and, as soon as the instruments could be procured, I cut down upon and ligatured the common carotid, the assistants being present. The operation was rendered difficult and complicate by the struggles of the patient, who sufficiently rallied to make powerful contortions of the muscles of the head and neck, and body generally. The edges of the wounds were brought together by a few sutures, and the patient narrowly watched. In a few minutes, re-action being further established, a heavy gush of arterial blood took place from the upper portion of the wound, the retrograde circulation through the brain having forced away coagula from the upper cut orifices of the vessels. I therefore immediately cut away the sutures, and inserted deeply into the upper wound, beneath the angle of the jaw, compresses of lint, which effectually restrained all further hæmorrhage.

After these operations, the patient attempted to throw himself violently about, and from the bed; and continued care, to prevent these movements, and his tearing open the wounds with his hands, was exercised. After an hour or more, he became less agitated, and was carried to the Infirmary Ward, attendants being posted on each side of his bed to watch him. His brows were knit; the mouth firmly closed, and lips compressed; the expression of his countenance indicating determination.

Notwithstanding the powerful muscular movements, the respiration continued very slow, and at 1.5 p.m. (about an hour and a-half after his inflicting the injury) the respiratory acts were performed at the rate of seven in the minute. The pulse had returned to the wrist, and was 96, soft and hæmorrhagic.

During the remainder of the day, no unfavourable symptom supervened; and the patient, finding his opposition futile, was tranquil. Liquids and a laudanum draught were refused, perhaps from a consciousness of inability to swallow them.

May 18.—1 a.m.—He has at intervals been very restless, but with defective and broken articulation he promised to make no further suicidal attempt. Liquid nutriment is refused.

10 a.m.—Articulation and deglutition difficult, some liquid, for which he asked, exciting cough in his attempt to swallow it. So many muscles which assist to fix the larynx being divided, these acts must necessarily be impeded, and caution is given respecting the administration of food.

4 p.m.—He is more agitated, and the pulse is accelerated, counting 120 in the minute. He endeavours to swallow liquids, but the difficulty is great, and the pain considerable.

10 p.m.—He lies in a drowsy state, but does not appear to sleep. Pulse 120, weak and hæmorrhagic. He has contrived to swallow half a teaspoonful of arrow-root. There is evidence of paralytic affection of the right side, with right ptosis, the left brow being elevated. Sensation of the left side of the face diminished.

19th.—His state is unfavourable this morning, and coma is impending. The respiration is abdominal. An enema of beef-tea has induced action of the bowels.

During the forenoon he was visited in consultation by Mr. Cock, who corroborated the plan of treatment. The patient, however, soon became completely comatose, and sank at 1.30 p.m.

*Autopsy.*—On the autopsy, the external carotid artery was found to have been completely severed, with two of its branches—the lingual and occipital—an inch above the bifurcation; and the orifices of the cut vessels were plugged with firm coagula, or sealed with lymph. The common carotid was found securely ligatured, without disturbance of the surrounding parts. The central portions of the brain, fornix, etc., were found extensively softened, and the lateral ventricles were distended with clear, serous fluid. The heart was flaccid and flat, the right ventricle containing a fibrin coagulum; the left ventricle empty.

The large veins, internal jugular, etc., flaccid and empty. The kidneys were granular, with cysts on their surfaces. The bronchi contained liquid aliment, some of the food which the patient attempted to swallow having passed down the trachea.

*Observations.*—The diseased condition of the brain, and the large amount of blood lost, were conditions most unfavourable for recovery, paralysis with coma supervening, and indicating a fatal issue.

The operation for the common carotid artery was interrupted by the violence of the patient, as during each struggle the vessel, when exposed, was placed by the muscular contractions, as it were, at the bottom of a deep pit filled with blood, caution and perseverance being necessary to apply safely the ligature.

The sterno-cleido-mastoid muscle having been semi-divided above, the externally apparent edge of the muscle did not prove the real edge; and, in the first step of the operation, it was neces-

sary to dissect inwards over the wounded lax fibres of the muscle to its border, the guide to the operation.

The fact of liquid aliment being found in the bronchi suggests the necessity of great caution in the administration of food in wounds of the neck and throat. Although neither pharynx nor larynx were in this case perforated, the extensive injury to the muscles at the base of the tongue necessarily rendered deglutition difficult; and, beyond mere moistening of the lips and mouth, it is not desirable to press nutriment on the patient, unless he is conscious of ability to swallow it. A portion offered by the attendants passed into the trachea during the comatose state of the patient, neither cough nor irritation being excited by it.

County Asylum, Colney Hatch, September 21, 1854.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from page 345.)

#### ST. GEORGE'S HOSPITAL.

#### Case 20.—ABSCCESS IN THE LIVER FOLLOWING DYSENTERY.—PUNCTURE.—FAVOURABLE PROGRESS.

[Under the care of Dr. WILSON and Mr. TATUM.]

The subjoined case, although as yet very doubtful in respect to its ultimate result, is of so much interest in connexion with the subject in hand, that we cannot avoid a brief mention of it. It presents us with an example of abscess of the liver following what according to Dr. Budd and others, is its most usual course, viz., as a direct consequent on dysentery.

John Trickett, aged 27, a carpenter, of fair complexion and delicate aspect. Has never lived out of London, and has, on the whole, had but poor general health. For the last twelve months has abstained entirely from beer, of which he was previously fond, and in its place drank large quantities of cider. About six weeks before his admission, he began, as he states, to suffer from diarrhoea, attended with great pain and prostration of strength. The motions were often scanty, slimy, and containing blood. In spite of constant Medical treatment the disease persisted, and, about three days before admission, he was suddenly attacked by a most acute pain in the left side, just under the border of the ribs. The Surgeon who attended him bled him from the arm, but only very partial relief ensued from the measure.

On August 9 he obtained admission, under Dr. Wilson's care, being at the time extremely ill. Within a few days after his admission, Dr. Wilson discovered a swelling in the left hypochondrium, which was very tender on pressure, and this subsequently increased, became visibly prominent, and extended across the epigastrium to the right side. The treatment adopted consisted in the use of opium, and occasionally of calomel, doses of castor oil being also sometimes administered. Leeches and fomentations were applied over the region of the liver.

On September 21, the swelling having become very large and prominent, and fluctuation being distinct, it was determined to puncture it; and, at Dr. Wilson's request, Mr. Tatum performed that operation. The tumour at that time extended as a prominent mass over the whole of the left and to the middle of the right hypochondrium, and reached downwards to within about an inch of the umbilicus. The part selected for puncture was about an inch and a-half to the left of the median line, and an inch below the margin of the ribs. An exploring needle was first used, and afterwards a lancet. The pus which escaped was thin and serous, but had no fetid odour. Mr. Tatum remarked, at the bedside, that he considered the absence of smell as a very unusual circumstance in hepatic abscesses, the contents of which more generally have an extremely disagreeable odour.

During the week following the puncture, the man did fairly, taking his food and sleeping pretty well. He complained, however, of a good deal of pain being still present in the tumour. The discharge of pus was profuse, and the left half of the tumour much subsided, the right, however, continuing nearly as prominent as before. The possibility that there may be two or more distinct collections of matter, as is not unusual in suppuration in the liver, has of course suggested itself to those in charge of the case. We shall watch with interest the future progress of the case, and probably again bring it before our readers.



## ST. BARTHOLOMEW'S HOSPITAL.

## VENTRAL HERNIA AS A CONSEQUENCE OF ILIAC ABSCESS.

THE two following cases present features of very unusual interest in a double point of view. They are in the first place examples of iliac abscess occurring originally without known cause, and afterwards frequently relapsing; and, secondly, they illustrate a fortunately very rare consequent on abdominal suppuration—the protrusion of a ventral hernia through the track taken by the matter. Respecting the diagnosis of the primary disease, we shall append to each case a few remarks, and need not here enter upon it. In regard to the hernial complications, we may state that we have searched for parallel cases through a considerable number of surgical writers without any success. In several, abscess in the abdomen is enumerated among the possible causes of ventral hernia, but in none is any case in illustration referred to. If such, then, be the rarity of the consequence, while, as it is well known, pelvic and iliac abscesses are far from infrequent, it becomes of importance to discover, if possible, what particular conditions most conduce to its occurrence. Theory does not appear to suggest any particular spot in the abdominal parietes as more likely than others to yield after having been perforated by an abscess, nor does the source of suppuration probably make any difference. The event is due no doubt to more extensive destruction of the muscular layers than usual. This, while probably quite accidental in many instances, would doubtless be much more prone to result in cases in which the abscess was left to open of itself. The practical lesson would appear then to be, that all such abscesses should be opened at the earliest suitable period, and not allowed to destroy the muscles by involving them in inflammation. The other points of interest will be developed in the narrative of the cases themselves, to which we will now proceed.

Case 21.—ILIAC ABSCESS.—PUNCTURE.—RECOVERY.—  
REPEATED SUBSEQUENT RELAPSES AND PROTRU-  
SION OF A LARGE VENTRAL HERNIA BENEATH  
THE SCAR.

[Under the care of Mr. STANLEY and Mr. WORMALD.]

Elizabeth Wildman, aged 50, a woman of dark complexion, moderately stout, never married, and whose menstrual functions had ceased at the age of 45, was admitted March 22, 1852. She had then been confined to bed for five weeks with deep-seated pain in the right iliac fossa, and was so ill that she had to be carried to the Hospital. She stated that her health had been quite good until the present illness, which commenced suddenly. Mr. Stanley examined her, and at once detected the existence of an iliac abscess. In a day or two fluctuation had become more superficial, and on March 25 a puncture was made into the most prominent part, a little to the inner side of the anterior spine of the ilium. Pus continued to discharge from this opening, but about five weeks later it became necessary to open a collection which had found its way under or through Poupart's ligament, and had presented in the fold of the groin. From the second opening very copious suppuration followed, and the pus discharged had a fetid odour and a peculiar greenish colour. The bowels, which before her illness had been accustomed to act regularly, now became, perhaps in consequence of the opiates given, habitually costive. There were present no symptoms by which any light could be thrown on the question as to the source of the suppuration, excepting that she had formerly, she said, been liable to suffer from the sensation of "pins and needles" in the right foot. There was, however, no paralysis, nor any deformity of the spine. After remaining in the Hospital several months, the openings at length closed, and she was discharged in a very feeble condition, to go to the Convalescent Institution at Carshalton. About two months subsequently, she was again attacked by very violent pain in the part, which induced her to return to London. She was admitted for a second time, under the care of Mr. Stanley, and shortly afterwards, the abscess which had formed broke spontaneously in the groin, beneath the old scar. After remaining a few weeks in the Hospital, she was again discharged, the sinus, however, not being quite healed. She was in sufficiently recruited health to return to her usual occupation of bookfolding, which involved much standing, and while so employed she noticed a gradually increasing tumour to form beneath the scar in the groin. Some months later, on account of chronic bronchitis, she became a patient at the City Hospital for Chest Diseases, under the care of Dr. Birkett, and an examination of the tumour having then been made, a hernia was recognised, and a truss accordingly recommended. The

tumour could at this time be reduced and the scar of the abscess appeared tolerably sound. She procured a truss, and wore it for a time with benefit, but in the course of a few weeks was again attacked by deep-seated pain, and was obliged to lay it aside.

On March 2, 1853, for a third time, she was admitted under Mr. Stanley's care, and soon afterwards the abscess again broke. On this occasion the wound assumed an unhealthy character, and what appeared to be a lymphatic gland sloughed out. Under the profuse discharge she sank into a very feeble condition, and resort to stimulants, and the liberal employment of generous diet, was necessary to prevent her from becoming hectic. The wound this time did not heal until June. The hernial protrusion had now become irreducible, apparently from adhesions to the sac. It received a strong impulse during coughing. When the patient turned over on to her opposite side it diminished much in size. Various plans were tried for affording support to the protrusion, but none were of much benefit. She was at length discharged, the part being protected by a large metal cup, which was kept in place by the hoop of a truss. In March, 1854, she was under care for a fourth time, suffering with the old train of symptoms. Another suppuration occurred and ceased after about a month, much as the others had done. The tumour had increased in size.

On August 22, 1854, she was admitted for a fifth time, and, in Mr. Stanley's absence, was put under the charge of Mr. Wormald. She had been sent by a Surgeon who had attended her, under the supposition that the hernia was strangulated, and many of the symptoms present much favoured that supposition. Mr. Wormald stated that he had seldom been called upon to decide a more difficult question. It was reported that the bowels had not acted for three days prior to admission, and that vomiting of matters not unlike fæces had occurred. Her condition was one of much urgency; she appeared sunken, and complained of great pain in the belly. The vomiting present was, however, not severe, and the matters ejected of bilious character only. On careful examination, Mr. Wormald found that the tenderness was nowise confined to the tumour, nor even greatest in degree over it, and, although the latter was tense and irreducible, there did not appear to be any constriction at its base. Under these circumstances, and guided by the history of not very dissimilar attacks having previously terminated in suppuration, it was determined to defer the operation, and to treat the case as one of peritonitis. A pill containing a grain of opium was ordered every two hours. On the following day the condition of things had not much improved, and two grains of calomel were added to each pill; mercurial inunction was also resorted to. A large blister was subsequently applied over the abdomen. Under these means the symptoms gradually subsided, and, in the course of a few days, the bowels acted naturally. Ptyalism was at length induced, and convalescence was then established. No suppuration of any moment occurred, but, for a few days, a very small quantity of pus oozed from the scarcely-healed orifice of an old sinus.

At the present time (Oct. 4) the patient is still an inmate of President Ward, under the care of Mr. Wormald. She has quite regained her usual health, and looks florid and well. The tumour is, however, so large, that she cannot leave her bed with any comfort. Its base fills the whole flexure of the groin from the spine of the ilium to the pubes, and its size is at least that of an infant's head. The integument over it is very lax and thin, and seamed with large scars. Its contents are very soft, and feel like coils of small intestine; they receive impulse even from the ordinary movements during speech. A portion of the protrusion may easily be reduced, but the whole cannot be made to disappear, and the attempt to do so occasions her great pain. We believe that Mr. Wormald intends, before her discharge, to try some further contrivance for the support of the protrusion. The metal cup alluded to above has not been found of much benefit on account of the pain occasioned, and for the last year the woman has been unable to follow her employment.

*Remarks.*—In attempting to discover the source of the suppuration in this singular case, we have the following facts to guide us:—1. The patient has never had children; 2. The pus has never contained fecal matter, or been accompanied by the escape of gas; 3. There were present, in an early part of the case, some slight symptoms of irritation either of the spinal cord or the great sciatic nerve; 4. Five distinct attacks of inflammation, ending in suppuration, have occurred, as if from some permanent cause; 5. The pus has always been abominably fetid, as if from diseased bone; 6. There are not now present any indications of spinal disease, neither nervous irritation, nor displacement of the vertebrae. With these data before us, perhaps the most probable conjecture is, that diseased bone either of the sacrum or some part of the right innominate exists. To this there is, it must be confessed, the strong objection, that the fistula ought, on such a



supposition, never to close. There is, perhaps, however, if fairly looked at, no greater difficulty in supposing that diseased action connected with bone may cease for a time, and then again be renewed, than with any other tissue; indeed, it is matter of experience, that such does now and then happen.

**Case 22.—ILIAC ABSCESS.—EXTERNAL OPENING.—RECOVERY.—PROTRUSION OF A LARGE VENTRAL HERNIA BENEATH THE SCAR.—SUBSEQUENT SUPPURATION.**

[Under the care of Mr. LLOYD.]

William Wilson, aged 35, a beerhouse-keeper, was admitted, on June 18, 1854, on account of a large ventral hernia in the right iliac fossa. The swelling was the size of a small fist, and situated two inches above Poupart's ligament, at a little distance from the anterior superior spine of the ilium. The skin over it was very thin, and, in part, evidently consisted of a stretched cicatrix. All doubt as to its nature was removed by the strong impulse received by it during coughing, and by the ease with which it might be pushed back into the abdomen. During a coughing effort, the skin became distended as if it would burst, and so much pain was caused, that the man was obliged always to support it with his hands during the straining. The history given of the affection by the patient was, that, about nine months ago, he had, without known cause, had a painful swelling form deeply in the right groin. The pain was severe, and quite incapacitated him from going about his occupation. After three months' confinement to bed, the swelling pointed, fluctuation became apparent, and the Surgeon in attendance made a lancet puncture into its most prominent part. A small quantity of matter escaped at the time, and the discharge was subsequently kept up for about three months, when the wound closed. There was now considerable thickening about the part, but the scar appeared firm, and did not project. He returned to his occupation, but had not long been so employed before the scar began gradually to yield, and a protrusion formed beneath it. He had since consulted Mr. Wormald, by whose advice he had now obtained admission into the Hospital. He was a spare, delicate-looking man, of decidedly phthisical aspect, and had once spat blood.

After a few weeks' confinement to the recumbent posture in the Hospital, the coverings of the tumour contracted considerably, and acquired density; so much so, indeed, that the man was able to bear a light and well-padded truss over it. He was then discharged; but, in less than a month, he made a second application, a renewal of inflammation having taken place. The sac was now tense and distended, and appeared to contain only a collection of fluid. He was ordered to bed, and a poultice applied over the swelling. In a few days the skin gave way, and a quantity of thin, somewhat fetid pus escaped. From this date a small permanent fistula remained. About a week after the opening, air began to escape; and, a little later, it was evident, both from the smell and appearance, that the discharge contained matters from the interior of the intestine. The fluid was of a yellowish brown colour, homogeneous, and from its rather sour than actually faecal odour, it was supposed to come from some part of the smaller rather than the larger bowel. The suppuration was not very profuse, and it did not appear that there was present any large collection of matter in the iliac fossa, as there was no perceptible tumour, but only induration around the track of the fistula. While in bed, the man had no trouble with the hernia, which did not protrude in the least; he complained, however, of a distressing sense of weakness, and of yielding at the part during coughing efforts.

Having remained under Mr. Lloyd's care in the Hospital for about two months, and there being no change in his condition, nor any promise of benefit from treatment, he was allowed to return to his home. He at this time constantly kept a large poultice over the part, the weight of which he found to afford more comfortable support than any other kind of pad offered.

Mr. Lloyd informs us, that he has recently heard that this patient has died of consumption, but no opportunity for making a *post-mortem* examination was afforded. The fistula continued to discharge up to the time of death.

**Remarks.**—In this case, like the preceding one, it is extremely difficult to assign with any plausibility the exact cause of the original abscess. That the bowel was ultimately opened there could be no doubt; but there is no reason for thinking that such lesion existed at first. Probably the fistula, wherever it began, had passed close by the side of the bowel, and had at length involved the coats of the latter in ulceration. Taking the man's strumous constitution into account, it seems not improbable that some superficial disease of the vertebræ might

be present. The pus, however, never had the fetid odour which often proceeds from diseased bone, nor was there any deformity of the back.

**ST. THOMAS'S HOSPITAL.**

**Case 23.—MEDULLARY CANCER OF THE TESTIS.—ENORMOUS SECONDARY GROWTH WITHIN THE ABDOMEN.—DEATH.**

[Under the care of Dr. BARKER.]

It is occasionally observed, that a primary cancer ceases to grow, or even retrocedes, when the secondary one has commenced and is increasing rapidly. It would appear as if the constitutional tendency expended its whole energy on the secondary growth, and was incapable of contributing at the same time to the further development of the original one. The occurrence is far from an infrequent one; indeed, it might perhaps be considered almost the ordinary course of events in cases in which the secondary growth is actively developed. The following case, however, affords as good an example of it as any we recollect to have seen, excepting, perhaps, one of which the reader may find the details in our reports in this Journal for July 16, 1853, page 64. In the case to which reference is made, the primary disease was a melanotic growth on the foot, and the secondary one was the same disease in the inguinal glands; in the following, the testis and the lumbar glands were the parts affected. In both, the growth of the glandular tumour was unusually rapid, and the size attained very large. The case we are about to relate is also of interest, as an example of acute cancer; the patient, a young man previously in excellent health, and without known hereditary predisposition, having died within the short period of about five months from the first appearance of the disease.

William Grubb, aged 26, a warehouseman, formerly of fair but ruddy complexion, and accustomed to enjoy robust health, was admitted on Feb. 21, 1854. His complaint was of a tumour in the left side of the abdomen; but, on being questioned, the following history was made out. Up to Christmas, 1853, he had been in excellent health, and about that time, he, as he thought, strained himself in lifting, as a consequence of which, his left testicle became swollen. He was not aware that he had received any blow on the organ. Some pain and aching in the loins soon afterwards followed, and he was obliged for a few days to give up work. Subsequently, the tumefaction of the testis somewhat subsided, and, having protected the part by a suspensory bandage, he was able to return to his work. Early in the following February, however, he discovered a swelling deep in his left loin, and, as he had been losing flesh and strength, he became alarmed, and by the advice of a medical man whom he consulted, was induced to get himself admitted under Dr. Barker's care. At the date of admission (February 21) there was no general enlargement of the abdomen, but by firm pressure a large mass, deeply placed in the left lateral region was easily felt. It was somewhat tender, and the seat of a good deal of pinching pain. The intestines lay in front of it, but laterally and posteriorly between the edge of the ribs and crest of the ilium the percussion note was quite dull. The man looked delicate, and, excepting a circumscribed flush of redness on the cheeks, was very pale. He complained of pain in the act of defecation, as also in that of passing water; but neither functions were otherwise interfered with. The testis was enlarged to about the size of a fist, and adhered to the integuments, which were of a reddish-brown colour. The cord was at least as thick as a forefinger, and felt very firm; neither it of the scrotum nor the testis were tender, and he thought that the latter was not so large as it had been a month ago. Dr. Barker gave a confident opinion as to the malignant character of the growth, and the consequently hopeless nature of the case. The treatment was accordingly directed to the relief of symptoms. Leeches were applied over the tumour whenever it was particularly tender, and mild opiates were given. The tumour grew very rapidly, and invaded the whole abdomen, the man meanwhile losing his flesh. On April 27 the following note was taken: "He is extremely emaciated, but still retains a patch of colour on each cheek, the rest of the face being of a yellowish pallor. The testicle is about the same size, or rather less than at the time of admission. The belly is distended and prominent, as if from ascites, and the integuments tense. The parietes have a peculiar fixed feel, as if adherent to their contents. In the right lateral region the tension is not so great as in other parts, and here only can any degree of clear resonance or percussion be elicited. The integument is of a yellowish brown colour. Dr.



Barker directs the attention of his class to the peculiar vibratory feel which is produced on striking the abdomen with the fingers, and which very closely simulates that of true fluctuation. He remarks, that he does not feel certain that no fluid exists, but is very much inclined to suppose that such is not the case, and that the whole consists of a soft medullary growth. The man has a rapid pulse, and is so weak as to be unable to support himself in bed."

About a week after the last note the man died apparently from mere exhaustion, and without any new symptoms having shown themselves. He had left explicit directions with his relatives, that no autopsy should be permitted, and his body was accordingly at once removed from the Hospital. It is much to be regretted, that the opportunity was thus lost of testing the diagnosis by an inspection. There was, however, no reason to doubt its accuracy, as the history of the course of symptoms, and the very rapid increase of the growth, scarcely left room for two opinions as to the nature of the disease.

Cancer of the lumbar glands is the usual sequent of cancer of the testis, and is, therefore, not one of the rarest causes of abdominal tumour. We might quote from the Hospital experience of the last few years three or four cases in which it was present; and for the particulars of one of them, already reported, we may refer to the *Medical Times and Gazette* for July 16, 1853, page 61. The narration of the others, inasmuch as the tumour was not discovered during life, can scarcely claim a place in the present series. The remark is, however, suggested by them, that tumours springing from the lumbar glands are among those which are the most difficult of detection, being concealed by the viscera in front of them until their size becomes very large. In two of the cases alluded to, death occurred within a few days after the operation of removal of the testis for medullary cancer had been performed, and in each growths of at least the size of an infant's head were found at the autopsy. In determining as to the propriety of performing an operation, the question as to the existence of glandular disease had, of course, been discussed, and careful examinations of the abdomen made. As these examinations were conducted in consultation, and by Surgeons of large experience, the failures in diagnosis may be taken as proof of the great difficulties which attended it. The diagnosis is of the greatest importance, as patients appear generally to sink soon after the operation, when it is performed after the glands have become affected. Turning to Dr. Ballard's excellent work on the Physical Diagnosis of Diseases of the Abdomen, we find it stated that "Cancer of the lumbar or internal iliac glands is characterised by tumours discovered on deep palpation in the upper part of the iliac regions, or by the sides, or in front of the vertebral column. It appears first in the form of hard knots in the regions mentioned, or forming an irregular, fixed, knotted tumour." The great source of difficulty in the cases we have mentioned was, however, that the tumours were not hard or knotted, but of literal brainlike softness, and in parts almost diffident. Careful percussion in the lumbar and lateral regions might probably sometimes afford light on the question, and the existence of even the slightest difference between the two sides in this respect, or in the degree of tenderness on deep pressure should, perhaps, be sufficient warrant to the Surgeon for declining to operate in these very melancholy cases.

### GUY'S HOSPITAL.

#### Case 24.—LARGE TUMOURS, PROBABLY MALIGNANT CONNECTED WITH THE LIVER, AND AT FIRST RESEMBLING HYDATIDS.

[Under the care of Dr. HUGHES and Mr. HILTON.]

The following case is imperfect, in respect to its conclusion being wanting, but as there were some interesting circumstances connected with its diagnosis, it seems worthy of narration.

Moss Emanuel, aged 20, a Jew, by trade a cigar maker, first came under our observation as an out-patient at the City Hospital for Chest Diseases, in the beginning of June of the present year. He was then a tall, pale-complexioned man, but did not exhibit any marked degree of what might be considered malignant cachexia. In his abdomen, and apparently hanging from the right lobe of the liver, was a rounded, firm, elastic tumour, the size of a child's head. It had a tense exterior, was well defined, and yielded, when manipulated, a deceptive sense of fluctuation. Dr. Peacock and Mr. Hilton examined the case together, and both inclined to the opinion that the tumour was an hydatid cyst. The case not being a fit one for the Special Hospital, the man was recommended to obtain admission into Guy's, which he did a few weeks afterwards. It should be

stated, that his account of the tumour was, that it had commenced as a small hard lump, eighteen months ago, and had increased with but little pain. Its growth during the last month had been much more rapid than before.

On July 4, we again met with the man, in Phillip Ward, Guy's Hospital, under the care of Dr. Hughes. Dr. Hughes and Mr. Hilton had both carefully examined him, and the opinion now arrived at was, that the disease was of malignant nature. During the month which had elapsed, the poor fellow had wonderfully altered for the worse. He had emaciated extremely, and become pale and cachectic to a degree. The tumour had increased to the size of an adult's head, and extended downwards to within an inch of the pubes, its border being irregular and bossy, with nodulations. To its left side were two other large growths, distending the left hypochondrium. All the masses were more or less fixed, and appeared to have acquired adhesions to the abdominal walls. They had been the seat of much darting pain. No difficulty had occurred in passing either fæces or urine, but the bowels were very costive. On questioning, the man stated, that none of his relatives had, as far as he knew, ever suffered from cancer. He had himself been the subject of dyspepsia for many years, which he attributed to his trade, (tobacco.)

In the end of July the man left the Hospital, as it was evident that nothing could be done for his relief, and he was rapidly getting worse. The writer saw him at his own home on September 30, and was somewhat surprised to find that he had not very materially altered since his discharge. He was still able to walk about a little, though extremely feeble. The tumour had somewhat increased in size, but still possessed the same characters.

#### Case 25.—MEDULLARY CANCER OF THE OMENTUM. —MULTIPLE CANCER IN THE SUBCUTANEOUS TISSUE. —LARGE FÆCAL ABSCESS. —DEATH.—AUTOPSY.

[Under the care of Dr. GULL.]

James Parsons, a delicate-looking and much emaciated young man, aged 20, was admitted March 10, 1854. He was by trade a leather dresser, and stated that he had experienced no symptom of disease until one day about three months previously, when, in leaning over a table at which he was at work, he found that pressure in the right side of the belly occasioned pain. On examining the part, he discovered a small lump there situated, which he thought was not much larger than a marble, and appeared to be just behind the skin. It increased rapidly, and, as his health failed, he relinquished his work a fortnight afterwards, and went into the country. In another fortnight he returned, but little if any better, and tried to resume work, but as pressure still gave him much pain, was unable to continue it. Shortly afterwards, he consulted Dr. Gull, who informed him of the probably serious nature of his disease, and advised him to become an in-patient in the Hospital. This advice he did not take for five weeks, during which time the tumour greatly increased, and he lost flesh rapidly.

*State on Admission* (March 10).—His complexion is clear and very pale, almost hectic in aspect; pulse rapid and feeble; skin hot; tongue dry. In the right side of the abdomen, just above the iliac fossa, is a large, well defined tumour, over which pressure occasions pain. It is not very firm, and appears to be attached firmly to the parts behind it. He has no difficulty in the passage of urine or fæces. There is slight œdema of the right leg, but no pain is complained of in it. A little below the left axilla is a round mass about the size of a shilling, and the eighth of an inch thick, which adheres to the skin, and which has a dark purplish hue; it is circumscribed; feels firm, and is moveable on the chest. In the subcutaneous cellular tissue over the front of the chest are several other little indurations, but they do not adhere to the skin, and their colour consequently does not show through.

From this date he continued under care until March 24 (2 weeks), when death rather suddenly occurred, having been preceded by the symptoms of acute peritonitis. While in the Hospital he had suffered a good deal from pain in the abdominal tumour, and the regular use of narcotics had been necessary. The tumour itself had somewhat increased in size, and a considerable number of fresh subcutaneous tubercles had appeared on the chest. These latter would often form very quickly, increasing, in the course of a few days, to the size of a fourpenny piece, and then remaining stationary, but never decreasing when once deposited.

The *post-mortem* examination was made on the day after death by Dr. Habershon, from whose note-book we were kindly permitted to copy the following:—"The omentum in the right iliac



region was infiltrated with medullary cancer, and increased to the thickness of nearly half-an-inch. It adhered closely to the intestines and to the abdominal parietes. In attempting to separate, a large faecal abscess was opened, which contained probably three or four pints of fluid faeces and matter. The small intestine immediately above the cœcum communicated directly with the collection, and the anterior wall of the cœcum itself had also been destroyed by ulceration. The cellular tissue behind the cœcum was the seat of much inflammatory infiltration and hardening, but did not appear to be cancerous. Excepting the borders of the intestine, which were united to the tumour in the omentum and implicated in the diseased formation, the coats of the former were not involved. The lumbar glands were enlarged, but not to any great degree. The cancerous growth itself was of a whitish colour, excepting where pink with congestion; it yielded much juice, which, examined by the microscope, showed the ordinary appearances of medullary cancer. Unfortunately, the growths in the subcutaneous tissue were forgotten and not examined."

### DREADNOUGHT HOSPITAL SHIP.

#### CASTOR-OIL TREATMENT OF CHOLERA.

(Communicated by Mr. E. J. COMPLIN, Resident Medical Officer.)

Mr. E. J. Complin, the Resident Medical Officer on board the Dreadnought, has sent us the subjoined statement as to the

result of an experiment in the treatment of cholera by castor-oil. The document is a valuable one, as it not only gives the result of the cases, but also furnishes evidence as to the actual effects of the oil in producing vomiting, purgation, etc. :—

In consequence of the very strong manner in which castor-oil has been recommended by Dr. Johnson in the treatment of Asiatic cholera, the Physicians to the Dreadnought Hospital-ship considered it their duty, both in justice to Dr. Johnson and also to their patients, to give the reported remedy a fair trial in a series of cases. They were not selected, but taken indiscriminately for several days together.

Immediately on admission, each patient had a salt-and-water emetic administered, in order to clear the stomach of any medicines or other liquid they might previously have taken. After copious vomiting had taken place, the castor-oil was begun. The medicine was given regularly under my own superintendence, and I can conscientiously assert, that in no case was there any neglect or mismanagement on the part of the nurses. Constant friction to the extremities, by means of flesh-brushes or coarse towels, was also employed, and an abundant supply of iced water was given to all of them.

The following is a brief but correct account of the cases thus treated :—

No.	Name.	Age.	Country.	Date of Admission.	State on Admission.	Dose given.	Number of Doses Taken.	Number of Doses Vomited.	Amount of Purgation.	RESULT.
1	A. H.	18	Dane.	Sept. 2, 10 a.m.	Collapse extreme.	Ol. ricini ʒss. every half-hour.	9	None.	But little.	Died collapsed, 5½ hours after admission.
2	P. N.	15	Dutchman.	Sept. 2, 11 a.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	46	None.	Much.	Had consecutive fever slightly, but recovered.
3	W. H.	26	Englishman.	Sept. 2, 11 a.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	21	None.	But little.	Had such intense reaction, as to require a full bleeding. Recovered.
4	M. C.	22	Dutchman.	Sept. 10, 10 a.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	48	17	Very much.	Died of consecutive fever, 4 days after admission.
5	T. W.	16	Englishman.	Sept. 10, 1 p.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	28	6	Much.	Died collapsed, 14½ hours after admission.
6	J. B.	38	Englishman.	Sept. 10, 1 p.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	70	27	Much.	Died collapsed, 3 days after admission.
*7	W. E.	16	Englishman.	Sept. 10, 2 p.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	48	6	Very much.	Had slight consecutive fever, but recovered.
8	J. Z.	27	Austrian.	Sept. 11, 7 a.m.	Collapse extreme.	Ol. ricini ʒss. every half-hour.	24	None.	Very much.	Died collapsed, 13 hours after admission.
*9	A. L.	27	Austrian.	Sept. 11, 10 a.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	72	12	But little.	Died of consecutive fever, 4½ days after admission.
10	J. G.	18	Englishman.	Sept. 11, 1 p.m.	Collapse extreme.	Ol. ricini ʒss. every half-hour.	8	None.	But little.	Died collapsed, 7 hours after admission.
11	E. M.	19	Englishman.	Sept. 11, 1 p.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	76	13	Very much.	Recovered, without any consecutive fever.
12	G. L.	22	Englishman.	Sept. 11, 2:30 p.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	9	1	But little.	Died of consecutive fever, 4 days after admission.
13	— M.	26	Austrian.	Sept. 11, 4 p.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	67	6	But little.	Recovered, without any consecutive fever.
*14	L. M.	25	Austrian.	Sept. 11, 6:30 p.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	60	10	Very much.	Died collapsed, 2 days after admission.
15	C. G.	28	Norwegian.	Sept. 12, 6 a.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	29	13	Very much.	Died collapsed, 17 hours after admission.
16	C. B.	26	Norwegian.	Sept. 12, 9 a.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	49	13	Much.	Died of consecutive fever, 6 days after admission.
17	V. C.	26	Austrian.	Sept. 12, 9 a.m.	Collapse great.	Ol. ricini ʒss. every half-hour.	24	None.	Very much.	Died collapsed, 18 hours after admission.
*18	W. McN.	19	American.	Sept. 12, 11 a.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	43	13	Very much.	Had slight consecutive fever, but recovered.
19	J. C.	18	Englishman.	Sept. 13, 3 p.m.	Collapse slight.	Ol. ricini ʒss. every half-hour.	34	19	But little.	Recovered without any consecutive fever.

Thus, out of the 19 cases, 12 terminated fatally, and 7 recovered.

Of the 12 fatal cases, 8 died during the stage of collapse, and 4 during the consecutive fever. The case (No. 16) was, at the commencement, but slightly collapsed, but afterwards became the worst case of consecutive fever that we had to treat.

Of the 7 that recovered, in 1 the reaction was so great as to require a full bleeding; 3 had the consecutive fever slightly; and 3 recovered without any febrile symptoms at all.

In the 4 cases marked with a star, calomel was given after the oil appeared to have produced no beneficial effect, and the patients were getting worse.

Of the 4 thus treated, 2 recovered, and 2 died; the two that recovered had consecutive fever slightly; the 3rd died of consecutive fever; and the 4th died during the stage of collapse.

Judging from the result, I think we are not justified in giving any credit to castor-oil in Asiatic cholera.

### THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

#### NORFOLK AND NORWICH HOSPITAL.

#### REPORT ON MEDICAL CASES TREATED DURING THE YEARS 1850, '51, '52, AND '53.

By W. H. RANKING, M.D. Cantab.

(Continued from page 192.)

#### NEURALGIA.

THE number of purely neuralgic cases submitted to treatment in the wards of the Hospital amount only to seven. This small number must not, however, be regarded as a measure of the fre-



quency of such affections, which are, indeed, particularly rife in this district, as would be proved by an inspection of the out-patient list.

Of the seven, five were cases of sciatica (four males, one female), one a case of neuralgia of the brachial plexus, and one of the mamma, both in females.

The cases of sciatica were of a rheumatic character, and associated with more or less gastric disturbance. The treatment consisted of warm-baths, counter-irritants, and quinine with colchicum internally, after freely unloading the lower bowel—an impacted state of which, if it does not actually induce the disease, in some instances undoubtedly aggravates the paroxysms by the pressure of the fæces upon the irritable nerve where it passes out of the pelvis. Among the counter-irritants, none have succeeded so well in my hands as the “firing” above-mentioned; indeed, one case of prolonged duration has recently yielded to that remedy alone in less than a week.

The case of neuralgia of the mamma occurred in the person of an anæmic hysterical girl, and resisted all local as well as general treatment, until the catamenial discharges were fairly restored, when it gradually subsided. Chloroform liniments afforded occasional, but only temporary relief.

#### ‘HYSTERIA.

Twenty well-marked cases of the nervous derangement to which the above unsatisfactory term is usually applied, have been under treatment, of which number ten were discharged cured, seven relieved; in three the result is unknown.

Two were instances of pure hysteria in the male subject. A further analysis shows two instances of the so-called hysterical knee, two of agitation of one arm, one of vomiting, one of hiccough; the remainder exhibited the more general symptoms of the malady, such as globus, shifting pains in various parts of the body, alternate fits of sobbing and laughter, etc. In the majority there was very distinct evidence of uterine derangement, in the form of scanty, profuse, or painful menstruation; and it was remarked that a salacious temperament was usually more or less manifest. The treatment was conducted on the principle of rectifying the particular function which seemed to be at fault, no faith being entertained by me in the farrago of stinking gums, which form a common item in anti-hysterical prescriptions. The shower-bath, both as a general tonic and a moral agent, has always proved of very decided utility. A few of the more remarkable cases are appended.

*Hysterical Jactitation of One Arm.—Cure.*—Sophia Warman, a single woman, aged 39, admitted Jan. 18, 1850. She is a spare woman, with dark hair and eyes, and sallow skin. She has been in the Hospital, under a colleague, previously for the same complaint. Her present attack came on suddenly, after some considerable mental agitation, and the main symptoms have increased in intensity to the present time. Her general appearance indicates ill health; she is irritable, dyspeptic, and is habitually constipated. The catamenia have been regular until the last two years, during which they have been scanty, pale in colour, and irregular as to time. She complains of severe headache, limited to the vertex (clavus), but there is no globus or other of the more usual hysterical symptoms. The marked and most interesting feature in her case is a perpetual agitation of the right arm, consisting in alternate flexion and extension movements, entirely beyond her own control, and so violent as to require her to restrain them with the other hand. If a by-stander attempts to hold the limb steady, the movements are aggravated to a surprising degree. These movements subside entirely during sleep. The treatment consisted of the sulphate of zinc in increasing doses combined with iron, and the shower-bath every morning. In a month she was discharged well.

A case precisely similar in the male, but which derived no benefit from treatment, has also occurred to me.

*Hysterical (?) Agitation of the Arm in a Male.*—William Wilkinson, aged thirty-two, a well formed and intelligent farm labourer, admitted Jan. 1, 1853. The history he gives of himself is, that he was in his usual health until five weeks since. He went to bed in perfect health, and got up to work at his usual time. As he was proceeding to his place of employment he felt giddy, and immediately an involuntary action of the right arm commenced, and has since continued.

On admission his general health seems not to be materially affected; his appetite is good, and he digests his food without inconvenience; he has no headache, giddiness, or disorder of the special senses; no loss of sensation or motion in either limb, nor any tenderness of the cervical spine. His right arm is agitated in the most violent manner. If once allowed to escape the control of the other, it becomes thrown about in all direc-

tions with such vehemence, that the man becomes red in the face, and breaks out in a sweat, as if under severe voluntary exertion. In the endeavour to restrain these movements, I have been swayed backwards and forwards, although using my utmost strength. As soon as the movements commence, the patient urgently endeavours to control them by the other hand, which, after a few minutes, he is able to do. He then brings the hand close to the chest, and keeps it confined in a sling. The instant this is removed, the same violent agitation recommences, and, if repeated, induces marked exhaustion.

A variety of treatment was adopted in this unusual case without avail. He took zinc in increasing doses. He was purged with castor oil and turpentine, under the impression that it might be caused by lumbrici or tape-worm, and he was assiduously galvanised. He was placed under chloroform, when the movements subsided as long as anæsthesia continued. They were also absent during sleep. Not benefiting as rapidly as he wished, he was discharged at his own request.

*Hysterical Vomiting.—Cure.*—Elizabeth Coleby, aged 20, a well-formed young woman, a domestic servant, was admitted October 6, 1853, for uncontrollable vomiting, which had continued upwards of six months. She is in good plight as to flesh, but is of a waxen complexion. The catamenia are irregular and scanty. The appetite is good; but, according to her own account, she has not retained a single meal since the commencement of her illness. Her plump condition being irreconcilable with this description of herself, she was scrupulously watched, and it was found that invariably the food was returned from a few minutes to an hour after eating. There are no cerebral symptoms, neither is there any abnormal condition of the urinary secretion. Bowels costive; tongue furred.

She was ordered, in the first place, a combination of bismuth, iron, and aloes; and a blister was applied to the epigastrium.

Oct. 25.—The report is, that she has vomited after every meal since her admission. She is looking as usual, and does not appear particularly debilitated. She took from this time in succession, hydrocyanic acid in effervescing mixture, creosote and chloroform internally. The latter medicine had the effect of causing the stomach to retain the meals; but, after a few days' use, it produced cerebral disturbance, and was omitted.

Nov. 9.—The vomiting has been suspended a week, but returned as soon as the chloroform mixture was left off.

29th.—The vomiting continues. Ordered tinct. valerian. ammon. ʒj., ex aquæ, ter in dies, and to lie down for two hours after each meal.

Dec. 9.—Has not vomited for a week; the tongue still is covered with a peculiar dense yellowish white fur.

21st.—Vomiting has returned; the menses have appeared scantily; has been freely purged with pulv. scammon. co.

29th.—Made out-patient at her own request.

Her subsequent progress was equally unsatisfactory as an out-patient, during a great part of which period she took steel and aloes in pill. The vomiting was ultimately suspended, after taking pitch in doses of twenty grains per diem, since which, as I hear, she has remained well.

*Hysterical Singultus.—Relief.*—Matilda Becket, aged 22, a domestic servant, was admitted October 1, 1853. She is a dark-complexioned woman, apparently of strong sexual instincts, and had recently met with some amatory disappointment. She is at present scarcely able to walk, and is considerably emaciated. The prominent symptom is an unremitting action of the diaphragm, producing a noise between a sob and a hiccough. This occurs as often as thirty times in a minute, and, according to the nurse's report, never ceases excepting during sleep. She exhibits other hysterical phenomena, as globus, and neuralgic pains in different regions. The catamenial function is disturbed, the discharge being irregular and scanty. The appetite is deficient, and the bowels sluggish; the urine copious and pale.

The treatment adopted consisted, in the first instance, in the endeavour to improve the condition of the digestive organs by the exhibition of alterative doses of blue pill, followed by aperients. She was then ordered:—℞ Ferri sulphatis, quinae disulph. aa. gr. ii., pil. galbani c. gr. v., in pil. ii. ter in dies sumendæ.

The unguentum veratriæ was rubbed into the dorsal spine, and she took a shower-bath every other morning.

The reports of this harassing case will best show its intractable nature.

Nov. 1.—Is better; the singultus less violent and frequent has vomited freely, with great relief to this symptom.

4th.—The singultus has returned in full force.

Ol. terebinth., ol. ricini, aa. ʒss. statim.



5th.—The purgative has acted freely, but no worms have been discharged. Cont. pilulæ, etc.

7th.—A chloroform liniment to be rubbed into the spine.

11th.—Is greatly relieved; the sobbing is converted into an occasional moaning inspiration.

15th.—The singultus scarcely perceived, and she is improved in every respect.

Dec. 6.—Made out-patient at her own request.

February 4, 1854.—The patient has been at home two months, during which period the singultus has been gradually getting worse. On her re-admission this day the noise is loud and constant; the catamenia still unsatisfactory. She is suspected of masturbation. Hirud. iv., inquitus. Cont. pilulæ, quinquæ et ferri sulphatis.

11th.—Rep. hirudines.

15th.—No improvement.

R. Æth. chlorici ʒss., tinct. valerian ammon. ʒj. Mist. camph. ʒss., ft. 6tis. haust. horis sumend.

March 1.—Much the same; no improvement in the uterine functions; uterus examined; no abnormal condition to be discovered.

The patient remained two months under treatment, without any permanent benefit, and was discharged again slightly relieved. Three months afterwards she was seen in another Hospital in precisely the same condition as at first; and, as in the institution alluded to, she had become an object of notice to several sympathising lady visitors, it is probable that little amendment will follow the treatment of the intelligent Surgeon under whose care she had fallen.

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## Medical Times & Gazette.

SATURDAY, OCTOBER 7.

#### THE "TIMES" AND CASTOR OIL.

THE following notice appeared in the *Times* on Wednesday last:—

TREATMENT OF CHOLERA BY CASTOR OIL.—We have observed with surprise the remarks which some of the Medical Journals have thought it their business to indulge in as to the course pursued by the *Times* with reference to the treatment of cholera by castor oil. We thought it our duty to bring that treatment before the public, not at the instigation of its author, who has never communicated with the *Times* on the subject, nor for the purpose of supporting any individual at the expense of the Profession at large, but because we thought the treatment adopted by that individual at once rational and simple, and because we believed, as we still believe, that a mode of treatment which saves three-fourths of the patients to whom it is applied is far preferable to the old system, which confessedly loses 65 out of 100."

We give the *Times* full credit for good intentions in bringing Dr. Johnson's treatment before the public; but, if such statements as the above refer to us, they cannot be permitted to pass without comment. We neither asserted nor insinuated that Dr. Johnson had ever communicated with the *Times*, or had

instigated the Editor to re-publish the letter copied into the *Times* the day after it appeared in our pages. What we complained of was the following sentence:—

"We are sorry to see the jealousy with which the Profession at large seem to regard the threatened downfall of the old obstructive system of astringents, opiates, and stimulants. The Profession, it appears to us, has no reason to be proud of a mode of treatment which confessedly loses one-half of those whom it professes to cure; and, instead of indulging in vituperation against the treatment now proposed, it would do better to put castor-oil to the proof by applying it, not with a determination that it shall fail, but carefully and scientifically to a large number of those cases which the Medical men now dismiss from the world by their blind adherence to chalk, opium, and brandy."

We said last week, and we repeat now, that these are "unwarrantable reflections upon the conduct of the Profession." So far from regarding the proposal of Dr. Johnson with jealousy, it was at once put to the proof, and instead of saving three-fourths of the patients, as the *Times* asserts, out of 89 cases of cholera treated by 14 different Practitioners on Dr. Johnson's plan within a very few days after his results had been made known, 68 proved fatal, or 76·4 per cent.,—a much larger proportion than under the old systems; the general mortality under which is not 65, but about 50 per cent., as the *Times* correctly stated in its first notice, but increased to 65 in its second. Again, there has been nothing like "vituperation" in the *Profession* against the plan. More than one of the Medical Journals of this Metropolis who have commented on it have used some of the coarse terms they habitually employ, but it is not fair to accuse the Profession of any such thing. Our brethren, on the contrary, have perhaps been a little too ready to follow any novel plan which offered a shadow of reason in its favour. They have worked night and day in our hospitals and workhouses, in the courts and alleys of the districts stricken by pestilence, very generally without fee or reward, or with something like the wages paid to a porter by Boards of Guardians,—they have perilled their own lives, and in some cases lost them, in the service of their fellow-creatures—they have done their best; and if the power of the pestilence has been greater than their best efforts could overcome, they have been the first to lament the melancholy fact; and it is certainly most ungenerous to accuse them of "dismissing their cases from the world by their blind adherence to chalk, opium, and brandy." This is assuredly a most unworthy and ungracious return for such great and self-denying public services.

#### HOMŒOPATHY AND THE CHOLERA.

THE great desideratum of the moment—a cure for the cholera—has at last been discovered, and the merit of the discovery belongs entirely to the homœopathists. In a hand-bill which has been, during the last few days, industriously circulated at Clapham, and exhibited in the shopkeepers' windows, the inhabitants of that suburb and its neighbourhood, "especially the poor," are informed, that the tincture of camphor and the trituration of cuprum, or, as the authors of the hand-bill kindly translate it—"copper," can be obtained gratuitously on application at the Dispensary, or at the residence of a homœopathic practitioner, who, we regret to find, is a regularly-educated member of our Profession.

This modest announcement informs the inhabitants of Clapham, and "especially the poor," that tincture of camphor "is a curative medicine in diarrhoea and cholera, and should be kept in the house for immediate use, on the appearance of any symptoms of the above-named diseases."

The Board of Health and its Medical Council having hitherto been baffled in their attempts to find an antidote to cholera, the Clapham homœopathists must be the true benefactors of mankind, for not only can they cure the disease after it has fairly



commenced, but they have discovered another medicine which will prevent it from coming at all:—

“The trituration of cuprum is a preventive medicine against cholera: it should be obtained immediately, and taken while in health, according to directions.”

Under any other circumstances than the present, we might treat this announcement as a joke, and expose its absurdity for the amusement of our readers; but the solemnity of the occasion forbids any other sentiments than those of seriousness. While hundreds are perishing around us from the subtle influence of a mysterious malady, which has hitherto defied the skill of the most distinguished members of the Profession, we are told dogmatically that an infinitesimal dose of camphor is a cure, and a fraction of a grain of powdered copper is a preventive, of a mortal disease. Are we living in the nineteenth century, and in an enlightened age, or have we not yet emerged from the unintellectual darkness of Mediæval times? Do the principles of the Baconian philosophy still survive among us? or have we systematically discarded the lessons of experience and the deductions of reason?

We willingly admit that therapeutical science has hitherto failed in furnishing an agent capable of arresting the ravages of the fearful scourge which now prevails among us; and we have lately, in these pages, sufficiently expressed our disapproval of the practice pursued by some members of our own Profession, in extolling the efficacy of certain methods of treatment before they have been sanctioned by adequate experience; but still more must we denounce an attempt to persuade the public, and “especially the poor,” that the cholera may be cured or prevented by drops of inert fluid, or grains containing an inappreciable molecule of metallic dust.

Such mendacious assertions are worse than useless, they are positively mischievous in their tendency; for the weak and the credulous, relying upon the powers of the imaginary antidote, are led to neglect the true sanitary and precautionary measures which might ward off the attack of the pestilence, and while they are trifling with the homœopathic globules, may fall victims to the epidemic at the very stage of the disease which all experience proves to be as much within the power of judicious treatment, as it is beyond such power when fully developed. A case in point occurred only last week within our own knowledge. An infatuated believer in homœopathy, relying upon his globules, neglected to call in that Medical aid whereby he might probably have been saved, and lost his life in a few hours.

#### THE LATE DR. ROUPELL.

A general gloom during the past week has been thrown over a large part of the Metropolitan Profession, by the very sudden death of Dr. George Leith Roupell, the senior Physician to St. Bartholomew's Hospital. His public life had ever been that of an upright and honourable man, and, in private, he had been known as courteous, kind, and generous almost to a fault. Nor was it only in the qualities which concern the heart, and throw lustre round the moral character, that the Physician whom we have lost excelled. Habits of close industry, together with deep interest in the subjects of his study, stood him in the place of brilliancy of intellect, and furnished him with a rare extent of professional knowledge. Few men have been better read in the literature of Medicine than was Dr. Roupell, and few have devoted more attention to investigations at the bedside. St. Bartholomew's has sustained in him a loss which she will not easily supply, and all who wish well to our art must mourn over his too early grave.

Dr. Roupell was the descendant of a wealthy family, and was born in 1793. His professional education was commenced under the charge of Dr. Burney, of Greenwich. Subsequently

he resided at Caius College, Cambridge, where he held one of the Tancred Medical Scholarships, and of which he was ultimately elected a Fellow. After passing through a complete course of medical instruction at St. Bartholomew's Hospital, and obtaining his diploma from the London College of Physicians, he devoted a considerable portion of time to Continental travel. Visits to the continental schools in search of professional knowledge, were, be it remembered, not nearly so common thirty-five years ago as they have now become; and to the advantages so obtained Dr. Roupell, no doubt, owed much. On returning to London and establishing himself in practice, he was shortly afterwards elected Physician to the Dreadnought Hospital-ship, and from the observations there collected resulted his well-known work on fever. The “Short Treatise on Typhus Fever” insisted upon several doctrines in relation to the disease which were then novel, but which subsequent experience has fully confirmed; among which may be mentioned the specific nature of the affection, and the very frequent occurrence of a rash on the skin. Dr. Roupell was indeed the first English Physician who termed typhus fever, what it is now generally acknowledged to be, an exanthem. In 1833, Dr. Roupell gained the election of Physician to St. Bartholomew's, his competitor for the post being his subsequent colleague, Dr. Burrows. The same year produced his “Illustrations of the Effects of Poisons,” in the bringing out of which he was assisted by Mr. M'Whinnie. The coloured plates contained in the work were on a scale of excellence at that time but seldom attained. On account of the great expense involved, the illustrations of the rarer kinds of poison were deferred, and have never yet been published. Though thus incomplete, it is still the standard work on its subject. In 1833, also, Dr. Roupell gave the Croonian Lectures before the College of Physicians, choosing for his subject the fell disease to which he was ultimately himself to fall a victim. The Lectures were subsequently published; and, more especially in the part devoted to therapeutics, exhibit in a strong light the sound judgment of their author.

Dr. Roupell was subsequently appointed Lecturer on Materia Medica at St. Bartholomew's Medical School, a post which he continued to hold to the time of his death. He was four times elected Censor of the College of Physicians, and delivered the Materia Medica lectures there. As a lecturer, he could not be considered eloquent, his compositions being rather distinguished by the soundness of their subject-matter than any more attractive qualities. In the wards he was always accessible to the students, ready to communicate, and full of practical knowledge. We would not willingly on the present occasion allude to a disagreeable subject, but, in justice to his memory, cannot here omit to state, that no one than he less deserved the impertinent and personal criticisms which recently appeared in the columns of a Contemporary, as the contribution of a “Third Year's Student.” Dr. Roupell's death was from cholera, and occurred after an illness of only twenty-six hours. He had been over to Boulogne, to visit a near relative, then ill with that disease, and had returned suffering from a slight diarrhoea. His premonitory symptoms were, however, so slight, that on the morning of his attack he went through his usual duties at the Hospital, and seemed in good health and spirits. During the whole time of his illness, his colleague, Dr. Baly, remained in the house with him, and did everything that friendship could dictate or skill suggest. He was also seen by Dr. Latham, Mr. Stanley, and Mr. Paget.

In addition to the degrees of M.D. Cantab., and F.R.S., Dr. Roupell held, at the time of his decease, the following appointments:—Physician to St. Bartholomew's Hospital, and Lecturer on Materia Medica at the School; Consulting Physician to the Foundling Hospital and to the Dreadnought Hospital Ship.



## REVIEW.

*On the Structure and Use of the Spleen.* By HENRY GRAY, F.R.S., Demonstrator of Anatomy and Surgical Curator of the Pathological Museum of St. George's Hospital. 8vo. Pp. 380. London. 1854.

THE Astley Cooper prize of 300 guineas was awarded to this work. It is divided into five parts. The first is devoted to an historical retrospect of the various opinions that have been propounded concerning the structure and function of the spleen, from Hippocrates to Kölliker; the development of the spleen is described in the second part; its structure in the third; its comparative anatomy in the fourth; while various physiological conclusions occupy the fifth part. The bibliographical references appended to the work occupy no less than eight pages.

In order to give the reader an idea of the results of Mr. Gray's labours, we shall analyse the fifth part of his work, because in that are contained the sum of all the others. What is the function of the spleen?

"The result," Mr. Gray says, "of these investigations would lead me to conclude that the function of the spleen is to regulate the quantity and the quality of the blood."

The proof that the spleen does regulate the quantity of the blood is derived:—1st. From its structure. Its great elasticity, and the large size of the veins; not only the larger trunks but the smaller branches, adapt it to extreme alterations of size. "If other facts were wanting, I think the existence of a highly elastic and distensible framework, enclosing a large and highly complex venous mesh, sufficient proof in itself to show its application in regulating the amount of blood."—P. 343.

And, 2nd, from direct experiment. Mr. Gray's experiments prove that the quantity of blood in the spleen does vary greatly in amount. The actual variation in these experiments was between 50 and 10,000 grains.

Under what circumstances is this office of the spleen performed?

"After each ingestion of solid food, where sufficient time has been allowed to elapse for its conversion into blood, and where, consequently, there is an increase in the volume of the circulation, the spleen contains a considerable quantity of blood, a much larger quantity than either previous to the completion of that process, or some time after perfect digestion has been effected."—P. 344.

Absorption of fluid is followed by the same increase in the size of the organ.

The spleen also serves to regulate the amount of blood, according to the nutrition of the animal. In well-fed animals a larger amount of blood is found in the spleen after the completion of digestion than in ordinary-fed animals. These differences depend on the amount of blood in the vascular system generally. "In starved animals the volume of the circulation is reduced to the greatest possible extent, the spleen contains not more than a few drops of blood, and even the fresh ingestion of food under these circumstances does not increase the amount in the system to such an extent as to require the spleen to contain the increased addition to the already diminished quantity."—P. 347.

The spleen is very small in animals in which the digestive process extends over a considerable period of time, as the new material in such case is added slowly to the circulation; while, in animals with rapid digestion, the spleen is large.

In diseased condition of the heart or liver, the spleen "serves as a reservoir for blood, as a safety-valve to the circulation."

In what manner does the spleen perform this function?

"I believe," Mr. Gray observes, "that the power which the spleen possesses of regulating the amount of blood depends entirely upon mechanical properties."—P. 348.

Repletion of the vascular system offers moderate obstruction to the flow of blood from the spleen; as the vascular system resumes its former dimensions, "the vein evacuates its contents, compressed by the elastic capsule and sheaths, the entire organ collapses, and the spleen resumes its former size."

What use in the living animal is fulfilled by this temporary retention of blood?

"Its use is a reservoir for blood, a safety-valve, not to any particular system of vessels, or to any organ, but to the system generally, to the general circulation. An organ called into use where there is a replete condition of the blood-vessels, or obstruction to the circulation in those vessels, would be attended with extreme inconvenience if such organ did not exist; an organ that, from its structure, can be called into action suddenly and occasionally, for each and every requirement of the vascular system, as far as

regulating its quantity is concerned, and which can as readily again restore to the circulation that which it had temporarily retained."—P. 350.

The second great function of the spleen is that of *regulating the quality of the blood.*

To determine the changes effected in the composition of the blood by the spleen, the blood entering the spleen and other organs, and the blood emerging from the same organs, was analysed, and the differences between the blood emerging from these several organs compared.

"The most important constituents of the blood, modified by the action of the spleen, are the blood-globules, the iron among the inorganic constituents, the albumen, the fibrin, and, lastly, the serum."—P. 351.

The blood emerging from the spleen contains fewer blood-discs than that entering the same organ; in some cases the quantity is diminished by one-half. "The constancy of this peculiarity alone shows what a highly important influence the spleen must have on this constituent of the blood."—P. 352.

But not only are the blood-globules diminished in number while passing through the spleen, but some of them experience certain structural changes,—changes rarely observed to have taken place in blood-globules from any other part or organ. "I allude to their extreme variations in size, the peculiar wrinkled and corrugated appearance that many present, their occasional loss of colour, and the fact of their being occasionally found either in a normal or more frequently changed condition, included in cellular envelopes."—P. 352.

In the pulp of the spleen are found normal and changing blood globules, blood globules partially converted into coloured pigment granules and crystals, which chemical analysis has shown to be identical with the hæmatin of the blood. "These facts, I think," says Mr. Gray, "are in exact harmony with the results of the analysis of the splenic blood, as far as the diminution of the blood globules is concerned."—P. 356.

"Extension of some of the blood globules" into the pulp of the spleen occurs, Mr. Gray believes, "During the temporary and occasionally considerably distended condition of its vessels."—P. 354.

What laws regulate the occurrence of this diminution of the blood globules in the spleen? In Mr. Gray's experiments the blood discs were found to be "considerably diminished in the emerging splenic blood of *well fed* horses; while in an ill fed and starved horse the amount of the blood discs was *precisely similar* in the splenic and in the arterial blood."—P. 356.

"The period of the digestive act also modifies, to a very considerable extent, the amount of diminution of the blood globules in the emerging blood, the greatest amount being observed either when digestion is not going on at all, or during the early stages of that process."—P. 357.

What is the influence of the spleen on the amount of iron in the blood?

"The blood of the spleen contained in the greater majority of cases a much larger amount of iron than was found either in the blood *entering* the gland, or in other venous blood, notwithstanding the number of the blood discs was *diminished*."—P. 357.

Mr. Gray supposes that the iron of the destroyed discs "be comes added to and forms part of the unaltered blood discs, and hence the increased amount in the emerging blood."

Analyses of the substance of the pulp of the spleen sometimes show it to contain a large amount of iron; the iron then "occasionally is stored up in the substance of the gland; hence the variation in the amount of iron contained in the emerging blood."—P. 358.

The albumen of the blood is altered in quantity during the passage of the blood through the spleen. The average amount of albumen obtained from the blood emerging from the spleen "was *greater* than was found either in arterial or other venous blood."—P. 358.

By what tissues of the spleen is such modification produced?

The colourless elements of the spleen pulp consist of granular matter, nuclei, and cells, in every stage of development and decay,—these "form a very considerable portion of the pulp lying in the meshes between the small capillary vessels, so as to be readily acted on by the fluid ingredients of the blood which penetrate their walls." Chemical reagents prove these elements to consist entirely of a proteine or albuminous compound.

When the amount of new material exceeds that required by the waste of the body, then these elements increase greatly in amount. "On the contrary, the parenchyma cells do not only diminish in number, but they do not actually exist at all in those animals in which new material has not been supplied in



sufficient quantity for the waste of the body; in fact, where starvation has been produced."—P. 360.

The Malpighian bodies undergo extreme variations in size under conditions "exactly coincident with the increase or diminution in the number of parenchyma cells in the pulp, with the increase or diminution in the amount of albumen in the blood." P. 361.

In conclusion, Mr. Gray remarks, "I believe that the colourless elements of the pulp, as well as the Malpighian bodies, both of them serving as storehouses of nutriment, are used as a sinking-fund for albuminous materials during those conditions where the supplies exceed the demands of the system. On the other hand, where the wants of the system are not supplied in sufficient quantity by the introduction of new material, the albuminous materials stored up in the spleen restore again to the blood that which they had for a period retained."—P. 362.

As to the considerations under which the amount of albumen in the splenic blood varied. During the final completion of the digestive process, at the time that there is extreme development of the parenchyma cells of the pulp and of the Malpighian glands, the amount of albumen is very inconsiderable; on the contrary, before digestion, when the parenchyma cells of the pulp are few in number, and the Malpighian glands small, the amount of albumen is increased.

In starved horses (the animals Mr. Gray used for these experiments,) the blood entering and emerging from the spleen contained the same amount of albumen.

What influence does the spleen exert on the fibrin of the blood?

The average amount of fibrin contained in the blood after its transit through the spleen, is much greater than in the blood entering the organ, or in other venous blood. Mr. Gray considers this increase in fibrin "stands in some relation with the diminution of the blood discs in this fluid, and their consequent disintegration in the pulp tissue of the spleen." Mr. Gray founds his opinion on the fact, that the greater the diminution in the blood discs in the spleen, the greater the quantity of fibrin found in the emerging blood.

The serum of the blood in the splenic vein has a deep reddish colour. This red colour results from the colouring material found in the pulp being removed from this tissue by means of the blood-vessels, and so again entering the circulation.

It has been long known that the spleen may be removed from a living animal, and yet the animal continue in apparent health. Mr. Gray says:—"I have removed the spleen from a dog, from cats, and rabbits. In all cases the animals survived the operation, and did not appear to be in the least affected by the absence of the organ."

When the spleen is removed, how is the quantity and quality of the blood regulated?

The normal periodical increase in the quantity of the blood is, under such circumstances, "distributed over the whole system, so that the blood-vessels generally contain more blood than under ordinary circumstances."

In a normal condition, venous blood contains fewer blood-discs than arterial blood; consequently some blood-discs are destroyed in the general capillary system. This function of the capillaries appears to be increased after the removal of the spleen; and, under the same condition, Mr. Gray supposes the surplus albumen "is stored up, not in any particular part or organ, but in the tissues generally."—P. 372.

This analysis can give the reader but a faint idea of the extreme importance of Mr. Gray's work. To value aright Mr. Gray's careful and minute anatomical observations, his chemical analyses, and physiological experiments, the reader must consult the work itself. By way of illustrating our meaning, we may state that pages 76 to 80 inclusive are filled with tables containing the record of 160 observations on the weight of the spleen at various ages. From these tables we learn that the weight of the spleen "increases very rapidly in the embryo from about the sixth month; and that at birth its weight, in proportion to the entire body, is almost equal to what is observed in the adult; being at birth as 1 to 350, while in adult life it varies from 1 to 320, 340, or 400. In old age, on the contrary, the organ not only decreases in weight, but decreases considerably in proportion to the entire body, bearing a proportion to the body as 1 to 700, its weight being reduced by one-half less than its average during early or adult life."—P. 80.

In Mr. Gray's researches the average weight of the spleen between the ages of 21 and 30 years inclusive, was 7 oz.; while, between 41 and 60, it was 5 oz. only; and, between 61 and 82,  $4\frac{1}{2}$  oz.

Mr. Gray's work is indeed fully worthy of the high honour it has received; it cannot fail to place its author in the first rank among European anatomists and physiologists.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### SYPHILIS.

THE department appropriated to syphilis in the General Hospital of Vienna, received during the course of the year 1853 the following assemblage of cases:—

	Men.	Women.	Total.
Blenorrhagic affections.....	212	293	505
Primary syphilitic affections ...	185	101	286
Secondary and tertiary .....	146	327	473
Non-syphilitic .....	22	41	63
	565	762	1327

These numbers require some explanation. The General Hospital of Vienna admits in its wards all the venereal patients who present themselves; and this, doubtless, is the reason why the number of blenorrhagic cases far surpasses that presented by the statistics of M. Ricord of the venereal cases at Paris. Professor Sigmund has appended a few remarks, which we give in abstract. The statistics of 1853 show that, as compared with former years, the number of patients suffering from secondary and tertiary syphilis has considerably augmented. The same remark applies to pregnant women attacked by syphilis. The doctrine entertained at Vienna is that promulgated by Professor Ricord, as shown by the following propositions.

The diagnosis of chancre cannot be established in a certain manner, except by means of inoculation or by the appearance of secondary symptoms.

The inoculation of the syphilitic virus takes place only in those cases where the skin has been deprived of the epidermis; the inoculation of the virus of different forms of syphilitic ulcers produces a pustule and an ulcer, which in the first days of its existence has an identical aspect.

The chancre in the first four days of its duration is always a local accident. Constitutional infection may be prevented by the abortive method.

The syphilitic virus, transported from man to animals (the rabbit and other domestic animals) preserves its specific properties.

The inoculation of a chancre is not attended by danger.

The inoculation with blenorrhagic fluid gives only a negative result.

Blenorrhagia differs entirely from syphilis. Irritating or astringent injections, alum, nitrate of silver, tannin, are the proper means of treatment.

Syphilis requires treatment by mercury.—*Zeitsch. d. K. K. Gesell. d. Aerzte Z. Wien, Von Hebra, July, 1854.*

#### HOTEL DIEU OF LYONS.—NEW PROCEEDING FOR THE CURE OF INGUINAL HERNIA.

Doubts were expressed, in a former number of the *Gazette Hebdomadaire*, as to the efficacy of a proceeding lately applied by Professor Jobert to the radical cure of inguinal hernia. Perhaps it should be said "re-applied," for the proceeding belongs to M. Velpeau; and it may be as well to observe, that this Surgeon, instead of puncturing the sac blindly (*à l'avenglette*) across the skin, exposes it by a previous incision, to be sure of making the injection penetrate; and that yet he has obtained only a moderately satisfactory result. (See *Médecine Opératoire*, t. iv., p. 150.)

Now, the application of iodine will not at best effect more than the obliteration of the hernial sac; it will not extend to the inguinal canal; and the obliteration of the canal is an essential and indispensable condition to a radical cure. In effect, an obliterated sac can form a plug for some time to the external orifice of the canal; but, supposing that the hernia is old, and has acquired a right of domicile, it will easily drive down this feeble barrier, pushing the peritonæum before it. Supposing even that the walls of the sac rest, solid and firmly applied one to another, even in the interior of the canal, there is nothing to oppose the reprotrusion of the peritonæum by the viscera. In a word, the suppression of the hernial sac, in whatever manner it may be obtained, by ligature, by suture, by the introduction of filaments of gelatine, of strips of goldbeater's-skin by iodine



injections, etc., cannot pretend to do more than neutralise, to a greater or less extent, the actual effects of the descent of the peritoneum; it is incapable of preventing a new protrusion. The success may be complete, provided the viscera exert no new efforts. Under the opposite condition, it will be only temporary. Thus it will be seen that no conclusions as to the result of the proceeding can be formed until after a considerable time.

What is really required, is either adhesion between the anterior and posterior wall of the inguinal canal, when the sac will disappear by the fusion of these parts, or the introduction of a plug, which will not escape, into the canal. And, moreover, it is essential that the obliteration should extend to the level of the internal ring, without which an interstitial hernia might form. M. Gerdy has the honour of proposing a plan by which these conditions are fulfilled. The proceeding consists in invaginating the skin of the scrotum in the inguinal canal as far as possible; in fixing the end of this inflected portion (*doigt de gant*) to the skin of the abdomen by a pegged suture; in cauterising with ammonia the internal surface of the cutaneous plug, to excite mutual adhesion of its walls, and to render it solid. Unfortunately this plug, which by its external surface has no means of attachment save to the subcutaneous cellular tissue, terminates, in many cases, in yielding before pressure of the intestines, and the hernia is re-produced more or less completely.

A completion of this operation has recently been conceived by M. Valette, a gentleman whose name is becoming extensively known and respected in the scientific world. He proposes to give fixed attachment to the invaginated skin by making it adhere to neighbouring parts above and in front, without prejudice to the obliteration of the infundibulum.

His surgical apparatus is composed of an invaginator,—a sort of plug in ebony or boxwood, about four inches long, rounded at the distal extremity, and furnished at the proximal with a metallic ring. This ring supports a handle turned so as to constitute a screw, which will receive two nuts (female screws) capable of being separated or approximated after being fixed upon the handle. The invaginator is bored by a curved canal, the entrance of which is the centre of its proximal extremity; the opening three quarters of an inch from the distal extremity. A large curved needle can easily slide through the canal of the invaginator. An inch from the point of the needle, is an opening or window, destined to receive a small quantity of the paste of chloride of zinc. (The chloride of zinc plays a great part in the surgery of Lyons.) At each extremity of the window, the needle presents a small opening to transmit a thread, by means of which the small bandalette of caustic is fixed in its box. As for the crosspiece, which separates the opening into two, it is simply of steel, to give firmness to the fenestrated portion. A waist-band of leather is necessary to maintain the invaginator fixed and immovable. On the anterior part of this band is a plate of steel, presenting an aperture for the passage of the long perpendicular handle fixed to the free extremity of the invaginator. Articulations permit to this plate movements to the right or left, torsion on itself, etc.; and female screws are prepared to maintain it in any position the Surgeon may choose. The details of the operation are as follow:—

The skin having been pushed back into the canal by the index finger, a gorget is first introduced, then the invaginator is pushed along the groove of the gorget. The Surgeon must be careful not to place the invaginator too obliquely, lest the external extremity press the urethra, and interfere with the escape of the urine. An assistant seizes the instrument, and holds it in place. The inferior screw of the handle of the invaginator is abandoned; the plate of the waistband is properly adjusted, and directed by means of its articulations, placed both at its attachment to the band, and about the middle of its length, in such a way as not to interfere with the handle of the invaginator; finally, it is secured by proper screws. The superior screw of the handle is then applied, so that the instrument becomes immovable. Two threads may, for additional security, pass from the instrument to buttons fixed on the waistband. This having been done, the needle is thrust forward, which, having traversed the skin inflected by the invaginator, appears externally. It is made to pass completely through the soft parts, upon which the caustic acts, and the operation is completed. Should the cauterisation be sufficiently extensive, (and the effect is usually obtained in ten or twelve hours,) the needle is thrust further forward, so that the aperture for the caustic becomes quite disengaged. An eschar forms along the track of the needle. Should the cauterisation be insufficient, the needle must be charged again. Inflammation ensues about the disorganized parts, and adhesions form of considerable strength. When the effect is obtained, the instrument is easily removed. First, the

needle is withdrawn, then the invaginator. The extremity of the infundibulum may be, lastly, excoriated, if the instrument have not already done so.

M. Valette has performed this operation eight times. He publishes only two cases in detail. In one the patient suffered from too large inguinal hernia since birth. He was discharged cured five months after the first operation, and three months after the second. A year afterwards he was examined and found well. The second case was that of a man who had an inguinal hernia as large as two fists. He went from the Hospital three months after the operation, but wrote four months after his discharge to say that the cure was perfect.

M. Valette gives the results only of the five remaining operations. All the herniæ were large; four times the cure was complete. In one a relapse was becoming apparent a month after his discharge from the Hospital.

In no instance were there any serious complications; there was no peritonitis, even in the slightest degree. We hope for further experience to test the value of an operation so important as one for the radical cure of hernia.—*Gazette Hebdomadaire*, Aug. 24, 1854.

#### CASE OF VARICOSE ANEURISM CURED BY INJECTION OF THE PERCHLORIDE OF IRON.

M. Jobert has presented to the notice of the Academy a fresh case, in which the cure of an aneurism was accomplished by means of throwing into the sac a weak solution of perchloride of iron; and he has offered some valuable observations on the operation of the remedy, and the cases to which it is applicable. The particulars of the case, in which a cure was effected by the employment of the solution, are briefly as follow:—

A young man, named Leopold Loëb, aged 18, was admitted on January 16, 1854, into the Jewish Hospital, with acute bronchitis. The day following his admission he was bled from the right arm, and it is stated, that neither the patient nor the bystanders observed anything particular in the appearance of the blood which issued from the wound. On the 22nd of January he was discharged from the Hospital cured.

On the 15th of the following month, however, the youth again sought medical advice for a small tumour situated at the bend of the right elbow, which offered all the characters of a varicose aneurism. M. Jobert was now consulted about the case, and, on the 20th of February, that gentleman passed a small trocar into the tumour, the brachial artery having been previously compressed by an assistant above. The blade of the trocar was withdrawn, and six drops of a solution of perchloride of iron were injected through the canula into the interior of the sac. Very little pain followed the injection, and the pulsations of the tumour were not arrested. During the first twenty-four hours after the operation, however, the pulsations became less evident, and the distinctive aneurismal bruit seemed to disappear. But these symptoms of improvement were of short duration, and, on the 24th Feb., the patient was in the same state as before the operation. On that day, M. Jobert repeated the injection, and at the moment that the trocar was withdrawn the pressure exercised on the brachial artery was slackened, and immediately a jet of blood issued from the canula. The compression was renewed, and no further escape of blood took place. Six drops of the solution of the perchloride were then injected into the tumour, and this time the patient experienced a sharp pain, accompanied by a smarting, which extended to a certain distance above and below the tumour, and followed the course of the radial and ulnar arteries. Throughout the whole of the day and night following the operation the pain continued acute, and he suffered from restlessness, want of sleep, fever, and contraction of the muscles of the forearm; nor did his constitution regain its natural calmness for some days. Three days after the operation, M. Jobert examined the tumour, and found that it had become converted throughout into a solid mass, uniformly resistant and unfluctuating, which manifested neither pulsation nor murmur. No pain was occasioned by pressure, but there were still muscular twitchings of the forearm. Above the tumour a cord could be felt, which extended upwards for an inch and a-half in the direction of the brachial artery.

Subsequent examinations made at the interval of one and two months after the operation showed that the tumour remained throughout unalterably hard and resistant, and that the brachial artery in immediate connexion with the aneurism was obliterated, and converted into a fibrous cord for about two inches of its course. An imperfection in the movements of the forearm on the arm, and muscular twitchings of the former, existed two



months and a-half after the date of the last operation; and the patient complained also of weakness in the limb.

M. Jobert is inclined to believe that the first attempt failed because the coagulating solution was not mingled with a sufficient quantity of blood; and he considers, that, in order to insure success, it is necessary that the coagulum should completely obstruct the vessel, so that the fibrine of the blood may form clots above and below it in the same way as after the application of a ligature. The coagulum produced within the artery by the injection of the perchloride answers to this, and, unless it is firm enough to obstruct it completely, the operation fails.

M. Jobert observes, that, notwithstanding the weakness of the solution which he employed, serious local and constitutional symptoms followed. These he attributes to arteritis, excited by the irritating action of the iron solution on the walls of the injured vessel. Perchloride of iron ought, in his opinion, to be employed chiefly in traumatic aneurisms, in sacs lately formed and free from inflammation; and he regards its employment as dangerous when the aneurismal sac is inflamed, or when changes of any duration have rendered its walls degenerate and diseased.—*Gaz. Méd. de Paris*, July, 1854.

## GENERAL CORRESPONDENCE.

### CHOLERA AND CALOMEL.

[To the Editor of the Medical Times and Gazette.]

SIR,—During the whole of the year 1849 I paid special attention to the study of epidemic cholera, and during the greater part of that year was actively engaged in the treatment of a large number of cases, having also under my superintendence the cholera hospital of this very populous township.

The following year I submitted my conclusions to the Profession. They may be briefly summed up as follow:—

1. That cholera is essentially a fever analogous to the congestive fevers of the tropics.

2. That the true treatment consisted in the practice of moderate depletion in the early stage, and next in the free exhibition of calomel.

During the present visitation, I have as yet had but 19 cases under my own care, and my former views are not only confirmed, but strengthened by my present experience.

Of these cases, 14 recovered, 5 died. They were all treated with calomel; 8 were also bled. These were all cases which would have died rapidly under the use of opium and stimulants. The exact nature of the action of calomel upon a cholera patient I do not as yet feel myself competent to explain; but I do not believe that any advocate for its use administers it for the purpose of stimulating a secretion of bile.

Those who propose to treat cholera by increasing the severity of the symptoms, (that is, by emetics and purgatives,) appear to me to ground their treatment upon an unsound theory, and to support this theory upon equally unsound assumptions.

1. It is pure theory to assert that the vomiting and purging are efforts of nature to throw off the poison. If such were the case, why stop premonitory diarrhoea, if the poison is quietly running off of itself?

2. It is pure assumption to assert, that opium and astringents do harm by checking the discharges; on the contrary, they generally increase them, and add to the great irritation which the patient labours under, and hence the vast mischief and perhaps mortality which their use occasions.

3. It is pure assumption to urge that those who administer calomel do so for the purpose of acting on the secretion of the liver. Dr. G. Johnson justly observes, that the bilious secretion is suppressed as the renal one, and can only be restored by the general reaction of the whole system; but he wholly overlooks the action of calomel on the mucous membrane of the stomach and bowels. A scruple administered at once generally stops the vomiting; it appears to act as a sedative on the stomach. By the use of continuous small doses, the cramps and purging soon become less, and gradually cease. As the discharges diminish, the pulse improves, until, by degrees, a warm perspiration is established.

On these principles I have treated nineteen cases during the present epidemic; some of them took over two hundred grains of calomel in two days, and in no case has there been more than a gentle action on the gums,—on most of them it is scarcely perceptible. I can always pronounce the patient safe when the green stools make their appearance. I bled eight cases, six of

which recovered; four of these were cases of the very worst description, which neither calomel nor any other treatment that I am acquainted with, except venesection, could make any impression on. Of the nineteen cases, fourteen have recovered.

I am satisfied that every Practitioner who will carry out this treatment steadily will find this formidable complaint quite as tractable as scarlatina, measles, typhus, or any other malignant epidemic, each of which will ever claim a certain proportion of victims.

To Dr. Ayre, of Hull, belongs unquestionably the merit of having directed the attention of the Profession to this mode of treatment. Without altogether adopting his theory, I fully concur with him in support of the soundness of his practice, with this addition, that I always bleed whenever I find it practicable.

I am, &c.

E. WHITTLE, M.D., M.R.I.A.

Senior Surgeon to the South Dispensary, Liverpool.

Toxteth-park, Liverpool, October 2, 1854.

### PURGATIVES, IN RELATION TO CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Much has been said lately, and many speculations advanced, regarding the subject of cholera as influenced by the operation of purgatives. No doubt more trustworthy results will be eliminated as facts multiply; and, by way of adding to the common fund for future use, I beg to send this communication to your Journal, leaving the facts in your hands, to be valued for as much as they are worth. While, on the one hand, some adhere firmly to the opinion that purgation is requisite for the perfect treatment of cholera, others are equally rigid in the idea, that a person in perfect health may induce “cholera maligna” in himself by a brisk purgative,—as if, in very deed and essence, cholera were simply an exaggeration of intestinal action. This view is surely a very different one to that which grants that excessive purgation, especially in a weakened subject, may serve as an invitation to cholera, on broad and general principles, by acting as a debilitating agent, just as any other debilitating cause may do the like. And this would be so, not only with regard to cholera, but with regard to any other poisons, most of which probably require some prevenient circumstances, making the body alive to their influence. For example, I know of a child who, almost immediately after the application of leeches for some disease, was seized with cholera, and, I believe, died. The same course of reasoning which attributes cholera to purgatives previously given, would, of course, attribute it, in this instance, to the bloodletting.

It is, of course, very difficult generally to get at the exact truth from friends about those who, among the ill-conditioned and too often dissipated poor, are the subjects of cholera; and therefore it occurred to me to examine, at St. George's Hospital, into the history of those who, as inmates and patients, were, during their stay, affected by cholera. This I did with special reference to diarrhoea and the exhibition of aperient medicines in their case. I found that, up to the present time, there had been 12 patients who had been the subjects of cholera, besides 6 night-nurses, 1 assistant night-nurse, and a night-porter.

For further accuracy, I will specify their diseases, etc. There was 1 with fever, 1 with peritonitis, 1 with erysipelas of leg, 1 with uterine disease, 1 with rheumatism, 1 with intestinal disease, 1 with hæmaturia, 1 with some disease of which I have forgotten the character, 1 with strangulated hernia, and 2 with chronic chest affections.

Out of these twelve, there were, I found, only two who had been taking anything like an aperient for some time previous to death; and these two were they which had “chronic chest diseases.” Now, it seems that one of these two had not had the bowels open for three days; and, consequently, took half an ounce of castor-oil on, I believe, the same day that he was attacked with cholera. The other one, ordinarily subject to constipation, had been for seven or eight weeks, while a patient in the Hospital, obliged to take either castor-oil or colocynth regularly every day; and it so happened that he was affected by cholera. It would be a bold thing to say that cholera in these two was caused by the purgatives, and probably quite as correct or logical to assume that in the others it had been produced by any ordinary salines, etc., which they might have been taking.

If cholera be so totally “dependent on” purgatives, why, in all fairness, have there been among these cases so many who have fallen a prey to it, who had not been placed under the influence of purgatives?

With regard to the seven nurses and the night porter, although



it was more difficult to know as certainly what they had been doing, yet I am assured by their fellow-nurses that they were in ordinary health, and had not been taking anything like purgatives.

I am, &c.

JOHN W. OGLE, M.B.,

Pathological Curator, St. George's Hospital.

September 27.

### LOCAL ANÆSTHESIA FROM COLD.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the Hospital reports published in the *Medical Times and Gazette* of last week, two excisions of tumours are related as having been performed under the “unsuccessful employment of anæsthesia by cold.” May I beg to be permitted to show, in a very few words, that the epithet “unsuccessful” is hardly applicable here?

In both operations, it is reported that the incision of the skin, through the whole extent of the tumours, was painless, but that the separation of the tumours from their inner attachments caused pain, or, at least, a protestation of pain.

It has never been said that complete anæsthesia from cold extends much deeper than the skin, unless it were employed of a greater degree, or for a longer time than usual, or were used in conjunction with certain means calculated to promote its effect; but what will perfectly benumb the skin, will render the majority of surgical operations painless, and will obviate the most acute portion of pain attending those that remain. Large tumours must be placed in this minority, and the question as respects them is, whether it is better that the patient should be entirely free from pain, though subjected to the hazard of losing his life from chloroform, or have only the more acute portion of pain removed, or that arising from the incision of the skin, with perfect safety, and the great additional advantage of the inflammation of the wound being prevented.

In the *Medical Times and Gazette* of the 9th of last month, Mr. Lizars states that he has lately performed several capital operations without chloroform. If he had employed congelation, both the pain and the danger of phlebitis would have been much lessened.

The anæsthesia from cold is not, however, always so limited as has been represented, although it is difficult to account for the variations. In the last Number of the *Dublin Medical Press*, for example, Professor Hargrave mentions his having used it in removing a needle that had become imbedded in the foot of a girl, and having afterwards made a “free deep incision with little or no pain.”

It may be remarked, in conclusion, that as the forgetfulness of pain during an operation under chloroform is no proof of its non-existence, so the protestation of much pain during incisions under the skin after congelation should not always be implicitly relied upon.

I am, &c.

JAMES ARNOTT.

Oct. 2.

### DIAGNOSIS OF “PHANTOM” TUMOURS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Number for September 30, a few remarks on “Phantom Tumours” appear. The difficulty of diagnosis, and the danger incurred by too decided treatment, is well illustrated. They are doubtless of nervous origin; that is, they are met with in hysterical females, or in persons whose constitutions have suffered from intoxicating liquors. Whether or not there be some immediate and local cause for the rigid contraction of the abdominal parietes, and the irregular distension and probably contraction of some of the intestinal fibres, is not yet determined.

But that there need be no further cause than nervous irritability acting simply *per se*, and producing the accompanying symptoms of constipation, capricious appetite, nausea, etc., is proved, I presume, by the fact that the exhibition of chloroform completely dispels the swelling. Such is the result of cases which I have seen treated by Dr. J. Y. Simpson, in the Edinburgh Infirmary. In several patients, when fully under the influence of chloroform—when fully deprived of voluntary power, and their senses in abeyance—these tumours or swellings disappeared completely, and slowly re-appeared as the narcotism wore off.

It is impossible to enter into details in so short a space, but enough has been said to point out a most effectual method of removing all doubt and difficulty in the diagnosis and treatment of such cases. One other important aid has thus been afforded by him to whom chloroform owes its introduction in Surgery.

I am, &c.

A. W. P. PINKERTON, M.D.

Bournemouth, Oct. 2.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

THE following is a copy of the Report of a Committee of the Council appointed to consider the propriety of appointing Sub-Committees for the purpose of investigating obscure pathological subjects:—

“The Sub-Committee, appointed at the suggestion of the President to consider the best means of extending the usefulness of the Society by the promotion of inquiries on special subjects through the agency of Sub-Committees, have to report—

“1. Their conviction that such inquiries might be instituted with great advantage to the Society, and to Pathological Science in general.

“2. For the purpose, they recommend that, at the last Council meeting of each session, two or more subjects be selected from those suggested by the members for special investigation.

“3. That these subjects be announced to the members generally in the circular which accompanies the card sent round at the commencement of the following session; and that the members be requested to co-operate by the examination and exhibition of specimens illustrative of the subjects selected.

“4. That a Sub-Committee be appointed for each subject of investigation.

“5. That the duty of these Sub-Committees be to promote the subjects of inquiry by their own special researches; by the examination of specimens presented by others; and by extending their inquiries, under the authority and at the expense of the Society, among pathological investigators who are not members of the Society.

“6. That the Reports of these Sub-Committees be published in the ‘Transactions’ of the Society.”

The subjects selected for investigation during the session 1854-55 are—

1. The Nature and Seat of Tuberculous Deposit.

2. Diseases of the Testicle resulting in what is called “Fungous Testis,” and the Exact Nature of the Protrusion.

## CHOLERA.

It is now evident that we have seen the worst of the epidemic, for this year at least. It has begun to decline by rapid and unmistakable steps, the decrease of the past week on that of the week previous (530) being exactly double that of the week preceding (265). The total deaths to September 30 have been 9707. The Registrar-General says:—“Yet the loss of nearly ten thousand, or, including the deaths by diarrhoea, of twelve thousand lives, within a few weeks, in the chief city of the empire, is an appalling fact, demanding the strict investigation into all its details which the Board of Health has directed to be instituted. Is London to continue every five years to be attacked by pestilence, and to lose so many thousands of its inhabitants? Cannot the conditions in which disease is fatal be determined, and cannot they be removed?”

The deaths according to age are—

From 0 to 15	...	...	...	223
„ 15 to 60	...	...	...	409
„ 60 and upwards	...	...	...	121

In the same week of 1849, the number of deaths were 434, and the ages—

From 0 to 15	...	...	...	106
„ 15 to 60	...	...	...	259
„ 60 and upwards	...	...	...	68

or, taking a week when the numbers were nearly the same as this year, (namely, July 28, 1849,) the deaths being 783, the ages were—

From 0 to 15	...	...	...	217
„ 15 to 60	...	...	...	456
„ 60 and upwards	...	...	...	110



The deaths in districts are as follow :—

DISTRICTS AND SUB-DISTRICTS.	Elevation above Trinity High- water Mark.	Popula- tion in 1851.	Deaths from Cholera registered			Total of 12 Weeks ending Sept. 29, 1849.
			in the Twelve Weeks ending Sept. 30.	in the Week ending Sept. 30.	in the Week ending Sept. 29, 1849.	
LONDON .....	feet 39	2,362,236	9707	754	434	12,695
WEST DISTRICTS....	28	376,527	1887	113	72	1076
NORTH DISTRICTS..	135	490,396	695	50	37	815
CENTRAL DISTRICTS	49	393,256	557	62	61	1565
EAST DISTRICTS....	26	485,522	1316	146	113	2731
SOUTH DISTRICTS ..	6	616,635	5252	383	161	6517

Rate of Increase and Decrease in same Ten Weeks of 1849 and 1854.

	1	2	3	4	5	6	7	8	9	10
1849										
Incr.	105	143	..	406	43	391	363	..	..	..
Decr.	..	..	103	..	..	..	..	344	843	405
1854										
Incr.	107	266	245	85	118	440	763	..	..	..
Decr.	..	..	..	..	..	..	..	501	265	530

Difference between Mean Temperature of Air on an average of 38 years in same Ten weeks of 1849 and 1854.

1849	- 2.2	- 1.9	+ 4.9	- 1.1	+ 2.6	+ 3.7	+ 5.8	- 3.2	- 1.2	+ 5.4
1854	+ 2.9	- 3.7	- 1.7	+ 1.2	+ 1.1	+ 5.9	+ 1.1	+ 3.3	+ 1.5	+ 1.0

Temperature in same Ten Weeks of 1849 and 1854.

1849	58.9	59.5	66.4	60.3	62.9	64.0	64.1	56.5	55.7	58.4
1854	64.9	58.5	60.1	59.9	61.2	65.1	59.2	60.7	57.1	55.2

Mean Readings of Barometer.

1849	29.598	29.793	29.766	29.678	30.076	29.772	29.884	29.464	30.155	29.680
1854	29.990	29.701	29.846	29.813	29.915	30.212	30.166	29.857	29.972	30.076

DEATHS over BIRTHS from Week ending August 12, compared with same Weeks of 1849.

	1	2	3	4	5	6	7	8
1849	650	896	1140	1569	1882	1563	581	85
1854	170	264	401	890	1807	1331	876	447

BIRTHS above the average of 9 years from the Week ending August 12, 1854, compared with the same Weeks of 1853.

1853	110	170	134	204	342	196	223	256
1854	306	206	271	258	205	140	297	349

The following have been the number of deaths from all causes in the General Hospitals of London for the week :—

	Deaths.		Deaths.
St. Mary's ... ..	...	King's College ...	2
St. George's ... ..	6	St. Bartholomew's ...	37
Westminster ... ..	3	London ... ..	49
Charing Cross ... ..	1	Guy's ... ..	14
Middlesex ... ..	10	St. Thomas's ... ..	12
University College ...	5		
Royal Free Hospital ...	7	Total ... ..	146

WEST INDIES.—Cholera has re-appeared with severity in Jamaica, and yellow fever also; the latter at Kingston. Cholera has also broken out at Trinidad. The cholera had not entirely disappeared from Barbadoes, but existed in the parishes of St. John and St. Philip. In St. Lucia the cholera was somewhat abating. About 1400 persons had fallen victims to the epidemic in this island. The cholera was almost extinct in Grenada, but 3899 victims had fallen by it. It was estimated that an expenditure of not less than 2000*l.* had been incurred in carrying remedial measures to the poor during the prevalence of the epidemic.

## MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the usual Quarterly Meeting of the *Comitia Majora*, held on Saturday, Sept. 30, the following gentlemen, having passed the necessary examinations for Diploma, were admitted Members of the College :—

BOWKER, Dr., New South Wales.

COCKLE, Dr., Guildford Street.

GRIFFITH, Dr., Wellington Street, London Bridge.

HAWKSLEY, Dr., George Street, Hanover Square.

MARTYN, Dr., St. Michael's Hill, Bristol.

Also Dr. JONES, Heidelberg, and Dr. GILMOUR, Liverpool, were admitted Extra-Licentiates.

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 3rd inst. :—

BENNETT, EDWIN, Dorchester, Diploma of Membership dated Feb. 27, 1852.

JONES, JOHN, Duffryn, Merionethshire, August 5, 1851.

MAY, EDWARD HOOPER, Tottenham, April 21, 1854.

STEDDY, EDWARD AUSTEN, Chatham, April 3, 1854.

THORP, HENRY JOHN, Maldon, Essex, June 23, 1854.

WISE, AMBROSE B., Holbeach, Lincolnshire, April 21, 1854.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, September 28 :—

MILLER, THOMAS CORNE, Bedworth.

O'CONNELL, PETER, Waterford, Ireland.

PAUL, JAMES THOMAS, Southsea, Hants.

TREW, THOMAS NEWLAND, West Indies.

### VACANCIES.

CALNE UNION.—There is a vacancy for a Medical Officer. Election, Nov. 15.

CARLISLE DISPENSARY.—An Apothecary is required.

GENERAL KENT AND CANTERBURY HOSPITAL.—There is a vacancy for a Dispenser and Assistant House-Surgeon.

ST. MARY'S HOSPITAL.—A Resident Medical Officer is required.

### DEATHS.

ARMSTRONG.—Sept. 14, at Twyford, Berkshire, deeply regretted by all who knew him, C. E. Armstrong, Esq., in the 75th year of his age. For more than twenty years, retired from his public Medical profession, he has, by his unwearied and gratuitous administrations, proved himself the best friend that Twyford and its neighbourhood have ever known.

ROUPELL.—Sept. 29, at his residence, Welbeck Street, Cavendish Square, George Leith Roupell, Esq., M.D. Cantab., F.R.C.S. Lond. It is with deep regret that we have to announce the death of this eminent member of the Profession, by cholera, after a few hours' illness. The sudden loss of this amiable and accomplished Physician has cast a gloom over a large circle by whom the remembrance of his name will long be cherished. It were needless, in this short notice, to recall to mind his contributions to Medical science, which evince industry, learning, and observation. Long will his loss be deplored by all connected with St. Bartholomew's Hospital. To every one he was kind, affable, and generous; the feeling, humane Physician; the perfect gentleman. Although not of robust constitution, Dr. Roupell could endure a considerable amount of mental and bodily labour. His great activity, his simple and temperate habits, and his constant cheerfulness of disposition, gave promise of a lengthened honourable career, of continuing to be long an ornament to his Profession, a solace to his family, the charm and comfort of his friends. Among the latter, the writer of these few lines feels a soothing gratification (amounting almost to pride) in the remembrance of the close attachment and brotherly affection which had existed between the deceased and himself during more than a quarter of a century,—well nigh a lifelong testimony to his many virtues. In the death of this honourable and high-minded man, we can, with truth, aver, that the Medical Profession has sustained a most severe loss,—such, indeed, as can be ill-afforded from its ranks.—*From a Correspondent.*

SHAW.—October 3, at his residence, Vittoria House, Cheltenham, Courtland Skinner Shaw, Esq., M.D., Magistrate and Deputy-Lieutenant of the county of Pembroke, aged 42. M.R.C.S.E., 1834; Fellow of the Horticultural Society.



**SYMONDS.**—August 21, at Clifton, in his 76th year, John Symonds, Esq., Surgeon, late of Oxford, for thirty-eight years Surgeon to the Oxford Medical Dispensary and Lying-in Charity.

**WALTON.**—Sept. 10, suddenly, aged 44, James Walton, Esq., Surgeon, Ashton-under-Lyne.

**WHITE.**—Sept. 14, at Dundas Street, Monkwearmouth, Thomas White, Esq., Surgeon, aged 52.

**MEDICAL STAFF FOR THE ARMY IN THE EAST.**—In the course of September, 40 additional Medical Officers reached the Army from England; 34 others are on their way; 14 have embarked this week, and others are nearly ready for embarkation.

**GATESHEAD DISPENSARY.**—The Corporation of Newcastle, as owners of the Saltmeadows in Gateshead, has made the handsome donation to the building fund of fifty guineas. The Directors of the North Eastern Railway, while declining (in pursuance of rule) to subscribe to the building fund, have handsomely done what is, perhaps, much better for the institution—they have increased their annual subscription from 2*l.* 2*s.* to 5*l.*

**BRADFORD INFIRMARY.**—Joshua Pollard, Esq., has presented 50*l.* to this Infirmary, as “a thank-offering for an abundant harvest.”

**BUCKS INFIRMARY.**—Lord Carrington has presented 100*l.* to this institution.

**CREWKERNE AND YEOVIL DISTRICT MEDICAL ASSOCIATION.**—At the Eighth General Meeting of this Society, held on September 21, at Langport, the business of the Society was transacted, and the members and their visitors dined together. Mr. Norman read a paper on “Inflammation of the Con-junctiva;” and Mr. Prankerd, Langport, read a paper on the “Objects and Advantages of Medical Associations.” Several Medical and Surgical subjects were also discussed. The Report showed that the Association was in a prosperous state, the number of members being now twenty-six, who, for the annual payment of ten shillings, receive a copy of each of the stamped Medical periodicals, in addition to other advantages offered by the Association. It was resolved, that a Committee be appointed to enforce the provisions of the Compulsory Vaccination Act on behalf of the Association. Mr. H. Burford Norman, London, was elected an Honorary Member; and Dr. Toogood, Mr. Larcombe, and Mr. Lutley, Stogursey, ordinary members of the Society. In consequence of the increase of members, it was proposed to alter the name of the Association to one more comprehensive; and the decision was to be left to the members, who were requested to signify their wish to the Honorary Secretary. “The Western Counties,” “The West Somerset,” “The West Somerset and Dorset,” were thought the most appropriate names.

**HEALTH OF THE BLACK SEA FLEET FOR THE MONTH OF AUGUST.**—(From a Correspondent.)—A terrible outbreak of cholera has disturbed immensely the usual course of Medical events in this previously healthy Fleet. On the 30th of July, the larger division of the Fleet arrived again at its old anchorage—Baldjik, after a short cruise of ten days to the coast of the Crimea. Nothing could have been more satisfactory than its sanitary condition at this time. During our absence, cholera had broken out in the camp at Varna, and had already extended to the French Fleet at Baldjik, while also premonitory diarrhœa had made its appearance in our own men-of-war at Varna, the smaller division of the Fleet which had been left there to assist in preparing for the embarkation of the troops for the Crimea. When we anchored at Baldjik with the French Fleet, we were surrounded by cholera, and premonitory diarrhœa almost immediately appeared among us; soon afterwards, isolated cases of cholera. By the 9th of August, several of the ships had reported cholera, and all premonitory diarrhœa. On the 10th there occurred a sudden and very severe outbreak in the Furious; on the 11th in the Trafalgar. The Commander-in-Chief was now pressed on all sides to put to sea; and, in spite of many service difficulties, he weighed with the Fleet on the morning of the 12th. The weather had been hitherto, since our arrival, intensely hot, quite tropical, at least generally so, and a dead calm had reigned throughout the bay. But as the ships now drew out of the harbour, and soon got within range of the north-east wind which prevails at this season, this was hailed as a benefit. The night of the 13th, the breeze freshening, the lower deck ports of the ships had to be closed. On the day after, happened the greatest outbreak of all. The flag-ship was now the victim. It burst forth about ten a.m., and raged with tempest violence for four days. 50 men died the first twenty-six hours; 93 in the four days; in the whole, 140. But a full report of this outbreak will reach you, no doubt, through an-

other source. Total number of cases of cholera in the Fleet, 605; deaths, 311; deaths from other diseases, 6. From the month of July, only 9 deaths were returned in all. What a contrast with this fatal month of August! The loss in the French Army has amounted to 12,000. I have this from good authority. One of the French three-deck ships—the Valmy, I believe—lost more than 200. On some of the Medical officers of this Fleet, Herculean labours have lately devolved. In times like these, the physical abilities of the Surgeon of a large ship should be taken into consideration. In the Trafalgar, almost from the first moment of the outbreak, the entire responsibility, and almost the entire labour, fell upon the senior assistant, (Mr. Morgan.) His iron frame, clear head, and sound Medical education, carried him triumphantly through the storm. He has been rewarded with an acting order to the vacancy of the invalided Surgeon. He will be doubtless confirmed to the vacancy. Sickness is the war of the Medical officer, and this has been a successful action nobly fought by Morgan. Half the risk, and half the labour, and half the ability incurred and displayed by him would have made a post-captain of any commander in the service. There is another who has distinguished himself—Dr. Watson, of the Highflyer. He volunteered to go into the Furious at the height of the outbreak, this ship not having at the time her proper complement of Medical officers; only her Surgeon, and he soon broke down. The whole brunt of the duty fell then upon Dr. Watson, and nobly did he acquit himself. I would also mention to you Dr. Davis, of the Rodney, who had to step to the front, the Surgeon being laid up with remittent fever. He has been removed by an acting order to the Furious. The worst cases of the Britannia were transferred latterly to the Apollo, and placed under the care of Dr. Reed, of the Inflexible. I only hear now of isolated cases of cholera, and they are little noticed amid the preparations going on for the attack on Sebastopol. I cannot help partaking myself somewhat of the excitement, which must be my apology for this very meagre bulletin; not but that I might also plead hard work—busily employed recruiting for another fight, after the disastrous affair of the cholera. Our Medical force is here much crippled by invaliding. We expect to be immediately re-enforced from St. James’s. The Naval Surgery of the month will, I trust, be one of the subjects of my next communication.

**THE SCARLET FEVER** is, and for some time has been, very prevalent and fatal around Clayton, Yorkshire.

**THE BISHOP OF BORNEO.**—This Prelate, who has just proceeded to the scene of his future labours, is a member and Fellow of the Royal College of Surgeons, having been admitted to the membership on the 3rd of June, 1839; and, at the last meeting of the Council, was elected a Fellow.

**DEATHS REGISTERED in the Metropolis for the Week ending Saturday, September 30, 1854.**

CAUSES OF DEATH.	SEPT. 30.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	946	869	361	2216	10503
SPECIFIED CAUSES .. .. .	941	868	361	2178	10470
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	510	478	155	1144	3155
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	6	23	16	45	420
3. Tubercular Diseases .. .. .	79	97	8	184	1731
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	67	46	35	148	1105
5. Diseases of the Heart and Blood-vessels .. .. .	5	22	22	49	356
6. Diseases of the Lungs and of the other Organs of Respiration ..	87	34	27	148	1036
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	23	34	16	73	606
8. Diseases of the Kidneys, etc. ..	2	9	4	15	98
9. Childbirth, Diseases of the Uterus ..	..	7	2	9	106
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	..	4	3	7	74
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	1	2	1	4	15
12. Malformations .. .. .	2	..	..	2	42
13. Premature Birth and Debility ..	39	2	3	44	250
14. Atrophy .. .. .	45	4	7	56	264
15. Age .. .. .	..	..	35	35	417
16. Sudden .. .. .	12	15	14	43	196
17. Violence, Privation, Cold, and Intemperance .. .. .	63	91	13	172	599
CAUSES NOT SPECIFIED .. .. .	5	1	..	38	33



## APPOINTMENTS FOR THE WEEK.

OCTOBER.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
9. Monday . . . . .	Operations at Charing-cross, 2 p.m.	
10. Tuesday . . . . .	Cambridge and Oxford Michaelmas Term begins; University Officers elected. Trinity Coll. Fellows elected. Operations at Guy's, 1 p.m.	
11. Wednesday . . . . .	Operations at University College Hospital, 2 p.m.; St Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m.	
12. Thursday . . . . .	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m.	Abernethian Society, 8 p.m.: "On the Form of Dyspepsia which often Precedes Phthisis." By Mr. Hutchinson.
13. Friday . . . . .	Fire Insurance due. Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	
14. Saturday . . . . .	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	Medical Society of London, 8 p.m.: "On Cholera." By Mr. Headland.

## BOOKS RECEIVED.

On Syphilitic Eruptions. By Thomas Hunt, F.R.C.S. Second Edition. London: Churchill. 1854.  
 The Age of the Ox, Sheep, and Pig. By James Beart Simonds. London: Orr and Co. 1854.  
 A Few Practical Observations on the Injuries Incidental to Warfare. By G. Borlase Childs, F.R.C.S. London: Churchill. 1854.  
 A Physician's Tale. By Heberden Milford. Three Volumes. London: Hurst and Blackett. 1854. [The best we can say for this novel is, that it is dedicated to a very worthy member of our Profession.]  
 On Uterine Polypus; its Nature, Early Detection, and Treatment. By Robert Barnes, M.D. London: Churchill. 1854.  
 Cholera; An Analysis of its Epidemic, Endemic, and Contagious Character. By Henry Stephens, M.R.C.S.L. London: Renshaw. 1854.  
 Sowerby's Ferns of Great Britain. Part III. By Charles Johnson, Esq. London: 1854.  
 The Hitherto Unknown, and Sure Remedy for Cholera, with its True Cause and Real Nature Explained, from a Manuscript by the late Dr. Howard. Edited by the Author of "Salt Abstinence." London: Piper's. 1854.  
 Report of Bethlem Hospital for 1853.  
 A Memoir on Strangulated Hernia. By Nathaniel Ward, F.R.C.S. London: Churchill. 1854.  
 Lectures on the Diseases of Infancy and Childhood. By Charles West, M.D. Third Edition. London: Longmans. 1854.  
 The Pharmaceutical Journal. No. 150. London: Churchill. 1854.  
 The Journal of Psychological Medicine. No. 28. London: Churchill. 1854.  
 The American Medical Monthly. Eight Numbers. New York: Evans and Dickerson. 1854.  
 The British and Foreign Medico-Chirurgical Review. No. 28. London: Churchill. 1854.

## TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall be much obliged if you will insert in your next Number the following treatment for diarrhoea, in all its forms. I have given it for the last fifteen years with the greatest success. I consider it a specific for the disease:—

R Plumb. diacet. gr. xij, tinct. opii. 3i, or morphiae acet. gr. i, acid acet. dilut. ʒij, aqua ad ʒvi. M. ft. mist. A sixth part to be taken every two, three, or four hours.

If there is severe sickness or violent cramps, I give half a grain of morphiae hydrochlor. in one oz. of camphor mixture, and a tablespoonful of the lead mixture every hour. The sickness, cramp, and diarrhoea, are soon relieved. It never produces colic. I have given it in hæmoptysis to the extent of causing blueness of the gums, without having the least ill effect on the constitution. I am, &c.

Gravesend, Sept. 11, 1854.

WM. SANDERS, M.D.

Mr. Sullivan.—We shall be happy to receive the cases. The letter was a very proper one, and it was unfair not to insert it.

D. W. S.—We restrict ourselves as much as possible at present to practical communications on cholera. Long theoretical discussions, however valuable, must be postponed.

J. P.—"No one shall obtain the degree of Doctor who has not studied in the manner prescribed, for at least one year previously to his graduation, in the University of Edinburgh."

Dr. Gairdner.—Many thanks.

Dr. Williamson's interesting letter shall be inserted next week.

Students.—It is necessary to register cards of attendance on Hospital Practice and Lectures, during the last ten days of the present month, at the College of Surgeons. The same must also be done at the Apothecaries' Hall.

## A CHARGE OF PUFFING.

[To the Editor of the Medical Times and Gazette.]

SIR,—A letter having appeared in your issue of the 30th inst., accompanying an extract from the *Durham Chronicle*, I hope you will not deem the following observations thereupon impertinent, and shall feel obliged by their publication in the next number of your periodical. With reference

to the whole quotation, whether respecting Dr. Harper or myself, I utterly repudiate any connexion with it whatever—either directly or indirectly. Its insertion in the *Durham Chronicle* was unknown to me until accident threw the paper in my way; and its insertion in any Journal would never have received my sanction. With those who have known me, as a student or otherwise, the statement I have made as to my innocence will only accord with what they know of my character; but, since a simple denial, however forcible and comprehensive, is no proof, and the mass of your readers, of course, know not "what manner of man I am," it is fortunate that, in the paragraph in question, I can find internal evidence, furnishing at least probability that I am not its author, nor have supplied the materials for its construction. Among one or two minor *errata*, it is there stated that I have taken a medal for the best Hospital Report! I have not done so; and, surely, no one who respects either his own honour or mine would imagine me guilty of a misrepresentation so easily capable of contradiction. It is also said I expect honours at the termination of the next Session. I do not; for, so far as I know, none will then be awarded but such as have been earned by the labours of that Session itself. These instances will, I think, show to your readers, and, I hope, to "Gateshead," that the author of the composition referred to is some imperfectly informed and injudicious, though well-wishing friend, at whose name, I confess, I can only arrive by conjecture. Had your Correspondent simply copied what he read in the *Durham Chronicle*, I should have contented myself with merely adding that, to know my name was made so prominent in such wise, gave me greater pain than it could produce irritation in the most choleric opponent of puffery; but since Dr. Harper has declined practice, and as a charge of quackery implies the existence of a quack, I find myself unexpectedly branded with that, to me, novel and, I fearlessly say, undeserved epithet. I make no comment on the meaning of the term my "Gateshead" brother (for such, in the absence of his name, I suppose him to be) has used; though, as referring to the conduct he censures, it appears to me neither happy nor appropriate; but I would ask him why he brings a charge so odious without assigning a reason for it? If he want an answer to this, I would say—and with the assurance of a man who feels that falsehood can never be demonstrated to be truth—it is because his accusation is as unfounded as it is precipitate. Is this the part of an enlightened antagonist of empiricism, a candid, honest investigator of truth, and a trustworthy guardian of the honour of his Profession? Truly there be some, "in the Profession as out of it," who have a zeal ("rampant" even as "Quackery"), but not according to knowledge. Apologising for so lengthy a letter, I would conclude by observing, that as every fable has its moral, so this fabulous story of quackery contains this wholesome instruction:—That those who profess to use their eyes should know what they are looking for, and when they have found it.

Hoping the next assault upon quackery undertaken by my professional brother may exhibit an equal zeal, tempered by more conspicuous discretion, and awarding him adequate credit for the purity of his intentions,

I am, etc.,

FREDERICK G. CLARKSON, M.D., L.A.C.

6, Paradise-row, Darlington, Oct. 3, 1854.

A Student must form his own opinion from our Students' Number, and what he can hear of the reputation of the teachers at the various Schools.

A Physician will see that we have alluded to the statements in the *Times*. As to Mr. Tinn's letter, we inserted it because the statement appeared worthy of examination, and we cannot see that it was out of place in a Medical Journal at the present time. We find on examination that Mr. Tinn's name is not in the "Medical Directory."

COMMUNICATIONS have been received from—

Dr. CLARKE, Lyme Regis; Dr. HYDE SALTER; Dr. RIGBY; Dr. BENGE JONES; Mr. HUNT; Mr. MORGAN, Dum-Dum, Bengal; Mr. SCOTT, 57th Regiment, Cephalonia; Dr. SMART, H.M.S. Diamond, Black Sea; Dr. PINKERTON; Mr. COGAN, Yarmouth; Mr. JONES, Derby; Dr. STRANGE; PRESIDENT AND TREASURER OF ST. THOMAS'S HOSPITAL; LECTURERS AT THE MIDDLESEX HOSPITAL; Mr. J. ROBERTSON; LECTURERS AT CHARING-CROSS HOSPITAL; LECTURERS AT ST. MARY'S HOSPITAL MEDICAL SCHOOL; Dr. GAIRDNER, Edinburgh; Dr. WILLIAMSON, Leith; Mr. COMPLIN, the Dreadnought; Mr. HOLLAND, Charing-cross; Mr. McWHINNIE; Mr. LAMBERT, Hull; Dr. SLOANE, Nottingham; Mr. HARTLEY, Cheltenham; Mr. GILLESPIE, Durham; Dr. COHEN; Dr. HABERSHON; Dr. SNOW; Dr. OGLE; Dr. J. ARNOTT; STUDENS; J. P. D. W. S.; &c.



ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

LECTURE X.

THERE is a case in the small fever ward to which I would wish to direct your attention. Although the patient has convalesced after a long fever, and is now gaining flesh and strength, we have found that the pulse continues rapid. Now, this is a circumstance which must always excite suspicion. In this patient, the signs of abdominal and pulmonary lesion have disappeared, as well as the characteristic expression of what may be termed the condition or state of fever,—yet, we find that his pulse does not correspond with the signs of improvement in all the other functions. It was suggested by Laennec, that the rapidity of pulse in patients after fever might depend on softening of the heart; but we shall see by-and-by, that the true typhous softening of the heart, so far from inducing rapidity of pulse during convalescence, has much more frequently the effect of making it slow; not only slow as considered with reference to the condition of health, but actually falling below the ordinary standard.

Such of you as have studied Laennec's great work will remember, that, in speaking of softening of the heart generally, he states that he found it soft in certain cases of putrid fever; but he held this to be merely the repetition in the heart of the universal degeneration of the muscular structure, to which he gives the name of the fishy state of the muscles (*l'état poissonneux*). I have little doubt that Laennec met with true typhous softening of the heart; but he misinterpreted its nature. You may take it as an established fact, that in typhus the heart may be softened to the most extreme degree, while the voluntary muscles remain intact. And you may further rest assured of the truth of this maxim, that rapidity of pulse in convalescence, so far from indicating any remains of the typhus disease in the muscular structure of the heart, is in most cases to be taken as a proof of the existence of some lurking disease, either of the entire system or of some important organ or organs. I say, in most cases, for we sometimes meet with instances in which this cannot be discovered, and where the quickness of pulse seems as if the heart had, as it were, contracted a habit of rapid action, which it requires time to get rid of. But these cases are exceptional; and whenever you find rapidity of pulse in a patient who has thrown off his fever, you are to take the alarm. These cases of quickness of pulse are of two kinds. In one class the pulse has never lost the rapidity it attained during the fever; or it has, perhaps, come down fifteen or twenty beats in the minute, and its rate then remains stationary. In the other cases the pulse, which had become quiet, rises to 100 or 120, or even higher, and remains at that rate for days together, without our being able to detect any cause for this increased rapidity. This, I think, is the worst case of the two; at least, it appears more often to indicate a new pathological change.

The local diseases which have been found most frequently to attend this condition are of two kinds; one of them is tuberculosis—the deposition of tubercles in the lungs and other parts; the other is the existence of a secondary re-active inflammation in the mucous glands of the intestines. To this subject Dr. Cheyne long ago drew attention, in speaking of imperfect convalescence in typhus fever; and he gives several cases in the Report of the Hardwicke and Whitworth Hospitals, in which patients had recovered well from typhus fever: had, to all appearance, regained a certain degree of strength: had regained their

appetite: but they showed no disposition to leave their beds; the pulse gradually got quicker and quicker: the belly swelled; diarrhoea came on; and the patients died with symptoms of disease of the intestinal canal. Upon dissection, extensive ulceration of the mucous glands was found in the intestine. These are the two most common of the local diseases which you should suspect when you have a patient who has gone through a long fever with the pulse continuing or becoming very quick.

But now suppose that you examine such a patient with great care. You percuss his chest: you examine the state of his respiration in every way, and you cannot satisfy yourself that there is any disease in his lung; and you will recollect what I mentioned to you at our last lecture, that in most cases of this tuberculosis after typhus there is great constitutional suffering. Well, you may make up your mind, from the absence of all these signs, that the patient is not becoming tuberculous, at all events. When you proceed to examine the abdomen, you will find, perhaps, that he has a good appetite; that his thirst is gone; that the belly is hollow and soft, and there is no tumefaction of it; that there is no tenderness on pressure anywhere; no throbbing of the abdominal aorta; no tendency to diarrhoea—in fact, no one symptom of disease of the mucous membrane of the intestine. And yet, as in the case above stairs, you have a pulse with this unpleasant degree of quickness. I rather think that this man's pulse is now quicker than it was on the 21st day of his illness; and it makes me extremely uneasy about him. Now, gentlemen, suppose that you did not find either disease of the lung or disease of the abdomen; what should you suspect? Generally, in those circumstances, you may suspect that the patient will be attacked by phlegmasia dolens; for we have seen a considerable number of cases in which, after fever, where the pulse continued rapid, this disease exploded. It is, I think, more likely to occur in the non-petechial than in the petechial cases; it is more likely to occur in the long fevers than in the short fevers; it is very liable to arise in patients who have had a fever running on beyond twenty-one days, or thirty days, or forty days. In these patients, after the true symptoms of fever have subsided, they remain with a rapid pulse, and probably, in a week or ten days, symptoms of phlegmasia dolens come on; and the disposition to this venous inflammation is very curious in them, for you will very often find that the patient has two or three distinct attacks of it. It may affect one leg, and you will get the patient through that attack; still the pulse does not regain its natural rate. After a week or ten days, the other extremity will be attacked; and it is even possible that a third seizure may occur, as it were, a relapse of the disease in the part first affected; and in this way patients will go on labouring under these attacks and their consequences for months together. In most instances, however, the patients recover. In most of the cases I have seen, of this acute phlebitis consequent upon fever, there was distinct notice of the invasion of the disease—that is to say, the patient was attacked with pain in the calf of the leg. He is attacked, say in the course of the night, with pain in the calf of the leg; and, when you come in the morning, you find him exhibiting all the characteristics of the disease—a large swelling, pain on pressure, and all the other symptoms. Sometimes you find a cordy state of the superficial veins; at other times not. When you can feel a deep-seated vein, you will sometimes find it in a hard and cordy state.

I think it right to warn you of these curious circumstances; for I am sure that in the course of your practice you will often be in this position—that you will have a patient recovering from fever, and going on in every respect well, except that the pulse does not come down. The rule, then, is, that if the most minute examination fails to detect disease in the great viscera, you may expect the occurrence of phlebitis.

The term phlegmasia dolens, under these circumstances, is not always applied correctly; for the disease is not always painful. We have seen a few instances in which the discovery of the local affection was entirely accidental. Of course you will not suppose that I am prophesying that the patient above stairs will have phlegmasia dolens; all I say is, that he is in that state which would justify you in suspecting something of the kind.

I have mentioned the rapid deposition of tubercle, ulceration of the intestines, and phlebitis of the extremities, as the diseases we have found to occur most commonly in these instances of unaccountable quickness of pulse after fever. Doubtless there are many more examples of local disease arising under these circumstances; but the general rule will hold good, that this symptom foreshadows a disease, which, though at first latent, will before long become manifest. These diseases are generally attended with much irritation, and the condition of the patient is rather one of irritation, or inflammation if you will, than of essential



fever. And this is one of the illustrations of a circumstance often observed by the clinical investigator, namely, the change of character of disease, locally and constitutionally in the same patient, and within a not very extended period. The typhous condition, generally considered, will change into a different state. The essential or general morbid state will disappear, and a local irritation, with its symptomatic fever, becomes the prominent malady. Nay, you will sometimes find that the very condition of a local disease, formed during the first, the typhous, or essential period of the disease, will itself change, and take on the characters of what is termed by some a "healthy inflammation." You may sometimes see this well illustrated in that terrible disease, accompanied by purulent deposits, in many of the articulations. The patients may throw off the typhoid state which attends the earlier periods of the disease, and then the affection of the joints seems to change in its nature, and take on the characters of ordinary arthritis. I have only seen this, however, where one or two of the larger joints had been affected with the primary disease; and it was most remarkable to witness the changes both in the constitutional state and the local affection. It was no longer necessary to use general stimulation; it was no longer improper to employ local antiphlogistic measures.

You will see, in the article on "Hepatic Abscess," in the "Cyclopædia of Practical Medicine," a case which we may well study in connexion with this subject. The patient was a middle-aged man, who was attacked with the yellow fever, of which we had such striking examples in the epidemic of 1827 and 1828. You will find a valuable account of this disease in Dr. Graves's "Clinical Medicine." This patient was the first who was saved. The treatment which I adopted on the appearance of the jaundice and the spasms of the belly was the free application of leeches to the abdomen, the use of calomel and opium in full doses, and a liberal allowance of wine. The man recovered, to our great surprise; but whether from the measures employed, or from the circumstance that the epidemic was then losing its malignity, it is difficult to say. However, his recovery seemed perfect; the pulse became natural; the yellowness rapidly disappeared; there was no gangrene of the limbs or nose; and he was finally discharged, to all appearance quite recovered.

Within a fortnight he again he applied to be admitted. He was evidently very ill. The pulse was rapid. He had copious sweats. The breathing was hurried, but not laboured, and he had a hacking, dry cough. I at first suspected that his case was one of the acute consequent tubercle which I have already described to you. I could discover no sign of abdominal disease, and the physical examination of the chest repeated with great care, from day to day, gave results very different from those which we had observed in the acute deposition of tubercle after fever. There were neither the intense and persisting bronchial râles, nor the progressive dullness; and so I remained in that most unhappy of all positions to which we can be exposed, namely, that of having to treat an acute disease, of which we know neither the seat nor the nature. However, the suspense did not last long. In a few days, and at the time of visit with the class, I found him coughing up purulent matter, and the nurse showed us a vessel which held more than a pint of the same fluid, which the patient had coughed up during the night. The expectoration had come on suddenly. On the day before I had made a most minute examination of the chest, both anteriorly and posteriorly, and had failed to discover any sign of disease. Yet we now found that the posterior portion of the left side, as far as the scapular spine, was absolutely dull. There was no bronchial respiration; no resonance of the voice; and I think no râle. We came to the conclusion that an abscess, probably of the liver, had opened into the chest. I will not go into the details of our treatment, which was that usually employed in cases of internal suppuration. The patient rapidly recovered, and left the hospital without the slightest physical sign of disease, either in the chest or belly. During the next ten years I had repeated opportunities of seeing this man, who continued to enjoy the most perfect health.

This case is well worthy of your careful study: it shows, in the first place, that rapidity of pulse, after convalescence, probably indicates some profound lesion; next, it shows that we were right to pause in the diagnosis of acute tubercle, when there was a want of correspondence between the physical signs and the constitutional symptoms. It is an additional illustration of the possible existence of hepatic abscess, without perceptible hepatic tumour; and, lastly, it is remarkable, as being the only instance during that singular epidemic tendency to yellow fever, in which organic change of the liver seemed to occur. Dr. Graves dwells strongly on the point, that in none of our dissections did we find the marks of hepatitis; and it is quite possible that, even

in this case, during the violence of the first attack,—that is, when the patient had the yellow fever, the liver was not inflamed, and that its subsequent suppuration may have been owing either to abdominal phlebitis, or may have been purely the result of a pyogenic diathesis. I assume that the abscess was in the liver; but even this is not absolutely certain. It assuredly was not originally in the chest; and whether the purulent matter made its way into the lung by a perforation of the diaphragm, or whether the case was an example of the vicarious action of the lung, thus removing the purulent matter from the liver, is a question which can never be determined.

As I have alluded to the invasion of phlegmasia dolens after fever, I may mention a case which occurred many years ago in this Hospital. You all know that intermittent fever is a rare disease in this country. It is not endemic in our vast mountain districts, nor in our level boggy plains; and, indeed, for many years we never had a case of ague in Hospital that did not occur in the person of one of the labourers who go to the fenny districts of England to cut the harvest. These men are often attacked with ague on their way home; the disease being immediately excited by the cold, wet, and fatigue, to which they are exposed on their journey. At the close of the epidemic of 1828, intermittent fever became very general; in fact it was epidemic, and for a time almost every case in our wards was an example of some form of ague. It was at that time that I tried the treatment of bleeding, in the cold stage, as recommended by Dr. Mackintosh. Our results, in a very large number of cases, were decidedly opposed to the practice. Now, at the time when the wards were filled with ague cases, a patient was admitted with symptoms of tertian ague. As was natural when so many cases of the same form of disease were in the house, this case did not excite any special attention, and the man was ordered quinine in the usual doses. But the disease did not yield to the specific; on the contrary, the paroxysms became more severe, and the type of the fever changed to that of the quotidian ague. I then became alarmed. I stopped the use of bark, and proceeded to make a careful examination of the patient. I found no signs of disease in the chest or belly, but it happened that in throwing off the bed-clothes for the purpose of examining the lower part of the abdomen, we accidentally exposed the lower extremities. I found the thigh and leg at one side greatly enlarged. The whole extremity was white and elastic, and the saphena vein was in a cordy state. Now this man had never once complained of any local pain or uneasiness; and was as much surprised as we were at the state of his limb. He was treated by leeching, and the use of calomel and opium, and speedily recovered. He had no paroxysm of the fever after the change of treatment.

I have hardly a doubt that this patient's life would have been lost but for the circumstance that we omitted the quinine in time. Not that I wish you to suppose that the phlebitic swollen leg after fever is itself a very dangerous disease; for we have no reason to think it more so than ordinary phlegmasia dolens; but I believe that the persistence in the use of bark in cases of simulative ague, is fraught with danger. Indeed, there is here a double danger, for we thus not only neglect but exasperate the acute disease.

You are all familiar with the intermittent fever, which is symptomatic of urinary disease. On this subject, and on the danger of taking the affection for ague, and treating the case with bark, the late Mr. Colles used to dwell with great force in his lectures on Surgery. There are, doubtless, many other instances where a local irritation excites a fever, which, for a time at least, has all the characters of a regularly intermittent fever. Puerperal women are liable to this disease; I do not allude to the true puerperal fever; but I have often known women soon after childbirth to be attacked with well-marked tertian, or quotidian fever, in whom it was difficult, or impossible, to discover any local disease of importance. In some there had been an abortive irritation, as it were; perhaps, some tenderness of the uterus, which has been removed by treatment; or, in others, a tendency to inflammation of the breast; but these had subsided, and the intermittent fever persisted. I have over and over seen bark administered in such cases, and always with bad results. The tertian was changed into quotidian, or double tertian—the quotidian into double quotidian, and in one case, where the use of bark was persevered in for a length of time, the patient sank with symptoms of inflammation in the abdomen and the lungs. I believe that for the treatment of this condition we should trust to change of air, good diet, and opium. I have known one case in which the practitioner had given bark to a great extent, with the effect of exasperating all the symptoms, in which, when he omitted the medicine, and used draughts of valerian, ether, and opium, the disease rapidly disappeared.



## ORIGINAL COMMUNICATIONS.

## MENORRHAGIA.

By EDWARD RIGBY, M.D., etc.

Senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London.

(Continued from page 314.)

THE next case which I have selected is one which has evidently advanced much nearer to the establishment of actual disease than that which I last quoted; indeed, I cannot help fearing that organic mischief has existed some little time, but has been kept in a quiescent state by careful management.

Mrs. K., aged 33; married four years; one child, three years old.

November 27, 1851.—Middle size; brown hair and eyes; pale and haggard. Constant discharge of blood from the vagina. It is usually dark, but sometimes is brighter, and then more profuse. Latterly, the discharge has been with clots, and offensive. Shooting pains across the pelvis, increased when the discharge diminishes. Bearing down and painful defæcation. This discharge continues all night, but appears checked by her cold bath every morning. Bowels regular, but dark; urine thick; tongue red and rough; appetite bad.

The catamenia were regular until last May, when this constant discharge commenced. At first it was yellow and thick, then brownish and more watery, and afterwards bloody, at about which time the lancinating pains commenced. A fulness is felt about the lower part of abdomen.

*Examination per Vaginem.*—Os uteri very far backwards; lips large, not hard; the inferior portion of the lower part of the uterus bulges out very considerably; pressure on the abdomen moves it somewhat; it is not particularly tender to the touch. The uterine sound will not pass.

Pil. hydr. extr. hyoseyami aa. gr. v., alt. noct.

R. Acidi hydrochlor. dil., acidi nitrici dil., aa. ʒj., extr. taraxaci ʒj., infusi gentianæ comp. ʒviij. M. ft. mistura, sumat cochl. magna ij., ter die. Hirud. iv. ano.

December 11.—Feels better; less bearing down, and less pain on defæcation; leeches bled freely, and she felt lighter afterwards; bowels well moved; is less sallow. The shooting pains have diminished since the leeches; the discharge was very free for some days after them, and has continued until the last few days very offensive; thinks that the abdomen is smaller; appetite better.

Rep. pil. p. r. n.

Mist. ferri citratis effervescens ter die. Rep. hirudines ano.

30th.—Not looking so well. After the application of the leeches, on the 17th, the discharge continued till yesterday morning. She had a severe attack, three days ago, of darting pain. The leeches caused much pain afterwards, but defæcation has been easier, and she has felt lighter and better since. Abdomen is much reduced in size; bearing down is less; bowels regular, but offensive.

Rep. mist. and pil. Rep. hirud.

January 10, 1852.—Was seized with violent forcing pain on the 4th, which was followed by seven or eight bulky evacuations, producing great relief. The discharge followed more freely; has had two very good nights since.

February 3.—Looking much better, and feels stronger; discharge has continued, more or less, until the last three days; darting pains much less, but has still a good deal of back-ache; the bearing down pain is better, but the bowels are not sufficiently open.

Rep. pil. et mist. ferri citratis effervesc.

R. Ferri sulph. gr. xvj., magnes. sulph. ʒj., acidi sulph. dil.

ʒj., syrupi rhœados ʒss., aquæ menthæ pip. ʒviijss. M. ft. mistura, sumat cochl. magn. ij. primo mane.

26th.—Pale; face thinner; the discharge returned the day after I saw her; it never stops for more than four or five days; it was more profuse this time, and there were more clots; during the interval there is a slight watery discharge; she has much less pain, and that only occasionally. The morning mixture acts easily, but scarcely enough.

Adde mist. magnesiae sulph. ʒj. Rep. mist. ferri citr.

June 23.—Complexion clear; thinks that she has lost flesh; bowels kept regular by medicine; pulse good; feels unequal to much exertion, which brings on a sense of weight at lower part of abdomen. The sanguineous discharge has continued, with very little intermission, ever since. The darting pains are less, but she has a good deal of aching pain in right groin; it is occasionally tender. Is going soon to the sea-side. Let her use tepid, and then cold salt-water baths. Rep. med.

August 20.—Has had no darting pain since being at the sea-side, but there has been a constant slight discharge; has felt very much better; has been over-exerting herself, and has had a severe cough, but the pulse is good, the tongue tolerable, and her complexion has resumed its natural colour.

December 27.—Returned to the sea-side, where she has been thirteen weeks; is looking healthy. Bathed until the middle of November, and felt much refreshed by it. The discharge has continued nearly without intermission; she thinks that, on the whole, it is less; it abates every four or five days; becomes paler for about two days, and then returns of a brighter colour. The darting pains have not ceased entirely; for the last six weeks there has been a constant dull aching pain of right groin; bowels regular; takes the mist. ferri and magnesiae sulph. occasionally.

R. Acidi hydrochlor. dil., acidi nitrici dil. aa. ʒj., liq. taraxaci ʒj., infusi anrantii comp. ad ʒviij. M. ft. mistura ejus sumat cochl. magn. bis terve die.

January 25, 1853.—Since last report, a month ago, she has had the same amount of constant sanguineous discharge, so that since last July the periods have not been distinguishable; the discharge increases every three or four days; at times it nearly ceases, and then it is thin, dark, and discoloured; has darting pains occasionally, but, on the whole, they are "decidedly less;" has felt much better of late.

February 25.—Discharge stopped about three weeks ago, and was followed by severe darting pain; it returned about a week since; looks pale; tongue red; urine thick; darting pains are now better.

Mist. potassæ bicarb. and nitrat. bis terve die.

Rep. pil. and mist. ferri and magnesiae sulph. p. r. n.

April 27.—Looking younger and more healthy; has gained flesh; the discharge has been decidedly less than it has been for the last twelve months, and during the last few days has nearly stopped, and what there is is quite pale; scarcely any darting pains; tongue still red; urine quite clear; a blue pill last week griped and purged smartly; has now a sharp circumscribed pain of epigastrium, extending over the right hypochondrium to the back; increased on deep inspiration; has an irritable eruption on the bend of her arms and round the waist.

April 20, 1854.—Looking and feeling well; a constant discharge of blood continues, so that there are no distinct catamenia; complains of pain in the muscles of the neck and throat on swallowing; the mucous membrane of the tonsils and isthmus faucium has an unhealthy appearance; complains that the glottis is tender, and at times it feels swollen.

Pil. hydrarg. gr. v. alt. noct. per 3 vel 4 vices.

Applic. gutt. fatus vini colchici.

R. Tinct. ferri sesquichloridi ʒij., aquæ destillatæ ʒviij. M. ft. gargarisma.

The constant discharge of blood, with only occasional remissions; the lancinating pains, increased whenever the discharge lessened; the hard and swollen state of the anterior portion of the lower part of the uterus; the slight or rather doubtful mobility of the organ itself; and the failure of a gentle attempt to pass a sound through the os internum; the character of the discharge, at first yellow and thick, then brown and watery, and at length sanguineous; and, lastly, the sallow cachectic look of the patient;—all combined to form a mass of evidence of the most unfavourable character.

As is usual in these cases, the bowels were in a very unhealthy state, and much loaded; and the copious discharge of scybala, and consequent reduction in the size of the abdomen, showed that the fulness which I had felt about the lower part of it was owing to this cause. It also points out a valuable practical fact, which has often struck me forcibly, viz., that a few doses only of laxative medicine must not be trusted to for re-



moving accumulations of long-retained, and therefore unhealthy, fæces. These are not cases for strong doses and violent purging; but gentle laxatives, with occasional doses of alterative medicine, steadily continued over a period of some weeks, will not only succeed in restoring the hepatic and intestinal secretions to a healthy state, but in gradually dislodging impacted masses of scybala, which I have reason to know may be retained, even in apparently regularly acting bowels, for a much longer period than is commonly suspected. Let me again point out the value of the *mistura menthæ sulphurica c. magnesiæ sulph.* of the St. Bartholomew's Hospital Pharmacopœia, combined with small doses of ferri sulph. Being a powerful tonic, it enables us to produce a greater action on the bowels than we should otherwise venture to do in the feeble condition of the patient which usually exists in these cases; it increases their contractile power, and therefore not only promotes the dislodgment of scybalous accretions, but tends to reduce the bulk of the intestines, and to remove the disposition to passive abdominal congestion which is so invariable a concomitant. It is from this reason, I presume, that it maintains its activity unimpaired for a longer period than is the case with most other laxatives, and is less disposed to engender a habit of constipation. Of course there are exceptions; but, nevertheless, increased experience in its use has strengthened my confidence in it.

The application of leeches to the anus was of great value here, and is, I think, preferable to applying them per vaginam; the uterine congestion is not only relieved, but it is directed into a somewhat different channel, and we thus avoid the irritation which is occasionally produced by the leech-bites on the os uteri in these cases, which appears sometimes for a while even to aggravate the local symptoms. I may also add, that leeching the anus, as Sir H. Holland has well observed, relieves the portal system, and promotes the action of the medicines.

As soon as the state of the digestive organs permitted it, I commenced the use of the effervescing citrate of iron, which she continued for some months; her health slowly improved; she gained strength, and resided at the sea-side for some months during the remainder of the year with great benefit; she lost her sallow colour and cachectic appearance, and regained her former good looks. The discharge, however, continued without intermission, but it was moderate, and did not seem to weaken her; it was not affected by bathing in the sea, even so late as November, and by acting as a topical depletion prevented attacks of congestion and pain, which doubtless would have occurred otherwise. This was distinctly the case in the report of Feb. 25, 1853, when a severe attack of darting pain followed the cessation of the discharge. Although it returned soon after with evident relief, its quantity continued gradually to diminish, and it was satisfactory to observe that she not only did not suffer in consequence of its diminution, or almost entire cessation, but she improved remarkably in her general health. Then came some other suspicious symptoms; she had a sharp defined pain extending across the epigastrium, from the umbilicus round the right side to the back, and also an irritable herpetic eruption about her waist and the bends of her arms. It would have been interesting to have examined the state of the uterus at this time, but I had not an opportunity. It seemed as if the disease was becoming dislodged from its original locality, and assuming a different form in another part. The discharge soon returned again, the eruption disappeared after a time, and was followed by a good deal of gastric derangement, with occasional severe pain at the right side of pelvis and right shoulder. I pursued the same plan of treatment, viz., rectifying, as far as I could, functional derangement, and improving the tone of the system.

In April of the present year, the metastatic disposition showed itself about the throat; the mucous membrane of the fauces had an unhealthy appearance; there was pain in deglutition, and the glottis was tender, and occasionally swollen. The tinct. ferri sesquichlor. in water acted beneficially as a gargle; and considering the condition of the glottis to be one of those migratory affections which may be called "rheumatic," for want of a better term, I desired her to foment it with vinum colchici, which is an excellent external application, not wishing to paint so conspicuous a part with iodine.

During the last month I have again heard from her; she says that she has never been so free from discharge for the last three years as she now is; the throat is better; the eruption has disappeared entirely.

What is to be the result? The summary of symptoms with which I commenced these remarks presents a formidable barrier to a favourable diagnosis; and even if the uterine affection entirely subsides, there is too much reason to fear that the morbid diathesis will manifest itself in some other form.

## THE TREATMENT OF ANEURISM BY COMPRESSION.

By JOLLIFFE TUFNELL, Esq., F.R.C.S.I., ETC., ETC.

THE *Medical Times and Gazette* of the 23rd and 30th ult., contains the report of two lectures on the treatment of aneurism by compression, delivered at the Royal College of Surgeons, by Mr. Skey, Professor of Surgery to the College. Mr. Skey's observations are addressed with such good feeling, and in so gentlemanly a manner, that I have great pleasure in replying to them, and I feel assured that I speak the sentiments of every Surgeon in Dublin when I say, that in the investigation of this subject, hitherto, it has been their earnest desire to bring about but one end, viz., the promotion of Medical science; that there has been an entire subjection of all partiality and prejudice; that every inquiry has been dictated by a love of truth; and that it is their wish that any future consideration of the matter may be conducted in the same manner.

As an individual member, I see no reason why discussion upon points of general interest, such as this, cannot be maintained independent of personal angry feeling, and carried on without heat, neither the cause of humanity, nor the dignity of the Profession, being advanced by it.

It is not my intention now to enter into a lengthened detail, or a repetition of all that has been said upon the subject, but merely briefly to reply to two questions propounded by Mr. Skey. The first point to which he calls attention is the difference in the success which has attended the adoption of this line of treatment in Dublin and in the Metropolis, and he expresses a desire "to ascertain how far this success is to be attributed to the fortunate opportunities of repetition of the operation enjoyed by the Dublin Surgeons; whether, in fact, their success is not attributable to the experience obtained by repetition, or, in other words, whether failure was not a more common attendant on their early than their later cases?" To this I answer, no; the proportion of successful cases will be found to be as great during the first years of the introduction of compression as in that just gone by.

Now, to enable the Profession to judge of the accuracy of the statement I here make, I beg to offer to their notice the statistics of this disease as treated in Dublin by compression, from its revival in 1842, down to the present time:—

[The Table gives the particulars of 47 cases of aneurism treated by compression, in Dublin, from Oct., 1842, to September, 1854; 6 were treated at Richmond Hospital; 9 at Steeven's; 6 at St. Vincent's; 3 at Jervis-street; 7 at the patients' residences; 3 at Meath Hospital; 5 at the Royal Military Infirmary; 1 at Adelaide Hospital; 3 at the City of Dublin Hospital; 2 at Mercer's Hospital; 1 at the Artillery Hospital; and in 1 the place of treatment is not stated. Out of these 47 cases, there were 36 cures by compression treatment. In 2 cases the patients were females,—1, 22 years of age, duration of compression 20 days; the other, 40, duration of compression 9 days; the latter right brachial, and the former right femoral—both cured. Of the 45 males, 1 died of disease of the heart, duration of compression 20 days; 1 of erysipelas; 1 of disease of heart and lungs; and 1 is reported as unsuccessful. Of the males, 15 were of right popliteal aneurism; 15 of left; and in 4 not stated; 4 of right femoral; and 3 of left; 1 of right brachial; and 1 brachial, side not specified; 1 of left radial; and 1 of right ulnar traumatic. In 7 cases they were the same patients as had been previously treated.]

Most of the cases are reported in the *Dublin Medical Press*, the *Dublin Journal*, the British Association Reports, the *Dublin Quarterly Journal*, the *Dublin Hospital Gazette*, and 4 in "Tufnell on Compression," pp. 125, 128.

Under Dr. Hutton .....	5	Under Dr. Fox.....	1
— Mr. Cusack .....	7	— Sir P. Crampton .....	1
— Dr. Bellingham.....	5	— Dr. Banon .....	1
— Dr. Harrison.....	1	— Dr. Clayton .....	2
— Dr. Kirby.....	1	— Dr. Read .....	1
— Mr. Porter.....	2	— Dr. Hargrave .....	1
— Mr. O'Ferrall .....	2	— Mr. Tufnell .....	3
— Dr. Macdonnell .....	1	— Dr. Quigley .....	1
— Dr. Humfrey .....	2	— Mr. Colles.....	3
— Dr. O'Brien .....	1	— Mr. Fleming.....	1
— Mr. Smyly .....	1	— Mr. Wilmot .....	2
— Dr. Orr .....	1	— Dr. Jameson.....	1

The ages of the male patients were as follow:—

11—20—24—25—26—27—28—29—30—31—32—33—  
34—36—37—38—40—43—44—45—46—48—55. 1 not stated.



The shortest duration of compression was one of 7 hours; the longest 93 days; the several periods were as follow:—

<sup>22</sup> days—4—5—6—<sup>27</sup>—8—9—11—12—13—<sup>20</sup>—<sup>21</sup>—24—28—30—31—33—37—42—<sup>243</sup>—53—70—72—93. And 7 hours—10—11—16—23—30—33—39. In 8 cases the duration is not stated.

In one case of popliteal aneurism, ligature was applied, and the patient recovered; in another, of right popliteal, cured by compression, the left femoral had been previously tied for left popliteal aneurism. Interrupted pressure was applied in one case, cured. In a case of right brachial, in which ligature was applied, there was high bifurcation, and two vessels were secured. In a case of left femoral, and in two of right popliteal, amputation was performed, and recovery took place; in another of left popliteal (male—25), ligature was applied successfully; and Dr. Fleming remarks upon the case, "It was decided that the treatment by compression should be tried, though no sanguine expectation was entertained as to its success, as well from the nature of the aneurism, as from the character of the patient." In a case of left popliteal, cure was effected by manual compression made by the patient's own thumb upon the artery at the groin. In another case in which ligature was applied unsuccessfully, the knee-joint was involved, the aneurism springing from the anterior aspect of the artery. In a case of common right femoral, cured by compression, the sac sprang from the femoral so immediately below Poupart's ligament, that one point only existed where pressure was complete, so as not to admit a drop of blood into the sac. The man was well lowered by croton oil previously.]

In submitting this statement, I would beg emphatically to call attention to one fact—viz., that it contains *every single case* that has occurred in Dublin in which compression has been employed. It has not been compiled (as the statistics of ligature have) from certain published cases only; it includes every case of aneurism where a compressing instrument has been placed upon the limb; and, to show how general has been this treatment, I believe there have been three instances only during this time in which it has not been tried, two being ligatured at once, and amputation resorted to in the third. The Profession, therefore, have here brought before them the practical working of compression in the treatment of aneurism in Dublin, and can judge of the result. It will be seen that the statement embraces a large number of names, some of whom have had only a single opportunity of treating the disease, and yet success in their hands has been equally complete with those having a larger number of cases. The "experience of repetition" is not, therefore, necessary for success. It assuredly is a great advantage to have had practical experience, especially in the management of details; but, the principles of compression once established and understood, *judgment in selection, and watchful care in the management of the cases*, are alone required.

It is a mode of treatment, however, far different in its application to the ligature. With the ligature, so soon as once applied, the Surgeon has nothing further to do than wait patiently for nature to perform her part, and to guard against the dangers of hæmorrhage; but, in compression, as long as the sac is pervious to the influx of blood, so long must unremitting attention be given to the case; for it is ever to be borne in mind, (and the fact cannot be too strictly enforced,) that, carelessly or injudiciously employed, pressure is fraught with danger to the patient. While the compressing pad is on the artery, progress toward recovery may be presumed to be going on; but the instant it shifts from off the vessel, that moment is the treatment not only rendered nugatory, but prejudicial in the extreme, tending to engorgement of the limb, and diffusion of the contents of the aneurismal sac. I would strongly urge this fact upon the notice of the Profession, because I have frequently heard the remark made by men who had not considered the subject, that compression ought to have a trial in all cases, because it can do no harm. Ill applied, I say, it not only can do no harm, but as assuredly will do so, as, well applied, it may be with confidence looked to for a favourable result.

The second point on which I have to remark is with reference to elastic pressure, and its desirability of adoption in practice. On this head Mr. Skey seems to have mistaken my views; for he says, by "approving of the weight I have rather shelved the question of elasticity." I do most certainly uphold the use of the weight for controlling circulation through the femoral artery at the groin and elsewhere that it can be brought to bear; but this does not in any way influence my sentiments as regards elastic, and its superiority over unyielding, pressure. My opinion I have already strongly and decidedly given, and I cannot, I believe, more clearly express my ideas upon the subject

than by quoting the words I have used in my published lectures: (a)—"An elastic medium has been introduced, in place of that previously employed, viz., the dead unyielding screw. This I consider the main, the great improvement. The form of mechanical arrangement for bringing this force into operation may be varied in a thousand ways; but the elastic medium was the desideratum required, and that has now been gained by the appliance of Dr. Carte."

No language can, I think, be more decided than this, as expressing my opinions on the subject. Mr. Skey, however, does not equally value it, and seems to doubt the necessity for its introduction into practice. He says:—"If you require a certain amount of pressure for any given purpose, it appears to me that it cannot signify in what form the pressure is made. If elastic material be employed, it is necessary to screw down the pad to a pressure equivalent to the required weight. Elasticity of pressure implies a varying action of the instrument, the pressure on the artery being greater or less as the elasticity is brought into play. But, by what means can the elasticity be made serviceable, or at least appreciable? It is obvious from its construction that this elasticity cannot be obtained (in the instrument recommended by Mr. Tufnell—Dr. Carte's), from above, or inwards, but only by pressure from the centre to the circumference, that is, pressure of the integuments against the pad, and not of the pad against the integuments. How is this to be effected? for if we allow that the pressure is already sufficient, any amount beyond that is superfluous and injurious. But the limb is at rest the most absolute, and one does not see in what manner pressure from the limb against the pad can be effected. On full reflection, I confess my inability to appreciate the merits of the so-called elastic pressure; for it does not appear to my mind to involve the principle."

Now the explanation of the means by which the elasticity is brought into play, and pressure made from the centre to the circumference is simple. It is this:—The pressure of the pad, after a while, causes a degree of uneasiness, which, long continued, amounts to pain. To relieve this, the muscles of the part contract, and in doing so raise the integuments against the pad; this alteration of position of the fibre, slight as it may seem, being sufficient to afford relief. In this relief to the compressed muscular fibre does the whole secret lie. None such is afforded by the screw; when once applied, the whole limb lies fixed, that flexion or extension is forbidden of which the elastic pressure admits; and, consequently, a degree of pain and constitutional disturbance often follows, which, in an irritable patient, may mar the whole results.

I am not speaking from theory, I appeal to experience for confirmation of my views, and I find it ably replying. I quote, as proof, from the writing of Dr. Hutton. (b) He says:—"We could effect little or nothing with the screw clamp, from the patient's impatience of the pressure; but he was able to bear the elastic instrument of Dr. Carte for six hours, although the compression was equally complete, and pulsation prevented. In this case, after the application of the instrument, the pulsation ceased, and never after returned."

In another case, Dr. Hutton remarks:—"The patient sustained the compression during seven and a-half successive hours, never allowing pulsation to return to the tumour. At the end of this time he removed the instrument; pulsation had wholly ceased; the aneurismal tumour became solid, and absorption soon commenced. I feel confident that this patient could not have borne the application of the screw clamp for so long a time." These are tests of the efficiency of elastic pressure which, I think, cannot be gainsaid. These are the results of its working in the treatment of disease in Dublin. An easy mode, however, of establishing its superiority exists, which any member of the Profession who doubts can test upon himself. Let him place a screw clamp upon the femoral artery at Scarpa's space, or on any other portion of the thigh, so as to stop pulsation in the vessel below. Let him then try to walk across the room; he will find himself, as it were, rivetted to the spot, totally unable to move. Let him next substitute for the clamp, a circular compressor of Dr. Carte, and equally control circulation through the limb, and then try his powers of progression. Instead of inability to move, he will discover that he can proceed freely, and walk with ease, the piston of the pad rising and falling to each step as the muscles contract and extend, keeping still the artery compressed, and allowing no blood to pass through the point of arrest. "That eventually compression will become the general mode of treating aneurism of the extremities I have not a doubt;" and the concluding sentence of Mr. Skey's

(a) The Treatment of Aneurism by Compression. Dublin. 1851. P. 55.  
(b) Dublin Medical Press, May 16, 1849.



able Lecture confirms the opinion I thus expressed in 1851. Mr. Skey says:—"Notwithstanding temporary obstructions, we may look forward with the utmost certainty to the treatment of aneurism by compression as the future law of our Profession." I have replied to these two points raised by Mr. Skey because I consider them all-important,—the statistics, as indicating a success in Dublin that may stimulate others to adopt this mode of treatment elsewhere, and the form of pressure most desirable in the treatment, as so mainly influencing the well-being and successful termination of each case.

Dublin, October 3, 1854.

CASE OF  
PUNCTURED WOUND OF THE THORAX,  
IN WHICH THE  
PLEURA AND PERICARDIUM WERE BOTH OPENED,  
WHILE THE LUNG AND HEART REMAINED UNINJURED.

BY JOHN MACEWAN, JUN., M.D.

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[Read before the Glasgow Medico-Chirurgical Society.]

I conceive that I am perfectly justified in calling the following a rare and interesting case, when I state, that upon carefully examining the able lectures upon injuries of the chest, by Mr. Guthrie, I do not find a single case similar to that I am about to relate; in other words, a single case of puncture of both the pleura and pericardium, without penetration of the lung or heart. Taking this fact, then, into consideration, and remembering, at the same time, that "wounds penetrating the walls of the chest, and implicating any part or portion of its cavity or contents, are among the most dangerous of injuries, and require in their treatment a more careful attention and a greater extent of knowledge than most others which befall mankind," I feel fully warranted in recording the present case.

On the evening of April 26, 1853, about ten o'clock, I was called suddenly to C. R., residing in H—— Street. She is about six years of age, tractable, but rather of a bold temper. She has complained occasionally, when excited, of palpitation of the heart; and the cause of this is referred by her mother to a fall she received out of bed when a child.

When I arrived, I found that she had received a very severe wound of the left side of the thorax, about one inch and a-half in length, extending from the left edge of the sternum, nearly to and a little above the nipple, and situated between the second and third ribs; this wound pretty deep, and at least implicating the pleura, if not the lung, as was quite evident by the difficulty of breathing, and by the fact, that during every act of inspiration the edges of the wound were projected forwards, while during every act of expiration they were sucked inwards. From the position of the wound, the manner in which the heart has escaped from being penetrated is almost miraculous. This may, however, be explained from the manner in which the bottle may have struck the chest; for, instead of having struck it directly or projected downwards, it may have struck it with its cutting edge projected upwards, and thus left the heart untouched, and saved the child from instantaneous death. (I beg leave to state, that these are the daily notes taken during the progress of the case.)

The manner in which the wound was received was the following. When crossing the street with a bottle of beer in her arms pressed towards her breast, something, it is supposed, had tripped her, and she fell, and the bottle breaking struck her upon the thorax at the part above-mentioned, making a clean cut of her frock, shift, etc., etc. Although, from the appearance of the clothes and of the house, the hæmorrhage had been very great, by the time I arrived it had almost ceased; so that, after finding, by a very slight examination, (the nature of the wound preventing a more minute one,) that no glass, etc., was imbedded in it, I brought the wound together by means of two stitches, adhesive plaster, compress, and bandage. I then had her put to bed, enjoined perfect quiet, and left the house. I may state, that she vomited a little after being put to bed.

I had not, however, been home fifteen minutes, when a hurried message came, that hæmorrhage had again taken place, and that my services were consequently required immediately. Accordingly, I again repaired to the house, accompanied this time by my father. When I arrived, I found, from the state of the bed, etc., that the hæmorrhage had been pretty severe, although it was

again completely stopped. We immediately removed the plaster, etc., and, using the same precautions as formerly, re-applied the compress, which had the happy effect of preventing further hæmorrhage. We had her again put to bed, ordered some one to watch her all night, and to give her a little gruel or tea if she inclined for either. I may state, that her breathing is, of course, more difficult than usual, though not to such an extent as one would imagine. Of course, from the hæmorrhage, her pulse is very feeble, and her countenance altogether anæmic.

April 27, 9 a.m.—This morning, C. R. is very favourable.

28th.—C. R. was ordered to-day some castor-oil, which had the effect of removing a quantity of dark fæces. As yet she has expectorated no blood; so that I hope the lung has not been injured, as I at first feared was the case. (This is the statement made in the Report, and the correct nature of the diagnosis will be proved by the *post-mortem* examination shortly to be related.)

30th.—She has progressed favourably. To-day, however, she is of a very sallow complexion. Her pulse is 120, and very compressible. She complains of pain in her left arm, and of difficulty in moving it. To-day, for the first time, the dressings were removed; the wound has nearly united; there is no puffiness nor inflammatory blush around it. The respiratory murmur around the wound, as heard by the stethoscope, is almost natural. The breathing is still slightly laborious. The wound was dressed again in the same way. Quiet was particularly enjoined, and beef-tea, arrowroot, etc., recommended.

May 2 (six days after the occurrence of the accident).—Wound dressed again to-day; stitches easily removed; it has almost wholly united. Pulse about 100, pretty full, not so compressible as formerly.

9th.—Has been dressed regularly; and, with the exception of slight pain over the region of the wound, everything has progressed very favourably till to-night, when I was suddenly called to see her on account of the very large quantity of yellow serous (I cannot almost call it purulent) discharge which has taken place; the dressings were removed, and again applied, a piece of lint being placed over the opening, and a strip of plaster over this.

10th.—The discharge is still continuing, and cough is very annoying. Accordingly we ordered—

R Sol. mur. morph. ʒss., syr. simp. ʒiiss., syr. scill. ʒss., aq. cinnam. ʒi. M. capiat cochleare parvum tussi urgente.

12th.—To-day the cough mixture was repeated, tinct. opii being prescribed in place of the sol. morph., in consequence of the bowels being rather loose.

15th.—Wound has wholly closed, with the exception of a part about the size of a fourpenny-piece, through which the discharge still continues to flow very abundantly. To-day the breathing is more laborious than usual.

17th.—To-day the discharge from the wound is more decidedly purulent, and she complains very much of pain when pressure is made on the right side of the thorax at its lower part; and here there is evidently a prominence. Her pulse is 120, wiry; her appearance very anæmic.

To-night, about eight o'clock, Professor Lawrie met me in consultation. The chest was found to be pretty clear, and the usual respiratory murmur was distinctly audible at every part, with the exception of one portion posteriorly immediately behind the wound, where a very distinct crepitus was heard. Dr. Lawrie, of course, considers the case very dangerous; and fears that all that can be done is to support the patient's strength by wine-negus, and to ease the pain and counteract the inflammatory action by a small blister applied on the right side, where she complains of pain, and by small frequently repeated doses of mercury and opium. The blister was accordingly applied, and the following prescribed:—

R Pulv. Doveri gr. xij.; pulv. cret. c. hyd. gr. vi. M. et div. in pulv. vi. quarum capiat unam sextâ quâque horâ. She was at the same time ordered to receive occasionally a teaspoonful of wine in two teaspoonsful of warm water and sugar.

18th.—No change observable.

19th.—To-day the powders have been repeated.

20th.—She is much weaker, and is evidently fast sinking. Her pulse is feeble and intermittent; she will take no support, not even the negus.

21st.—The discharge is not so great as formerly, but a very loud whizzing sound, as of a bird whistling, is emitted at the wound, while very noxious gases are constantly being poured forth. All around the wound, in front, the stethoscope discloses loud crepitation. Pulse not so intermittent as formerly.

22nd.—To-day there is little or no discharge, and she is herself more quiet and contented, so that we made a very gentle examination of the wound by the probe; and, on directing it



downwards, the heart is felt distinctly at every beat to tilt the probe upwards; and the sensation given by the probe to the hand is not as if the probe were resting upon the heart covered by the pericardium as a bag, but as if it were resting upon and tilted up by the body of the heart itself. And not only so, but when the child is placed in such a way as to allow the light to fall upon the wound, the movements of the heart are easily observable through the wound. This leads us at once to the supposition, that while the pleura, without a doubt, has been injured, the pericardium also has been injured.

23rd.—C. R. is rather easier, but still very weak; discharge has again made its appearance, while, at the same time, an inflammatory blush has presented itself all around the wound. Her appetite is very bad; accordingly we prescribed—

R Sulph. quin. gr. x.; acidi sulph. aromat. ℥i.; aq. puræ, ℥iss., M. capiat cochleare parvum ter indies.

June 1.—The wound is much enlarged since last report. Discharge still considerable. A portion of the third rib, which has evidently been grazed by the glass during the fall, is undergoing the process of ulceration. The wound is being dressed twice daily, and the disgusting odour of the discharge removed by impregnating the cotton which covers the wound with a solution of chloride of lime. The sputa are pretty considerable, and consist of thickened mucus mixed occasionally with a little blood.

3rd.—She is much weaker, though still perfectly sensible. This evening, about six o'clock, C. R. died, exactly thirty-eight days after the occurrence of the accident. According to her friends' statements, she seemed to be in great agony before her departure.

*Sectio Cadaveris Twenty Hours after Death.*—On removing the skin, cellular tissue, and superficial muscles of the thorax, we found the cartilage of the third rib very much hollowed out by ulceration. On opening the thorax, in the usual way, we found that the pericardium had been penetrated by the bottle, and communicated with the wound, and that it had undergone severe inflammation. The opening in the pericardium was of an oval shape. It was from three-quarters of an inch to one inch in length, and about a quarter of an inch broad. It had evidently been smaller at first, but enlarged by ulceration. The pericardium was thickened to a very great extent, and its two surfaces were firmly adherent at many portions, and on separating these adhesions the surfaces of the pericardium were found to be very rough, and to exhibit the appearance called "stalactites," from the deposition of fibrin. Some bloody serum was found in the cavity of the pericardium. The interior of the heart was perfectly normal. The pleura of the left side also was penetrated. It had undergone very severe inflammation, and was much thickened. Firm adhesions had been formed at many parts, and a good deal of bloody serum was effused into its cavity. This refers not only to the left, but also to the right pleura, showing that inflammation had extended from the one pleura to the other, as we had suspected. The lower portion of the upper lobe of the left lung, or that lobe exactly opposite the wound, was very much congested. It had a very liver-like appearance, and sank when thrown into water. The same remarks hold true with regard to the lower lobe of the right lung, showing that in both instances inflammation had attacked the lung as well as the pleura. This is what usually happens. Pleuritis and pneumonia are, according to Guthrie, rarely met with separately after wounds of the chest, and more particularly the latter, without implicating the former, constituting what has been named "pleuro-pneumonia." The other portions of both lungs were perfectly normal. No tubercles were observable. The other organs were perfectly normal as far as was examined. The gall-bladder was gorged with bile. The mesenteric glands were in no way enlarged. The *post-mortem* examination, therefore, I repeat, was very satisfactory, and showed that our diagnosis was tolerably correct, and our treatment perfectly judicious.

*Remarks.*—In the consideration of this case, one almost wonders how both the lung and the heart could have escaped being punctured, seeing that both the pleura and the pericardium were opened. All that we can say is, that such was the fact. In the consideration of this case, also, a question presents itself,—Of what did this child die? And to this question, I think, there can only be one answer, viz., of debility, induced partly by the small quantity of diet taken, but more particularly induced by the large quantity of discharge daily being poured from the wound, and consequent upon the pleuritis and pericarditis which followed the occurrence of the accident. In all probability, the pneumonia present, though it had not proceeded far in its course, likewise contributed its share to hurry on the fatal issue. Another circumstance worthy of remark in

this case is, that neither collapse of the lung nor pneumothorax followed the occurrence of the accident. Some writers would maintain, that there can be no such thing as puncture of the pleura without collapse of the lung and pneumothorax following as a consequence. Now, this case shows, at least, that if these pathological changes follow puncture of the pleura in some, they do not follow it in all cases.

With regard to the treatment, it may be said by some, Why not bleed freely at first? To such I would answer, Consider the circumstances of the case. Here was a girl six years of age, not very stout, who received a severe wound of the thorax, in consequence of which severe hæmorrhage had occurred, who, when I was called, was perfectly anæmic,—I ask, Who would dream of bleeding in such a case? The blister applied, and the mercury and opium afterwards administered, were all that the case warranted. But I am met at once by the objection, that many of our best authorities recommend bleeding, in order to counteract the inflammatory attack which is apt to supervene. I grant that they do; but in reading some of their cases, one is almost in doubt whether the patient died of the cure or of the disease. And I assert, that to have bled C. R. in the circumstances in which the report of the 26th April proves her to have been placed, I would have considered the extreme of bad surgery.

## ANEURISM OF THE AORTA OPENING INTO THE TRACHEA.

By JOHN J. SCOTT, Esq.

Assistant-Surgeon 57th Regiment, in Medical Charge of 2nd Battalion Royal Regiment.

PRIVATE James Keighly, Royal Regiment, aged 33 years, by trade a wool-comber, a tall and well-formed man, of fair complexion. Service twelve years. Left Cork about three months since for the Ionian Islands. Occasionally had slight attacks of dyspnoea for two years past. Admitted into the Garrison Hospital at Cephalonia on the 25th of April, 1854, for acute catarrh. Says he had cough for the last ten days. Has a sharp pain in the left side, below the sixth rib, greatly increased by forcible inspiration.

Expectoration small in quantity, and viscid; cough paroxysmal; respiration short and hurried; coarse bronchial and loud sonorous râles are heard all over the chest, but worst on the left side; percussion slightly dull at the base of both lungs; no fever present; tongue clean and moist; pulse natural; appetite bad.

April 30.—Very little alteration since admission.

May 1.—Suddenly worse to-day. Orthopnoea; loud rhonchus and sibilating râles heard over both lungs; the latter chiefly at the base; percussion slightly dull; expectorates a little solid mucus; action of heart weak; sounds quite muffled by the râles in the chest.

P.m.—Feels a little easier; cough not so troublesome.

2nd.—Cannot lie in the horizontal posture; feels weak and prostrate; countenance haggard and anxious; chest carefully examined, and no other signs of disease can be detected; body cool; pulse 80, and soft. The râles in the chest may be heard on entering the ward.

3rd.—Feels very weak.

4th.—Slept a little; respiration easier; appearance improved.

5th.—Respiration considerably better; sputa mixed with blood; face flushed; pulse natural; appetite improving.

6th.—Percussion abnormally clear over the upper part of the chest anteriorly, but dull posteriorly, particularly below; respiration indistinct in the same region; coarse and rather soft crepitating râles, together with an undefined pleuritic friction murmur, can be distinctly heard over the base of both lungs; sputa rusty.

7th.—Complains of constriction of the chest and lingual muscles; total absence of air at the base of both lungs; sputa small in quantity, and mixed with blood. Ordered five grains of hyd. cum cretâ, and two of pulv. Jacobi every third hour, until slight ptalism should be produced.

8th.—Complains of acute pain in the left side; sputa rusty; countenance anxious; respiration laborious.

P.m.—Much better; tongue clean and moist.

9th.—Gums slightly soft; respiration better all over the chest; sputa copious and carbonaceous.

10th.—Says he is quite easy since he began to expectorate sputa, large in quantity, and black; pulse very weak; percussion remains dull over the base of both lungs.

13th.—Slowly improving.

14th.—Weak, but progressing favourably.

16th.—Cough easy; sputa considerable



17th.—Respiration greatly improved; strength rapidly increasing.

19th.—Quite convalescent; expectorates about one ounce in the twenty-four hours.

24th.—Walking about the wards.

25th.—Rapidly gaining strength.

P.m.—Sputa tinged with florid blood.

29th.—Says he feels tolerably well.

30th.—At three o'clock a.m. suddenly threw off about one pound of florid blood, and instantly expired.

*Sectio Cadaveris, Nine Hours after Death.*—Surface of body pale. On raising the sternum, a tumour about the size of an orange was exposed, situated on the anterior surface of the aorta, after giving off the innominate. On carefully dissecting the parts, it was found to be an aneurism having a small opening into the trachea, a little above the bifurcation. The cavity was filled with soft laminae, and communicated largely with the artery, which was considerably dilated, and had a thick coating of steatomatous deposit, extending for some distance along the course of the vessel. All the other arteries appeared healthy. Both lungs slightly adherent to the parietes. Lower lobes greatly congested. Large bronchi filled with blood. Liver enlarged and congested. Stomach and intestines apparently healthy. The treatment was chiefly for catarrh, and latterly pneumonia, viz., cupping, leeching, blistering, small doses of ant. tart. ipecacuanha and hyd. cum cretâ. It was successful in removing the pulmonary symptoms, and, I presume, was not prejudicial to the arterial disease. Certainly both affections reacted on each other. The former increased by pressure on important nerves and vessels, the latter hurried on to its termination by the severe cough.

The paroxysmal dyspnoea, painful constriction of the chest and lingual muscles, with sense of suffocation, arose from the pneumogastric and other nerves in the neighbourhood being engaged in the thickened tissues around the tumour. The case seemed obscure, but an aneurism was not diagnosed. It is probable that the very free communication between the sac and the vessel prevented the usual well-marked thrilling sound.

Indeed, I cannot believe that much abnormal sound could have escaped the two Medical Officers in charge prior to my seeing the patient, quite independent of my own careful and frequent stethoscopic examination of the chest.

Cephalonia, May 30, 1851.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### UNIVERSITY COLLEGE HOSPITAL.

#### DEATH FROM CHLOROFORM.

(Case under the care of Mr. ERICHSEN.)

WE regret to have to state, that on Wednesday last another of these unfortunate casualties took place. The patient was a man of middle age and rather bloated aspect, who had been admitted on the same day about 3 p.m., suffering from retention of urine. The bladder was distended, and rose almost to the umbilicus, the symptoms having existed for three days. The man was beginning to be stupid and heavy, and had some slight symptoms of uræmic poisoning. Mr. Erichsen having failed in his first trial of catheterism, determined to make another attempt under the influence of chloroform, and if not then successful, to puncture the bladder by the rectum. At 4 o'clock, therefore, chloroform was administered, Mr. Carnell, in the absence of Mr. Hillier, having charge of the inhalation. Insensibility having been produced after from four to five minutes, Mr. Erichsen commenced the use of the catheter. The chloroform had now been removed, but the patient making some expressions of pain, it was again applied. Probably about two minutes of the second inhalation had elapsed, when the man became profoundly insensible, and began to snore with a peculiar and very loud stertor. His face at this time was suffused and flushed, and the inspirations were drawn at rather prolonged intervals. Mr. Erichsen's attention was at once excited by these symptoms, and, desisting from the use of the catheter, he immediately commenced dashing the patient's face and chest with water. The chloroform had of course been removed. In the course of about a minute the noise with the breathing gradually lessened, and it became apparent that respiration was ceasing altogether. Mr. Erichsen now put his finger into the patient's pharynx, and dragged forwards the root of the tongue; at the same time attempt-

ing artificial inflation of the lungs by applying his own mouth to that of the man. The latter plan did not appear to succeed well, and was almost immediately substituted by the more usual mode of artificial respiration, by compression of the chest, which was kept up most vigorously. The man's pulse had been felt by the administrator to be still beating some little time after the commencement of the alarming symptoms and the cessation of respiration. Artificial respiration had been employed for about four minutes, when the man, whose countenance had meanwhile retained its colour and an expression of yet remaining life, began to breathe again. A very short intermission of artificial assistance having been made, he drew spontaneously three or four inspirations; but, as each successive one was more feeble, the artificial aid was at once recommenced. About five minutes from the commencement, the galvanic apparatus was got in readiness and applied. It produced, however, no benefit; and from this time the patient lost colour in the face, and was evidently dead. The most strenuous employment of artificial respiration was continued for about forty minutes, when it was plain that the case was hopeless.

The form of inhaler which had been employed was the one in ordinary use at this Hospital, viz., a folded piece of lint. The administrator's hands and the patient's face had been covered during the inhalation by a towel.

From the course in which the symptoms ensued, it appeared evident that the form of death was that of coma. We shall give the results of the *post-mortem* next week. Having been present at the melancholy occurrence, we may here add, that nothing could possibly have surpassed the promptitude and energy with which the means of resuscitation were adopted.

## SERIES OF CASES OF ABDOMINAL TUMOURS.

(Continued from page 371.)

### DIAGNOSIS OF MALIGNANT TUMOURS.

IN our last report we terminated the division of the present series, which comprised tumours depending upon accumulation of inflammatory products, and passed on to those resulting from malignant growths. There is, perhaps, no disease more utterly irremediable than cancer within the abdomen. Being unable, therefore, to deduce from the narration of cases exemplifying it any principles whatever as to treatment, we should not feel warranted in occupying much space with them, did not some collateral questions of interest and importance join themselves to the subject. These questions mainly concern diagnosis. We do not refer so much to the diagnosis of viscus as to the diagnosis as to the nature of the disease. It is not so much a matter of importance to know whether the tumour be connected with the liver, the kidney, or the spleen, as to know whether it be of inflammatory, malignant, or hydatid origin. If in the case of either an abscess or an hydatid cyst, urgent symptoms arise, the necessity for Surgical interference is denoted; while such a measure, if the disease be cancer, would, of course, be extremely inexpedient. Many of the cases which have been related, and several of those to follow, have been selected chiefly on account of their instructive features in this respect. The following general rules appear to be illustrated by them:—1. Malignant disease may be known from inflammatory swelling—*a* When it occurs in other parts of the body at the same time, there exhibiting marked features. (See Cases 23, 25, and 27.) *b* By its commencing insidiously, while, in abscess, symptoms of irritation, rigors, pain, etc., generally precede the formation of a tumour. (See cases 24, 25, 16, 6, and 5.) *c* By its being attended by cachexia and loss of flesh, quite independently of the pain caused. (Cases 24, 25.) The form of cachexia known as "malignant" is not distinguishable from that sometimes attending internal suppuration, with sufficient certainty to be of much use. *d* By differences discovered by palpation; thus abscess should possess true fluctuation; abscess, too, is often better defined in its outline than a cancerous growth, while cancer is firmer and more resisting to the touch than a collection of matter. These are all, however, liable to exceptions (Cases 23, 24.) In case 25, we have an instance of the co-existence of cancer and abscess, the latter depending on perforation of the intestine caused by the former; and in Case 15 we have abscess occurring as an independent disease in a man formerly the subject of cancer. 2. Malignant disease may be known from hydatids—*a* When it occurs with marked characters in other parts of the body at the same time. *b* By its being attended by cachexia, independently of interference with the functions of any viscera, or of symptoms of inflammation. Patients suffering from



hydatids may continue in the enjoyment of perfect health, while those with cancer rapidly emaciate. Some of the future cases will illustrate this. *c* Hydatid cysts have a rounded outline, and a tense, elastic feel, usually attended by marked fluctuation, and occasionally by "hydatid fremitus." These signs are ordinarily wanting in cancer. *d* Cancerous tumours usually increase much more rapidly than hydatid ones. (Cases 23 and 24.) One of the cases to be narrated in a future part of the series is an example of the coincidence of hydatids and cancer. There are few cases, probably, in which, when the diagnosis has become important in order to treatment, exploration might not be performed. Under such circumstances, we have repeatedly seen a grooved needle passed freely into an abdominal tumour, and never with any ill consequences. A very small exploring trocar is, however, a much preferable instrument, being less liable to fallacy from the prevented escape of fluid.

We shall now proceed to the relation of some other examples of malignant tumours, selecting only those with which were connected features of unusual interest.

### ST. BARTHOLOMEW'S HOSPITAL.

#### Case 26.—MEDULLARY CANCER OF THE UTERUS AND VAGINA.—LARGE SECONDARY GROWTH IN THE PELVIC GLANDS, FORMING A TUMOUR IN THE ILIAC REGION.

[Under the care of Mr. LLOYD.]

MARY ANN WILLIAMS, aged 38, a fair-complexioned woman, was admitted, under the care of Mr. Lloyd, in November, 1853. She was married, and had borne seven children, her youngest being then 3 years old. Her last labour had been a protracted and severe one, and about a year after it she had had a miscarriage. She stated, that she had been of good colour, and had believed herself perfectly well, until about a year ago, when she began to suffer from severe floodings, which continued for several months to recur to an alarming extent. For about a month, during the middle of the period, she had been so much reduced by the hæmorrhage, that she was obliged to confine herself to bed; and on one occasion she stated that her attendants had believed her dead. The liability to these attacks diminished much under treatment as an out-patient, under the care of Dr. West, about five months ago; but, even up to the present time, they occasionally recurred. She had continued to lose flesh, and presented the pale, sallow aspect which so often attends malignant disease. There was, in her left iliac region, immediately within the brim of the pelvis, and adhering to it, a firmish, well-circumscribed tumour, apparently about the size of two fists flattened. It was softish in parts, and it might easily have been imagined that there was an obscure fluctuation. She had known of the existence of this swelling for about four months, during the whole of which time she had suffered occasional stabbing pains in it, and had been distressed by increasing difficulty in straightening the thigh. There had been much of what she considered "white discharge" from the vagina, but it had never possessed any disagreeable odour. At first examination of the tumour, it was thought very possible that it might prove to be a pelvic abscess. Mr. Lloyd's suspicions were, however, excited by the patient's history, and also by her aspect; and, on making a vaginal examination, the os uteri was found destroyed by ulceration, and to its left side was a large ragged mass, which projected into the vagina. The coats of the latter were in parts destroyed by ulceration, and the tumour itself was so soft that Mr. Lloyd ventured to detach a small portion with his finger. The fragment obtained was in a fresh condition, and presented the appearances of the softest form of medullary cancer, a diagnosis which a subsequent microscopic examination fully confirmed. Beyond a faintish odour, there was nothing disagreeable about the smell of the discharge. Mr. Lloyd stated, that he had very rarely indeed known a case of ulcerated cancer of the uterus the discharge from which had not a fetid smell. There could, however, be no doubt as to the nature of the disease in this instance. The detection of it rendered also apparent that of the abdominal tumour, it being in all probability a secondary growth of medullary cancer from the pelvic lymphatics.

The woman remained under care for a few weeks, during which the treatment was chiefly directed to the obtaining of rest and the relief of pain. The growth in the pelvis enlarged, and became more prominent, but did not alter in its characters. She was ultimately discharged at her own request, no doubt to die in a very short time.

*Remarks.*—We may take the above case as a type of its class,

*i.e.*, of abdominal tumours resulting from cancerous disease of the pelvic glands. Such disease is almost always secondary, and in a vast majority of cases secondary to cancer of the os uteri. Its diagnosis is therefore rendered easy by a vaginal examination. Respecting the forms of malignant disease to which the uterus is subject, there has been until quite lately, from the defect of careful pathological examinations, a great deal of confusion and doubt. It may now be asserted, that, although in few rare instances scirrhus may affect that organ, and in yet rarer ones melanosis, that by far the most frequent form is the medullary. Its usual course has, too, been fairly made out. It begins in the muciparous glands, about the cervix, extends into and destroys the latter, but declines to involve the body of the uterus. It is very prone to extend downwards in the submucous cellular tissue of the vagina, the bladder, and the rectum, often involving those organs in ulceration; while scattered about in the cellular tissue of these regions, and in immediate proximity with the original disease, it is very common to find detached masses of independent formation. The pelvic lymphatics are very frequently attacked, but do not ordinarily develop to such a size as to become perceptible through the abdominal parietes. Excepting in the parts mentioned, cancer of the uterus is very rarely indeed attended by secondary deposits in other organs. For the substantiation of these statements concerning it, we might refer to the writings of Rokitanski, Walshe, Lever, and other authorities. Respecting the form most common, Rokitanski says, (a) "According to our observations, fibrous cancer very rarely affects the uterus; the most common form being the medullary, either by itself, or complicated with the former. As to its seat, he adds, (b) "Cancerous degeneration of the uterus is generally confined in a very remarkable and distinct manner to the vaginal portion;" and, in another part, (c) "Carcinoma of the vagina is, in most cases, cancer of the uterus, which has spread to the vagina." Dr. Lever (d) has some interesting facts as to the frequency with which the glands are affected. Out of 19 cases of cancer of the uterus, he found the pelvic lymphatics enlarged in no fewer than 13, in many of which they were the seats of defined cancerous growths. In many cases, he adds, there were also fungoid tubercles, interspersed among the pelvic fat. Cruveillier gives it as his opinion, that the lymphatics are almost always affected, and he and Bayle agree in the observation, that it is the pelvic, and not the lumbar glands, which are usually attacked. With regard to independent growths in the neighbouring parts, Dr. Walshe, (e) after speaking of the broad ligaments, Fallopian tubes, ovaries, and cellular tissue about those viscera, states, "some of these parts may suffer independently of obvious continuity. I have known the bladder become cancerous in this manner." Two very instructive cases are minutely recorded by Dr. Ramsbotham, in the last volume of the Pathological Society's Transactions, (f) in both of which the disease had affected only the cervix of the womb, and had spread downwards most extensively in the cellular tissue between the vagina, bladder, and rectum. In the second of the cases, there were a great number of perfectly distinct growths, and in both the pelvic glands were cancerous. From the opinions we have quoted, it is, we think, clear that secondary growths in the contiguous structure, and in the pelvic glands, are very common in uterine cancer, and, considering the frequent occurrence of the latter disease, it is, perhaps, a little surprising that we find scarcely any mention of them as causing abdominal tumours. The fact, perhaps, is, that it is more common to have a many small growths produced than a single large one. In one of Dr. Ramsbotham's cases, there was a tumour "the size of a closed fist" between the uterus and rectum, but it does not appear that it had been detected through the abdominal walls during life; The case which we have detailed is, however, a good example of the development of a large mass prominent anteriorly, and one concerning which difficulties of diagnosis might easily have occurred. Case 6, in a former part of our Series, is a converse instance—one, namely, in which a pelvic abscess was attended by a condition of things suggestive of cancer. Dr. Bristowe (g) has placed on record a case which occurred under Dr. Waller, in St. Thomas's Hospital, in which cancer of the pelvic glands, secondary to that of the uterus, caused a very large tumour, which tumour, from the softening down of its structure and the extravasation of blood, had been converted into a cyst with fluid contents. It is

(a) Pathological Anatomy, Vol. II., p. 300.

(b) *Idem*, p. 301.

(c) *Idem*, p. 270.

(d) On the "Organic Diseases of the Uterus," p. 175.

(e) On the "Nature and Treatment of Cancer," p. 447.

(f) Transactions of Path. Soc. of London, Vol. V., pp. 221—223.

(g) Transactions of the Pathological Society, Vol. IV. p. 224.



needless to remark how difficult would have been the diagnosis of such a tumour from a pelvic abscess, if the vaginal examination had been omitted.

### GUY'S HOSPITAL.

#### Case 27.—MEDULLARY CANCER OF THE KIDNEY.—FÆCAL ACCUMULATION.—SUPPOSED DISAPPEARANCE OF THE TUMOUR.—DEATH.—AUTOPSY.

[Under the care of Dr. BABINGTON.]

The following case we extract from the notes taken by Mr. Charles Browne, one of Dr. Babington's Clinical Clerks:—

Emma Blake, aged 31, was admitted on March 30, 1853. She was married, and the mother of seven children, having weaned her last only two months before. No history of hereditary predisposition to malignant diseases could be obtained. She stated that she had enjoyed good health until about thirteen weeks ago, when she was rather suddenly seized by a severe pain in the back and sides. Leeches were applied to the back, and, having bled freely, much relief was obtained. Very shortly afterwards she noticed a swelling in her right side, which subsequently increased gradually, and extended downwards. It occasioned her much pain, and she rapidly lost flesh.

*Present Condition.*—She is emaciated, and extremely feeble; pulse 100, very weak. The whole right side of the abdomen is full, and there is a distinct tumour in the lower half; it is so tender, however, that she cannot submit to any examination of it. None of the abdominal viscera appear to have their functions interfered with. The urine and fæces are passed without pain. The urine is cloudy, but contains lithates only. She suffers continually much pain, and has latterly had many sleepless nights. A large poultice is ordered to be applied over the abdomen. An anodyne mixture is ordered, together with a night pill containing half a grain of the acetate of morphia.

April 7.—The pain has been much relieved by the medicine, and, on the whole, she is better. An attack of diarrhœa occurred a few days ago, and, apparently as a consequence of it, the tumour, which had been felt high up on the right side, has much diminished. It appears as if consisting of two parts, for the lower half remains as distinct as ever, although the upper one has disappeared. The tumour now remaining does not alter its position during deep respiratory movements. The medicines are continued.

11th.—There has been more diarrhœa, and the tumour decidedly decreases in size.

14th.—All prominent tumour has now quite disappeared, but on pressure over its site a mass of induration may still be felt. Dr. Babington inclines to the opinion, that the tumour may have been a fæcal accumulation, and that what still remains behind may be of the same nature. A purgative is to be given.

18th.—The hardening is yet less distinct.

28th.—The swelling has again become prominent.

May 9.—Having improved in strength sufficiently to be able to leave her bed and walk about, she is anxious to return home. The chief means which had been employed have been opiates and wine, with a liberal diet. The tumour is not nearly so large as it was at the time of admission, but it may still be plainly felt by deep pressure in the lumbar region.—Discharged.

About a week after leaving the Hospital, this patient got much worse, and death took place on May 19. The following are the particulars of the autopsy, which was performed under very disadvantageous circumstances at her home.

On opening the abdomen, a large mass of soft cancer was seen occupying the right iliac and lumbar region, in which the colon, cœcum, and kidney were imbedded. The colon, where it emerged from the growth, occupied exactly the position in which, during life, the greatest swelling had been perceptible, and which had probably been, as was suspected, caused by fæcal accumulation. The tumour was of the softest medullary cancer, and where it adhered to the cœcum, the coats of the latter appeared to have become involved, but they were not wholly destroyed. The anterior half of the kidney had been replaced by the fungoid material which also projected into its pelvis. The uterus and ovaries were found to be healthy. The liver contained numerous masses of cancerous deposit. The chest was not examined.

Dr. Wilks, by whom the *post-mortem* was performed, and to whom we are indebted for the above account of its results, informs us that he has since met with several cases which resembled the above in the circumstance of malignant disease behind the bowel being the cause of large fæcal accumulation. In one, a tumour which had been felt in the beginning of the illness, had

almost completely disappeared before death under the use of purgatives. At the *post-mortem*, from the small size of the malignant growth, and its position just within the brim of the pelvis, it seemed very improbable that it had itself been perceptible to the hand, the swelling which had been felt having most likely been due only to fæcal accumulation. It should never be forgotten, in the clinical investigation of abdominal tumours, that the enlargement may have more than one cause, and that even when a swelling has been proved to be in part composed of retarded intestinal contents, it by no means follows that it is wholly so. Careful search should always be made for any cause of the lodgment which may probably not very infrequently be found, as in the above, to be connected with obstructive disease of another nature. An abscess in the cellular tissue, an hydatid cyst, or a malignant growth, might any one of them occasion a partial obstruction of the bowel, and be concealed for the time by the overlying collection of fæces so caused. Even after the bowels have been cleared, the detection of a cancerous mass if, as in the above instance, deeply placed and very soft, is no easy matter. (See page 370.)

### ST. THOMAS'S HOSPITAL.

#### Case 28.—LARGE MALIGNANT GROWTH FROM THE LEFT KIDNEY AND SUPRA-RENAL CAPSULE.—DEATH.—AUTOPSY.

[Under the care of Dr. BRISTOWE.]

The following case is of so much interest in respect to the peculiar displacements of the viscera and other circumstances, that we must record it in full detail:—

Assee, a Chinese, 19 years of age, admitted into St. Thomas's on the 13th of June, 1854. He has the ordinary Chinese appearance, is of moderate stature, and somewhat emaciated. He states that he left home ten years ago, and for the last three years past has officiated as cook on board ship. He appears never to have had ague, and says he had always enjoyed good health until about thirteen months back, when he began to complain of pain in the left side of the abdomen. This came on in paroxysms, which were at first comparatively mild and infrequent. They have gradually, however, increased in frequency and severity, so that, at the present time, although he is liable to paroxysms of intense agony, he is rarely without some degree of pain. About four months since he first noticed a tumour in the left hypochondrium, which has continued to increase in size, and this, though apparently the seat of the pain complained of, has never been very tender to pressure. For the last three weeks he has been quite unable to continue his employment. Latterly he has lost flesh, appetite, and strength, and has slept badly. His bowels, however, have acted regularly, and his urine has been natural.

On looking at the abdomen, the left hypochondriac region is observed to be somewhat more prominent than the right, and on a manual examination a somewhat movable tumour is easily detected, which protrudes from beneath the ribs. The portion that can be felt measures about 2½ inches in its vertical and also in its transverse directions. It is rounded and somewhat elastic. On further examination, another tumour, or another portion of the same tumour, is detected, more deeply seated. It is hard, immovable, and somewhat irregular. It is situated beneath the former tumour, and can be traced from the extreme left of the abdomen to an inch to the right of the linea alba, and from the xiphoid cartilage and margins of the left false ribs downwards, to within an inch of the umbilicus. Neither of the tumours is painful on pressure; and he says distinctly that all the pain he suffers is seated in the deep tumour, and that he never has any uneasiness in the superficial one. The portion of the tumour situated in the median line pulsates synchronously with the pulse at the wrist, and a soft bellows murmur can be heard over it, both of which characters appear to be derived from the aorta.

The apex of the heart impinges directly to the right of the nipple, but its sound and action are perfectly healthy. The respirations are rather rapid, and entirely costal. There is no motion whatever of the diaphragm, even on a forced inspiration. The breath and percussion sounds of the chest are quite natural as far down as a horizontal line drawn round the chest, through the xiphoid cartilage. Below this line all respiratory sounds are absent, while those of percussion vary in different parts. The apex of the scrobiculus, the xiphoid cartilage, and each infra-mammary region of the chest present a well marked tympanitic



sound, but it extends further to the right side than to the left. The infra-axillary region of the left side is quite dull, and perfect dullness exists in the upper two-thirds of the left lumbar, in the left hypogastric, and in those portions of the umbilical and epigastric regions occupied by the tumour. The right infra-axillary region is also dull, apparently from the presence of the liver; no portion of this viscus, however, could be detected below the margins of the ribs, but a narrow tract of dullness, which separates the tympanitic portion of the right infra-mammary region from the line at which the sounds of respiration cease, seems to indicate that the liver is pushed up high into the chest. All the lower part of the abdomen and of its right side are more or less tympanitic. At the present moment he does not complain much of abdominal pain; he suffers, however, from headache, but has no other cerebral affection. His skin is dry, but not hot; pulse about 80, small and regular. He has no appetite, but considerable thirst, and his tongue is covered by a whitish fur. Bowels open once or twice a-day. His testicles are healthy. His urine natural in every respect; it presents nothing abnormal on microscopic examination.

The diagnosis formed is that the disease is a tumour springing from the posterior wall of the abdomen, probably malignant disease of the kidney.

Ordered *hirudines xij. hypochond. sinist., et hyd. chlor. gr. ij. pulv. Dov. gr. v., o. n. sumend.*

June 17th.—The leeches did not afford much relief. He is in great pain, very restless, and has scarcely slept during the night. This morning he has vomited twice. Tongue white; pulse 90.

Ordered *Spt. sulph. oeth. ʒi., tinct. opii ℥x., ex aqua dest. ter die. Cat. sinapis epigastrico.*

19th.—He is improved as to his abdominal pain, but he complains of intense headache. Slept well last night. Tongue furred still. Bowels open. Dr. Bristowe reduced the laudanum in each dose of the mixture from ℥x. to ℥v., thinking it probable that that may have produced the headache.

22nd.—Appears somewhat better to-day, has lost his headache; passed a tolerable night, but had a severe paroxysm of abdominal pain this morning; tongue somewhat furred, not thirsty; skin cool, bowels regular, pulse 80.

On the 27th he became rather worse; his sleep was disturbed, his abdominal uneasiness continued and severe; pulse 82. Tinct. iod. was ordered to be applied to the epigastrum.

On the 28th the pain had become much more severe, but he continued the same in other respects. The laudanum was increased to ℥xx in each dose of the mixture.

On the 29th he was found to be much relieved, and has slept better, but his skin is hot and his tongue furred.

July 3.—He seems very ill; has passed a bad night, during which he wandered about the ward in extreme agony, and has attempted once or twice to commit suicide by ripping himself up. This morning he complains of great headache; he has no appetite, is thirsty, his tongue is brown and dry. Yesterday he vomited several times, and he had difficulty in passing his water, for which a catheter was passed. There was no stricture, and the urine appeared healthy. To-day he passed it naturally. Skin warm, but rather dry; pulse 80, full, but compressible. Bowels regular.

The former mixture was omitted, and tinct. hyosc. ℥xxx., tinct. calumb. ʒj. were ordered to be taken three or four times a-day in an effervescing mixture.

8th.—He is much the same as regards his general health to-day. He was again carefully examined to-day. He has emaciated considerably since his admission. The superficial tumour seems a little larger than it was; it occupies, however, the same position, and has the same shape; it is distinctly moveable upon the other, and is markedly elastic. He has no pain in it on pressure, and again distinctly states that he never has pain in it. The other tumour appears also increased in size, and still presents a hard, and irregular, and immovable surface. Its right edge can be traced fully two inches to the right of the linea alba. Its lower reaches to within half-an-inch of the umbilicus. The liver is still concealed beneath the ribs, and the tympanitic sound between it and the tumour is still distinct, extending across the scrobiculus into the left infra-mammary region; there is perfect dullness over the tumour, and in the upper two-thirds of the left lumbar region. The diaphragm is fixed, and the heart and lungs occupy their former position, and appear healthy.

While we were in the ward he suffered a violent paroxysm of pain, during which his teeth chattered, and he trembled violently all over.

8th.—Last night he attempted several times to hang himself. He seems much the same; skin dry, pulse about 80; tongue

dry and brown. He has pain in the head, and that in the tumour is very severe; ordered *morph. hydrochlor. gr. ss. o.n.*

10th.—He has been more free from pain since taking the morphia, and has slept better; but as soon as its narcotic influence has passed away, his pain is as severe as ever. He has vomited several times during the last day or two, but his bowels are regular. Tongue dry; skin cool. His pulse, which has hitherto averaged about 80 in the minute, is to-day 120, small and weak. The morphia was ordered to be taken night and morning.

13th.—His pains are better, but he himself is worse; he is much weaker and more quiet. He takes scarcely any nourishment. Tongue dry and brown; respiration and circulation very rapid.

16th.—He is worse again; his eyes are sunk, and his emaciation is very marked. His tongue is dry; his skin cool and dry; bowels regular; pulse rapid, and so feeble that it can scarcely be felt at the wrist. The tumour can be felt more distinctly than ever. It is quite immovable, being hard and slightly irregular in shape. An inch below the xiphoid cartilage it may be felt receding towards the spine. Its lower part, which is about half an inch above the umbilicus, can be felt receding in the same direction. Its right margin is two inches to the right of the mesial line. On the left it appears to fill the hypochondriac and greater part of the lumbar region. The movable superficial tumour cannot now be distinguished; it has either slipped up beneath the ribs or become incorporated into the larger one. The tympanitic sound across the lower part of the front of the chest and the apex of the scrobiculus is still distinct; this has varied more or less in distinctness at different times, but has always been present in a greater or less degree; but it cannot and never has been traced along the left lumbar region in the situation of the descending colon. The diaphragm is perfectly motionless as before, and the thoracic viscera present no change. He died on the 18th at one a.m.

*Autopsy.*—All the viscera in the thorax were pushed up so much that the line of separation between them and the abdominal ones, might have been indicated by a plane passing horizontally across from the sternal attachment of the lowest costal cartilage. On opening the abdominal cavity, a tumour about as large as a young child's head was seen occupying its upper part, and displacing the viscera. It was fixed almost immovably by a broad base in the neighbourhood of the spine. Its front surface was irregularly nodulated and lobed. It projected between the stomach and colon, distending the layers of the lesser omentum. The transverse colon, much displaced, wound round its inner and lower surface. The stomach, spleen, and liver, were pushed up and almost concealed beneath the ribs. The liver was of natural size, and quite healthy. The stomach was much contracted. The spleen, displaced forward and upwards, was considerably enlarged, and measured six inches in length; a few adhesions connected it with the left side of the tumour, but it was still freely movable. Its lower angle, when drawn down, which could be readily effected, occupied exactly the position and presented exactly the shape of the movable tumour which had been felt during life. In structure the spleen was healthy. The pancreas was healthy, and also the small intestines; the latter being, however, much contracted and pushed down into the lower part of the abdomen. The greater part of the left kidney was healthy, but the upper and front portion of it, from which, apparently, the growth had sprung, extended across the spine, being seen, on section, to be directly continuous with the base of the tumour. The pelvis of the kidney was permeable, and, excepting having been compressed, in a normal condition. The supra-renal capsule was found in a diseased condition incorporated with the tumour, which appeared, in fact, to grow from it. The right kidney was healthy, but its supra-renal capsule was enlarged, by deposit resembling that in the larger tumour, to the size of a hen's egg, and bore marks of having been moulded by the pressure of the right border of the larger mass. The tumour itself appeared to consist of medullary cancer. Its sectional surface was very much variegated by the congestion of parts and by local extravasations of blood. Its paler portions were in roundish soft masses, which yielded plentifully a creamy juice. Some imperfect fibrous septa partly divided the tumour into lobes. In many situations there were irregular masses of an opaque yellowish material, sometimes friable to the touch, at others tough, and much resembling the fibrinous formations so common in the spleen. The juice of the growth, when submitted to the microscope, exhibited cells which individually so much resembled pus-cells that they might easily have passed for them. They were, however, aggregated together in masses, and enclosed in meshes of fibrinous material, the latter,



however, being in so small a quantity, that it was with difficulty recognised. The opaque, fibrinous-looking material showed, under the microscope, appearances similar to those of the other parts, excepting that the cells were more opaque, less regular in outline, and obscured by a considerable quantity of granular matter, which seemed rather to be external to than within them.

*Dr. Bristowe's Clinical Remarks on the Case.*—There are one or two points which may be specially noticed here. The pulse was generally natural, except towards the end of life. The bowels were regular throughout, and the motions tolerably natural. The urine was examined several times, and twice with the microscope, without detecting anything abnormal in it. The abdomen was generally soft, and its walls unmarked by enlarged veins. The only symptom referrible to the stomach was occasional vomiting, which appeared to be sympathetic.

It was quite clear that the patient was suffering from a large and rapidly-growing tumour in the abdomen; and the questions to be determined with reference to diagnosis were, what was the organ affected, and what was the nature of the tumour. In the first place, it was clear, from a careful examination, that the tumour sprang from the upper part of the posterior wall of the abdomen, and that it was very firmly fixed in that situation, since no pressure could displace it, and it had formed an insuperable obstacle to the action of the diaphragm. It was quite certain, too, that it originated behind the stomach, which it had protruded upwards and forwards before it, whence the tympanitic sound across the lower part of the front of the chest; and, such being the case, it seemed very probable that the smaller superficial and moveable tumour was the spleen; and, although its disappearance a little before death threw some doubt on this opinion, it was borne out by the circumstance of its shape, its elasticity, and the entire absence of tenderness or pain in it, in all of which points it differed materially from the deeper tumour. The position of the transverse and descending colon with reference to the tumour was rather puzzling, since the existence of absolute dulness in the whole of the left lumbar region indicated clearly that the colon had been displaced by the growth, though what its actual position was it was impossible to determine.

The rapidity of growth in the tumour, the intense paroxysms of pain of which it was the seat, its hardness and slightly lobulated character, seemed to indicate that it was a malignant growth rather than an hydatid tumour. The idea of its being aneurism, for obvious reasons, was never seriously entertained.

A malignant tumour springing from the posterior part of the abdomen would probably arise either in the lumbar glands, in the pancreas and lymphatic glands about it, or in the kidney.

Malignant disease of the lumbar glands is, I suppose, rarely if ever present in the male, except as a sequel of cancer of the testicle, and in this case that organ was healthy. Moreover, the tumour was rather too high up for that affection, so that the question of its origin in the lumbar glands was dismissed.

The position of the tumour corresponded pretty closely to what might have been the position of the pancreas, supposing it to have been enlarged to such a degree. The pancreas itself, however, probably never becomes much hypertrophied when affected by cancer. Still, under this head we may include the lymphatic glands about it, and they, together with the pancreas, might undoubtedly have formed such a tumour as the present, and one occupying in great measure the same position. Malignant disease, however, of these organs is always found, I believe, to be secondary to malignant disease of the stomach. But in this case there was no distinct evidence that the stomach was diseased. There was little or no reason for supposing any part of the tumour was formed of scirrhous stomach; and the only symptom of stomach affection (beyond loss of appetite) which he had manifested was the vomiting, under which he laboured occasionally latterly; but the vomiting was only occasional, and he never brought up anything, except what he happened to have swallowed just before.

The view adopted was, that the tumour was a malignant growth in the left kidney. The position of the tumour was quite in accordance with this view, and the fact of its filling up the left lumbar region was more consonant with this than with the preceding. Moreover, primary malignant disease of rapid growth, and attaining a large size, is by no means of unfrequent occurrence in early life. Had the urine secreted any cancerous deposit, the diagnosis would have been positive; but the absence of this by no means upset this view, for there are many ways in which the products of the disease may be prevented from passing into the bladder—a phenomenon which is probably more common than not. On the whole, then, the history and the position of the tumour, and the symptoms accompanying it, were believed to point out malignant disease of the kidney as being the most

probable affection. It is hardly worth while to show why it was thought improbable that the tumour arose in the liver, spleen, peritonæum, or anterior wall of the abdomen.

## SHORT NOTICES OF HOSPITAL THERAPEUTICS.

### MR. SHOEDL'S HOT-AIR APPARATUS.

DURING the last two months many trials have been made at St. Bartholomew's and St. Thomas's Hospitals, of a new apparatus for administering a hot-air or vapour-bath. Mr. Shoedl the inventor, has usually superintended its employment, and he has kindly afforded us repeated opportunities for examining its construction, and witnessing its use. It does not appear to possess any novelty of principle, its recommendations consisting solely in its portability and ease of application. It is composed of a perforated zinc case, in which is placed a large spirit-lamp, the flame of which is so contrived as to diffuse itself over a large extent of surface. If it is wished to use dry heat only, the lamp in its case is placed in bed near the knees of the patient, the clothes having previously been suspended by means of a bed-cradle or a few hoops, and well tucked in at the sides. The patient himself is stripped naked, and wrapped in a blanket. If it is wished to use vapour, there is a little brass boiler, which may be placed on a stand fitted over the lamp; and, if any medication is required, there is a little metal cup for the reception of sulphur, mercury, camphor, etc. The whole affair is packed in a tin box, which may easily be carried in the hand.

The cost of each application is very trifling. All danger of accidents from fire is obviated by the perforated zinc, which acts on the principle of the safety lamp. In a usual way, about twenty minutes elapses before the patient is thrown into a profuse sweat, and the effect may then be kept up as long as is deemed necessary. In point of convenience, the apparatus certainly possesses many advantages over those generally in use.

### ETHERIAL SOLUTION OF NITRATE OF SILVER.

Every one who has tried it is aware that the application of a watery solution of the nitrate of silver over a large extent of skin is a troublesome and patience-requiring process. The fluid does not dry quickly, and it runs about, being prevented, by the greasiness of the skin, from being rapidly absorbed. A plan which we see adopted by Mr. Ward, in the London Hospital, obviates very completely these difficulties. It consists in making the solution with the common nitric ether, instead of water. The ether acts as a solvent of any sebaceous matter which may be on the skin, and, from its volatility, very quickly dries in, producing, at the same time, a sensation of coolness very agreeable to the patient. If wished, several coatings may be applied successively to the same part with loss of but little time. The strength which Mr. Ward generally employs is eight grains to the ounce, but it may, of course, be modified according to the wishes of the Surgeon. The use of nitrate of silver externally in erysipelas and other low forms of inflammation of the skin, is a very favourite practice in most of the London Hospitals,—either an aqueous solution, or the solid stick moistened being usually employed. Mr. Ward informed us, that the use of the etherial menstruum was not original, but had been suggested to him by a gentleman by whom he had been consulted.

### COUNTER-IRRITANT PLASTER.

The following is the composition of an irritant plaster, which we observe that Dr. Hughes very frequently makes use of in cases of chronic chest affections treated in Guy's Hospital. *R Emplastropici comp. 3iss., antim. potassio tartratis, gr. x. Solve et misce ft. emplast.* Dr. Hughes states that he finds it a very efficient means of producing a mild, but not very transitory degree of counter-irritation. The plaster is usually worn for a few days, and then cut away piecemeal as the pustules show themselves. The cases in which we have noticed it employed have been those of chronic pneumonia, either idiopathic or complicated with phthisis and severe old standing bronchitis.

### TREATMENT OF ACNE.

The cases of acne which present themselves at the Hospital for Skin Diseases, under the care of Messrs. Startin and M'Whinnie, are usually classified under the heads of A. simplex, A. indurata, and A. rosacea. The latter, in its best marked examples, often occurs without appreciable derangement of the general health, and is extremely intractable. The long-continued use of tonics and alteratives with the local employment of a mercurial wash or ointment, often effects great improvement, but not un-



frequently the disease resists all measures. When the red spots are very persistent and disfiguring, Mr. Startin occasionally has them touched with the solution of the acid nitrate of mercury, a plan by which single tubercles may be got rid of, but which does not prevent others from coming out. It is, therefore, best adapted to those cases in which the individual tubercles are very hard and persistent, fresh crops appearing only at long intervals.

Cases of the two other forms of acne almost invariably yield quickly to treatment. In both, the local measures adopted are the same; any suppurating tubercles are punctured or opened by means of a minute drop of nitric acid. The patient is directed never to wash the face with soap; to be particular to squeeze out any little black points (comedones) which become visible, and to apply every night to the tubercles a small portion of an ointment of which the chief active ingredient is the ammonio-chloride of mercury, in the proportion of ten grains to the ounce.<sup>(a)</sup> The constitutional treatment consists in rectifying the cachexia, on which these forms of acne almost always depend. Chalybeates, with aperients, are found the most useful. In the acne simplex, the sulphate of iron, in combination with the sulphate of magnesia and an excess of acid is usually employed; but in the acne indurata the iodide of iron is preferred. In either case the remedy must be continued for several months, but the patient may be promised, as a reward for perseverance, that not only will the eruption disappear, but that the general health will be much improved.

The rarity of the simple form of acne in married people, is an observation quite borne out by the experience of this hospital. Mr. Startin states, that he has repeatedly known the liability to eruptions of this class cease after marriage.

## Medical Times & Gazette.

SATURDAY, OCTOBER 14.

### REWARDS TO MEDICAL MEN IN FRANCE.

WE find from a late announcement in the *Moniteur*, that M. Lauvergne, First Physician-in-Chief in the Navy has been promoted to the rank of Officer of the Legion of Honour; and that two Surgeons, MM. Macret and Lambert, have been appointed Chevaliers of the Legion of Honour, for their devotion to the sick during the raging of the cholera at Toulon. This information conveys to us a favourable view of the French Emperor's appreciation of Medical services, and makes us at the same time regret that no such honours fall to the lot of the Profession in our own country. The *Times* has recently, in a powerful leading Article, drawn a striking contrast between the vigorous efforts in the cause of sanitary reform made in the French capital, compared with the feeble and inefficient steps which are taken in the same direction in our own Metropolis; and we should not be surprised, therefore, that the enlightened administration of Louis Napoleon should be the first to set an example to our own Government in rewarding Medical merit as it deserves.

We are not among those who grudge rewards and honours for military services; but when we reflect that the number of soldiers destroyed by the fire and sword of the enemy bears but a very small proportion to those who are swept off by pestilence or ordinary disease, we are struck with the comparatively low estimate in which the Medical service is held, although this branch of the Military Profession is of indispensable use to an army, either at home or abroad. Without referring to those cases where the Surgeons are actually exposed to the dangers of the battle-field, and perform their arduous duties amidst perils which are common to themselves and their comrades, we need only point to the continual hazard to life incurred by those who minister daily and hourly to the victims of contagious and epidemic maladies. We are happy, therefore,

to perceive, that the three gentlemen named have received an honourable distinction for their services during the late cholera epidemic.

The courage of the British and French soldier is indisputable, and he who marches literally to the cannon's mouth in the performance of his duty is entitled to all the glory which is and ever has been accorded to deeds of valour; but in apportioning rewards, it is hardly fair to overlook entirely the claims of those who may not be called upon to give paroxysmal proofs of animal courage, yet whose more modest, though not less useful, avocations lead them to the abodes of misery, sickness, and death, and to an atmosphere charged with putrid and poisonous exhalations. The duties of the Medical attendant during the late epidemic have not been accompanied with circumstances of glory and triumph, but with scenes of privation and suffering, and often of ingratitude. The inhabitants of the infected districts have fled panic-stricken from their very labours, smitten down by the destroying malady; but the labours of the members of our Profession have been incessant at the bedsides of the sick, where they have been deserted by nearly all besides; and some of our Hospitals have been filled to overflowing by cholera patients, while the Medical staff have cheerfully given their services day and night. Yet, when the epidemic has passed away, who will recollect the labours which have been imposed upon our Profession, the dangers which they have incurred, the loss of life and of health which has fallen to their lot? The State recollects nothing of such services, the public soon forgets them when the alarm has subsided and the Returns of the Registrar-General announce a diminished mortality. There are some among us who may disdain to seek for honours and emoluments which ought to be spontaneously tendered for their acceptance; but there are those whose duty it will be to enter upon a struggle, a fruitless one though it should prove, to wring from Boards of Guardians some remuneration in return for sacrifices cheerfully made, toils patiently endured, and dangers boldly encountered.

### REPUTABLE MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

NUMEROUS letters have reached us relative to the identity of Dr. Francis Hoghton, M.D., of 9, Suffolk-place, Pall-mall, and Mr. Francis Robert Hoghton, M.R.C.S. and L.S.A., of 42, Seymour-street, Portman-square; but we regret to say that we have received no letter from Mr. Hoghton himself. We conclude, therefore, that the person who professes to make a deaf and dumb child hear and talk for 10s., is truly a Member of the Royal College of Surgeons of England, and a Licentiate of the Society of Apothecaries. Several advertisements and circular-answers of Dr. Hoghton's are now before us. From these we gather that this M.R.C.S. and L.S.A. is a constant advertiser, especially in the local papers, and that in every advertisement he blazons forth to the world that he has a degree, a diploma, and a licence. Here is one of the advertisements:—

#### “DEAFNESS, AND NOISES IN THE EARS.

#### “EXTRAORDINARY DISCOVERY.

“Just published, price 7d. by post, CERTAIN MODE OF SELF-CURE. Any partially or extremely deaf person can permanently restore their own hearing. Distressing noises in the head relieved in half-an-hour. This book has cured hundreds, living in the most distant part of the world, without absence from home or business. It is published by Dr. Hoghton, Member of the London Royal College of Surgeons May 2, 1845, L.A.C. April 30, 1846, Consulting Surgeon to the Institution for the Cure of Deafness, 9, Suffolk-place, Pall-mall.

Sent free to any part, on receipt of letter enclosing seven postage-stamps, A HINT AND HELP, for the benefit and protection of deaf persons, a stop to quackery, extortionate fees and charges.

(a) The ung. sulph. comp. of the Pharmacopœia, page 45.



By this new discovery, totally deaf sufferers are enabled to hear conversation, without any ear-trumpet or instrument, for ever rescuing them from the grasp of the extortionate and dangerous Empiric.

"It contains startling cures, deaf persons having cured themselves; many instantaneously effected.

"All letters to be directed to Dr. Hoghton, 9, Suffolk-place, Pall-mall, London.

"Patients received any day from Twelve till Four. Consultation free."

That Dr. Hoghton does a large trade is evident from the letters, etc., forwarded to us. The circular-answers sent to applicants are lithographed in such a manner as to lead those receiving them to think that they are written at the moment for their especial benefit. A considerable variety of answers are kept on hand, a space being left in all for the insertion of the sum to be charged. The sum itself varies apparently according to the supposed means of the patient. In the circular we lately published 10s. only was asked; in one of those now before us 3*l.* 3s. is demanded. If the deaf person states that he has previously been under treatment by one or more practitioners without benefit, he gets in answer the following:—

"July 20, 1854.

"Madam,—I beg to acknowledge your letter containing my form of printed questions. The answers thereto I have carefully considered. It is my candid opinion, from the great experience I have had in similar cases to your own, that your hearing can be perfectly restored, and will quickly yield to my extraordinary, successful, and peculiar remedial treatment, known and practised only by myself.

"I can conscientiously and truly assure you that I have cured many hundreds of such cases, without even seeing the patient; also, I am daily, I may say hourly, in the habit of meeting vast numbers more extreme sufferers than yourself, afflicted with the most violent noises in the head, in which my discovery is, and has been, the means of restoring to perfect hearing and the comfortable society of their fellow-creatures. It gives instantaneous and permanent relief from the incessant noises in the head that sufferers have been afflicted with for years. You must excuse my plain speaking. Being a qualified Medical man, holding more honours and degrees than nine out of ten in the Medical Profession, I do consider the means hitherto employed by many, leaving quacks and empirical assumed aurists (with which London abounds) out of the question, most barbarous and unprincipled, not intended to relieve the hearing, only the pocket. The vast numbers I have cured can bear testimony to this fact. I am quite certain, in the case described, of effecting a cure, and can guarantee it, if my means that I will send are applied according to the directions that will be forwarded. The application is easy, and perfectly painless, and can be used by the most timid or nervous person, without the slightest fear or possibility of inconvenience. The relief is almost magical. My charge for the means of cure in your case, which I will forward to you, will amount to 1*l.* 1s., which you will be kind enough to forward by post-office order, on receipt of which the means will be forwarded free of further charge, and corresponded with until a cure is effected, your name remaining on the patients' book.

"I beg to remain, yours most respectfully,

"FRANCIS HOGHTON."

We suspect the literary ignorance displayed in these epistles of Dr. Hoghton is assumed only for the purpose of imposing on the unfortunate patients, for we cannot suppose that a M.R.C.S. and L.S.A. could be so ignorant of his own language as to pen such nonsense as the above, unless to gain some special end.

It will be observed, that this advertising Surgeon founds his claims to public support on the fact of his holding the diploma of the Royal College of Surgeons and the Licence of the Society of Apothecaries, and we regret that neither of these bodies have the power to strike the names of offending members from their rolls. Should the profession ever obtain a sound Medical Reform Bill we trust it will no longer be disgraced by the genus *Advertising Surgeons*.

Another set of circulars has been forwarded to us from the country. They were issued by Mr. Amesbury, M.R.C.S., and addressed to the members of the Profession. Mr. Amesbury commences this circular by stating that he "has been enabled to

invent a system of treatment for the relief and cure of lateral curvature and other weaknesses and deformities of the spine and chest, and for stiffness and weakness and deformity in the limbs, which has been found eminently successful." Satisfied of his own superiority to his professional brethren, Mr. Amesbury is anxious, he says, to diffuse the blessings of his treatment more widely than is possible by legitimate means. In addition, therefore, to the hand-bills he has had printed for general circulation, and on the back of which are testimonials from Drs. Henry Davies, John James Furnivall, and J. S. Campbell, and on the face of which are testimonials from the friends of former patients,—handbills which very closely resemble in appearance those issued by Dr Barry and Co., and to which handbills under the dignified name of prospectuses, he has the audacity to refer respectable members of the Profession for information respecting his capabilities, etc.,—in addition to the circulation, we say, of these handbills, this Member of the Royal College of Surgeons has the impudence to write in his circular to the Profession thus:—

"The special objects of this communication are to inform you of my wishes, and to inquire if you are willing and able to co-operate with me in their accomplishment. For this purpose, I might mention, you would have to investigate the cases in your connexion, to bring to the knowledge of the parties the success of my improved modes of treatment, and to communicate with me respecting the nature of the cases as they may come before you.

"Should my proposal be acceptable to you, and you be willing to undertake the performance of these duties among the people in your connexion, I will allow you, by way of compensation for the time and trouble which you may devote to them, a sum equal to one-fifth of the amount of the professional fees which I may receive from any patient or patients who may come to me with a letter of recommendation from you, for my professional advice and assistance, which sum I would pay to you from time to time, according to agreement." \* \* \*

"By concurring with me in the above arrangement, which I propose to carry out for the common good, you will perceive a source of emolument would be opened up to you in your connexion which you may hitherto have found wholly unproductive; and you would have the satisfaction (D.V.) of being instrumental in bringing relief and cure to persons whose cases you have probably been accustomed to consider altogether hopeless.

"Your answer to this communication in the course of the current week will oblige."

Doubtless some of the letters Mr. Amesbury has received in answer to this insulting epistle must have called a blush into his cheeks.

We earnestly trust that some means may ere long be devised for separating the hand-bill circulating and advertising class from the other members of the College of Surgeons.

## REVIEWS.

*Copy of the Eighth Report of the Commissioners in Lunacy to the Lord Chancellor.* Ordered to be printed by the House of Commons.

THIS volume contains a great variety of important matters connected with the subject of Insanity. Of 328 pages, the Report itself occupies 49, and the rest are filled with a copious Appendix, containing a great amount of most useful statistical details. The whole number of lunatics in confinement in January, 1853, was 19,659, of whom 9,359 were males, and 10,300 females.

The subjects discussed in the Report are of a very miscellaneous character, and do not admit of classification. We shall, therefore, extract what appear to be some of the principal points adverted to by the Commissioners.

The introductory part of the Report recites the various alterations which have lately been made in the Laws relating to Lunacy; but, as these alterations are pretty generally known to the Profession, they do not require any special remark.

The Commissioners proceed to make the following remarks, in the justice of which we cordially concur:—

"Our experience confirms the opinion which we have already expressed in former reports, that, in order to insure good management, it is essentially requisite that the resident Medical



officer should, as Superintendent, be invested with paramount authority. All officers and servants should be under his control. He should have the power of engaging and dismissing all nurses and servants, and of recommending and suspending sub-officers. He should also be responsible for the general management of the establishment, and should regulate the Medical and moral treatment, and the diet and clothing of the patients. He should be provided with apartments suitable to his position, and his salary should be liberal, and such as to secure the services of a highly qualified and efficient officer."—P. 28.

The condition of St. Luke's Hospital does not meet with the approbation of the Commissioners, who, in addition to some suggestions with regard to its internal management and to the comfort of the patients, have recommended that permission should be granted to some of the inmates to take exercise in the suburbs of London. The Commissioners express their determination to continue impressing upon the Governors the necessity of materially improving the Medical and other arrangements of this Hospital.

The management of the Naval Hospital at Haslar is considered highly satisfactory, but the Commissioners censure very strongly the practice of detaining insane patients at Fort Pitt, Chatham, where the accommodation provided is very defective, and the general management open to serious objection.

In alluding to the present treatment of idiots at the three asylums of Highgate, Essex Hall, and Severals Hall, near Colchester, the Commissioners observe, that—

"As regards the general result of the care, discipline, and tuition bestowed on this large body (250) of idiotic and imbecile children, we are of opinion, that although a very considerable improvement in their condition is effected by the treatment and care they receive in the asylum, yet that a still greater advance would be made if less time were spent in scholastic instruction, and a larger share of attention were paid to the means best calculated to improve their physical condition, and impart to them a more extended knowledge of the properties and uses of external objects."—P. 32.

Five of the Metropolitan licensed houses, receiving a large number of pauper lunatics, are mentioned in terms of commendation; but the Commissioners state, that although they have suggested many important changes in the management of the patients, they have refrained from urging any expensive improvements in the construction of these houses, in the hope that the time is not distant when all insane paupers will be provided for in public establishments. But as we learn, that notwithstanding the erection of the asylum at Colney Hatch, which accommodates 1258 patients, there is not room for all the Middlesex lunatic paupers, this class of patients must still be sent in great numbers to the licensed houses, until a third County Asylum can be erected.

In order to ascertain the results of experience in the treatment of insanity, the Commissioners addressed a circular letter, some time ago, to the Superintendents and Medical Proprietors of nearly all the Lunatic Asylums, registered Hospitals, and licensed houses in England and Wales, requesting their opinions upon the subject. This circular was chiefly intended to elicit the opinions of Medical authorities upon the question of instrumental restraint and seclusion. The replies were, in general, in favour of non-restraint; and the Commissioners state, that "as the general result which may fairly be deduced from a careful examination and review of the whole body of information thus collected, we feel ourselves fully warranted in stating that the disuse of instrumental restraint, as unnecessary and injurious to the patients, is practically the rule in nearly all the public institutions of the kingdom, and generally, also, in the best-conducted private asylums, even those where the non-restraint system, as an abstract principle, admitting of no deviation or exception, has not in terms been adopted."—P. 42.

The last portion of the Report refers to the treatment of the class of insane persons denominated "criminal lunatics;" and the Commissioners strongly object to the association of these persons with the ordinary inmates of Lunatic Asylums, as they consider that the ideas of criminality and imprisonment should be altogether removed from the minds of the ordinary insane patients. They recommend that three State asylums should be erected for the separate care and custody of criminal lunatics; and they believe that the number of such cases would be materially diminished by devoting special buildings for their reception and treatment, and by adopting such measures in their management as each kind of case may appear to require. The whole number of criminal lunatics confined in different asylums on the 1st January, 1854, was 523; but the number confined in gaols and convict prisons may be estimated at about 60 more.

The Commissioners think, that, in trials where a plea of insanity is set up, the question should be tried and determined by the Court, after taking Medical and other evidence, and not by the common jury empanelled to try the facts,—a suggestion which we think to be well worthy of consideration.

*The Subject-Matter of a Course of Ten Lectures on some of the Arts Connected with Organic Chemistry.* Delivered before the Members of the Royal Institution, in the Spring of 1852. By WILLIAM THOMAS BRANDE, D.C.L., F.R.S., etc. Arranged by J. SCOFFERN, M.B. Pp. 382. London. 1854.

THIS course of lectures was the last delivered by Mr. Brande, as Professor of Chemistry at the Royal Institution, and this circumstance gives them a peculiar interest, apart from their intrinsic excellence. In the short parting address at the conclusion, Mr. Brande refers with justifiable gratification to his long and prosperous career as a Lecturer on Chemistry, he having succeeded to the chair vacated by Sir Humphry Davy, in 1812, and having continued his lectures till the year 1852.

"Looking personally at the Royal Institution," says Mr. Brande, "I revere it as my *Alma mater*, where, as a school-boy, I listened to the fruitful eloquence of Davy, and afterwards partook of his acquaintance and friendship; where I acquired the patronage of Sir Joseph Banks; where I was singled out by Wollaston as his successor in the Secretaryship of the Royal Society; where I came into frequent contact with the chiefs of science, and of literature and art; where Faraday became my pupil, my colleague, and my friend."

A man may well be proud of such reminiscences, and may rejoice, as a Chemist, that he has been permitted to co-operate with the illustrious chiefs of chemical science in developing its brilliant discoveries and its practical applications.

The subjects treated in these lectures are, Dyeing, Bleaching, and Calico-printing; the Applications of Gelatine and Tannin; the Manufacture of Sugar; the Chemistry of Fatty Bodies, involving the Manufacture of Soap and Candles; the History of the Hydrocarbons and of Azotized Substances; and the Phenomena and Products of Fermentation. These subjects are all treated in the concise and luminous manner which is familiar to all those who have attended Mr. Brande's lectures; and we strongly recommend the work, as conveying a very accurate idea of his style as a lecturer, and as abounding in illustrations of the relation of Organic Chemistry to the Useful Arts.

*Lectures on Polarised Light; together with a Lecture on the Microscope.* By the late JONATHAN PEREIRA, M.D., F.R.S., F.L.S. Second Edition, greatly Enlarged from Materials left by the Author. Edited by the Rev. BADEN POWELL, M.A., V.P.R.S., etc.; Savilian Professor of Geometry in the University of Oxford. Pp. 311. London. 1854.

WE are not at all surprised that a new edition of these Lectures should be required, as they contain a most admirable exposition of a subject of the utmost interest, and, at the same time, of the greatest difficulty. The experimental illustrations of polarized light are among the most beautiful phenomena ever exhibited in the lecture-room, while their scientific explanation requires the most deep reflection upon the laws of optics. Dr. Pereira was distinguished in life by the patience and industry by which he was enabled to master many of the most difficult departments of physical science, and by his happy method of communicating his own extensive knowledge to others; and the present course of Lectures affords an admirable specimen of the clearness of his style in treating a very complicated and abstruse subject. The Editor of the present reprint has executed his task in a most able manner, and we strongly recommend the work, as one of the best popular illustrations of polarized light now in existence.

*Notes on Spa, and its Chalybeate Springs.* By THOMAS CUTLER, M.D. Pp. 122. Brussels and Ghent. 1854.

DR. CUTLER, who resides at Spa, has done good service by the publication of this little work, which contains a considerable amount of amusing and instructive matter. Like most other guide-books to watering places, it contains a description of the natural features of the locality, remarks upon the use of mineral springs in general, and of certain mineral springs in particular. The efficacy of the Spa waters in some cases has long been known; but those who are about to visit the spot, either for health or recreation, will derive benefit from the perusal of Dr. Cutler's pages.



*The Climate of Bath in Reference to Pulmonary Consumption.* By JAMES TUNSTALL, M.D. Pp. 136. London and Bath. 1854.

THIS is an expansion of a paper read by Dr. Tunstall to the Provincial Medical and Surgical Association at Swansea, in 1853. It contains some elaborate tables relating to the meteorological phenomena of Bath, and the conclusion drawn by the author is, that Bath is one of the most healthy spots in England or in Europe. Dr. Tunstall passes in review a number of the continental localities recommended to the consumptive invalid, but condemns them all; and considers that the climate of Bath is better suited than any other for pulmonary diseases.

*Statement of Cases Treated at Abington Abbey, near Northampton, during 1853, with a Few Observations.* By THOMAS PRICHARD, M.D. Pp. 22. Northampton. 1854.

ALTHOUGH the Medical officers of public asylums for the insane are in the habit of publishing reports of their transactions, their example has not hitherto been followed by those who have the charge of private establishments. Dr. Prichard supplies this deficiency with respect to the Asylum of which he has the management; and although his statistics are necessarily limited, he has taken a step in the right direction, and will probably induce others to communicate to the public the results of treatment observed in the cases of insane persons in the middle and upper classes of society.

*A Lecture on Respiration; being the Sixth of a Series of Plain and Simple Lectures on the Education of Man.* By THOMAS HOPLEY. Pp. 86. London. 1854.

THIS lecture, which has not yet been delivered, but which has been written with a view to its delivery upon some future occasion, contains a very good popular description of the functions of the human lung; and starting from this text the author insists, very forcibly, upon the necessity of pure air as a means of preserving health and preventing disease. The lecture is well worthy of perusal, especially at the present time, when sound views of sanitary questions require to be extensively circulated through the country.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### REPORT ON THE TREATMENT OF CHOLERA BY STRYCHNINE.—EFFICACY OF PREVENTIVE MEASURES PARTIALLY ADOPTED AT MARSEILLES.

THE silence which we have maintained till now, upon the therapeutic employment of sulphate of strychnine in cholera, must show that we do not accept the interpretation of the facts observed by M. Abeille, as he has himself presented them. We concluded that our honourable colleague had met with some particular and exceptional cases, and that he had attributed an exaggerated influence to the medicine.

He who has not had the opportunity of observing the extreme variations in the symptomatic manifestations of cholera may be led with the very best intentions to attribute to different medicines a part which they do not play. (a) As an example, we will cite the greater or less facility or rapidity of re-actions in the different epidemics, in different phases of the same epidemic, or according to age and individual dispositions. When one has seen, under these different circumstances, with precisely the same treatment, re-action established in one class of cases so rapidly that a semi-comatose state supervenes, and algidity steadily persistent in another; in the former, death ensue in the torpid period; in the latter, coming on while the patient lay collapsed, the question naturally suggests itself, if there are not pathological peculiarities, the cause of which is little known, but is important in influencing the effects of all medication.

To determine whether a particular medicine provokes more or less decided or torpid re-action, it is necessary to observe a certain number of parallel cases, treated one-half by ordinary, the other half by the exceptional medication.

Moreover, it has occurred to all practitioners to inquire what

are the signs upon which the prognosis of cholera should be based.

The case which appears slight or moderate is often very severe. There are some subjects in whom cyanosis is no index of excessive gravity; others in whom well-pronounced cramps are associated with symptoms of very different degrees. Patients who are free from cramps have sometimes a most severe attack of cholera, at other times a very mitigated form of the disease. Hence arises another difficulty; it is hardly possible to collect two series of precisely analogous cases.

Next as to the effects of medicines. If these effects are well pronounced in a disease so grave as cholera, they should show themselves clearly and markedly, especially if the substance possesses a specific action. As regards sulphate of strychnine, published facts show that it is not so. If the cholera is slight, re-action is obtained easily by the ordinary means in nine-tenths of the cases, and the re-action is prompt and decided. If the cholera is severe, the re-action which one obtains is rather the effect of some peculiarity, but little understood, in the disease itself, than of the medication.

As regards physiological induction, can it be said to be favourable to the effects of strychnine in cholera? We know not what is the nature, cause, or primitive seat of the phenomena which determine the cramps in patients suffering from cholera; no analogy can therefore be established between them and the effects of strychnine. Besides, supposing that strychnine exercises some action upon the walls of the blood-vessels and of the capillaries, this mechanical action is manifestly insufficient to combat the great alteration which the blood has undergone. This vital alteration cannot arise from the arrest of circulation; for it is something else than simple coagulation; it is a special lesion peculiar to the malady, not to be overcome by purely physical means.

The *Gazette Médicale* announces that the choleraic epidemic, which is now subsiding, had broken out in Marseilles, and committed great ravages in the city, before the population were aware of its existence, and before any sanitary measures had been taken.

We find in the present day many facts in favour of preventive measures, most of them derived from the northern provinces. In England, however, these measures have been especially practised on a large scale; and it is in that country where the effects have been chiefly observed. It is necessary that there should be a sufficiently large Medical staff, and that the administration should be earnest in the vigorous performance of the preventive visits, and in the immediate evacuation of unhealthy or infected houses. We are sure that the population of the south of France is too intelligent to take in bad part measures and domiciliary visits, indicating on the part of the authorities and of the Medical body, nothing but the greatest solicitude and devotion. Nevertheless, the system yet remains to be carried out; and we quote the following examples in its favour.

The *Hospice des Petites-Sœurs des Pauvres* at Marseilles contains a population of 150 persons, all aged, infirm, or sick, and subject especially to chronic intestinal affections. They have bad diet and insufficient accommodation, and are, consequently, in an unfavourable hygienic condition. At the commencement of the epidemic, the sisters who direct the establishment were informed of the measures to be adopted at the first appearance of premonitory symptoms, namely, vigorous preventive treatment, rest in bed, absolute diet, opiate preparations, exciting drinks, warmth. These therapeutic measures obtained the following results:—1. Three women, taken with symptoms of cholera, diarrhoea, vomiting, incipient coldness, treated immediately and energetically, were out of danger on the following day. 2. Many cases of simple diarrhoea were cured by the same means. 3. One of the sisters, severely attacked by cramps and incipient algidity, treated in the same way, recovered promptly. 4. Up to the 5th of August, there was no death from cholera; at this date a very aged female was seized, at midnight, with diarrhoea and vomiting. She did not demand any help, and the first attentions which she received were at seven in the morning. She died during the course of the day. There has been no other death up to August 20.—*Dr. Magail.*

The central establishment for young prisoners, containing 250 children, reckoned, during the cholera of 1849, 75 patients and 23 deaths. The only means adopted at this epoch against the epidemic were hygienic measures affecting aeration, clothing, and the nature of aliments. This year, preventive measures were directed by the Physician, and applied with intelligence throughout the establishment. The result, as compared with that of 1849, gave to the same number of inmates, namely, 250, from 10 to 20 years, 4 cases of cholera, and only 1 death. The son of the gardener, a child of 7 years, living in the house, but

(a) We have lately had an instance to illustrate the above in the castor-oil theory of Dr. Johnson.



placed beyond the surveillance of the Physician, was seized with diarrhoea July 29, but was not treated. On the 30th, symptoms of cholera supervened, and he died in four hours.—*Dr. Chaplain.*

The staff of the railway from Marseilles to Avignon, amounting to 260 persons, received orders from the Board of Directors to present themselves for the most trivial indisposition, upon the daily visit of the Medical officer during the prevalence of the epidemic. From the commencement to August 15 there were 125 cases of diarrhoea. Of that number there were three relapses, demanding the removal of the patient from the epidemic focus. In all the other cases the cure was obtained by the usual means—repose, sudorifics, and opiates. There were two deaths in persons who would not submit to inspection. One case of cholera, declared and properly treated, got well.—*Dr. Souchère.*

We doubt not but that many other Physicians have obtained analogous results, whether in private practice or in public institutions. The facts, however, here brought forward should attract general attention, in confirmation of the efficacy of preventive measures, and in anticipation of the part which the administration will have to take in facilitating the application of such measures to the want of a necessitous population, and the improvement and purification of their dwellings.—*Gazette Médicale*, September 9.

## PRACTICAL ESSAY UPON THE ABSORPTION OF MEDICINES IN CHOLERA.

By M. AUGUSTE-PHILIBERT DUCHAUSSOY, (Inaugural Thesis.  
Paris, Aug. 30, 1854.)

There is scarcely a practitioner in Medicine, familiarised with the practice of cholera, who is not convinced that the functions of absorption are disturbed during the period of cyanosis and of algidity. Every one must have had experimental proof of the fact in seeing the patients upon whom he had expended certain active substances, alcohol for example, remain for some time insensible, and begin to complain of the effects for the first time upon the establishment of re-action. Theory may, without great risk, be brought forward to explain these facts. The great condition of absorption is the existence of a circulating current. Beneath this condition must be placed:—1st, a certain degree of fluidity of the blood, which keeps free the calibres of the smaller vessels; 2nd, the integrity of the nerves, capable of influencing the capillary circulation. In algid cholera the circulation is singularly embarrassed, the blood is viscid, the nerves respond imperfectly to electrical excitement, and the stagnation of the blood in the capillaries is evident. The effect of such conditions upon the function of absorption is already well known, but we do not hesitate to say that no person has submitted the important question ever before to regular experimentation. The merit is due to M. Duchaussoy and M. Vernois, his *chef de service*.

The plan of M. Duchaussoy is as follows. He selects a certain number of active substances, the physiological effects of which are well known,—sulphate of quinine, iodide of potassium, mercurials, belladonna, sulphate of strychnine. When any doubt exists respecting the substances, he submits them to a special experiment. Then he applies these same substances in contact with absorbing surfaces in patients arrived at different periods of cholera; and he establishes the fact, that the physiological effects are null during the algid period, and that they become apparent for the first time during the commencement of re-action. The following is the *resumé* of his experiments.

*Sulphate of Quinine.*—The thesis contains two observations. In the first, relative to algid cholera, three lavements, containing each a scruple of sulphate of quinine, were retained several hours. The same was the case with a scruple of this substance taken by the mouth. Nevertheless the patient did not experience headache, ringing of the ears, deafness, disturbance of vision, nor disorders of the intelligence. In the second, nearly similar doses remained in the digestive tract with the same result. But, from the moment of re-action, the physiological effect began to be pronounced.

*Iodide of Potassium.*—Habitually, iodide of potassium in large doses determines heat of skin, headache, a sort of intoxication, lancinating pains in the eyes and temples, pricking of the throat and nostrils, and divers cutaneous eruptions. In consequence of the salivary glands possessing the power of eliminating this substance, their secretion rapidly acquires a saline taste. This character, studied by M. Bernard, is very valuable. M. Vernois prescribed iodide of potassium to five patients suffering from cholera. It is stated in the thesis, that, in three cases, no signs of absorption were manifested. In one case the patient took, by mouth and by anus, 280 grains of the ioduret in six days; the particulars of the other are not given. In the re-

maining two of the five cases, some phenomena, which might be attributed to the medicine, were remarked. One patient, a pregnant woman, took 160 grains in four days, a part subsequent to the re-appearance of the pulse. On the day when she took her last dose she was delivered of a dead infant, and the day following was attacked by urticaria. The other patient took 100 grains of the iodide in one day. There was no appreciable physiological effect, but it was found after death that the salivary glands and the pancreas contained a little iodine, as was ascertained by chemical tests.

*Mercurials.*—The author gives but one observation, in which, six grains of calomel having been given to a patient with cholera, and retained, the evacuations which followed during four and twenty hours were noticed at first to be white, then black, and not green, as is usually the case after the administration of this medicine.

*Belladonna.*—Belladonna administered to several subjects by the digestive tract, and by the skin, introduced twice into the subcutaneous areolar tissue by a recent wound, injected once into the bladder, and once into the cephalic vein. The observations may be given in the following *resumé*:—

1. Cholera cyanica with asphyxia. Six grains of extract of belladonna by the mouth during the period of asphyxia, eleven hours before death; no result.

2. Cholera cyanica with asphyxia. Eight grains of extract of belladonna taken into the stomach in sixteen hours. No signs of absorption; death.

3. Cholera cyanica with asphyxia. Eight grains of extract of belladonna introduced into the stomach, and retained for seven hours. No dilatation of the pupils. At the autopsy, there was found in the stomach the mucus, covered by little dark marks made by the belladonna.

4. Cholera algida cyanica with asphyxia. Twenty-two grains of extract of belladonna in the stomach and rectum in about thirty hours. No dilatation of the pupils. Frictions in the axilla, with the pomade of belladonna five hours before death; no effect.

5. Very intense cholera in a pregnant woman. Frictions in the axilla, with the pomade of belladonna. Ten grains of calomel taken by the mouth during the algid stage; no signs of absorption. The next day (there had been cyanosis, but no algidity; the pulse was perceptible) the application of belladonna on the eyelids produced slow and incomplete dilatation. Many days afterwards the same application caused rapid dilatation. The same results were noticed upon the introduction of belladonna into a recent wound (*Case 10*). The injection of two grains of the extract into the cephalic vein produced complete dilatation of the pupils in three minutes.

*Sulphate of Strychnine.*—This substance appears of all others most refractory to absorption; and has failed, contrary to the assertions of some authors, to influence the beatings of the heart. The conclusions drawn from these experiments are absolute. Patients suffering from algid cholera have lost the faculty of absorbing. If in any case absorption is not positively null, it is at least so feeble, that no dependence could be placed on it for a therapeutic result. Then, medicines accumulated in the digestive canal may become positively injurious when re-action is established, and absorption again goes on.

The immediate effects produced by the injection of belladonna into a vein may direct the attention of practitioners to this method of administering medicine.—*Gazette Hebdomadaire*, September 8, 1854.

## RESEARCHES UPON THE STRUCTURE OF ERECTILE TUMOURS, AND UPON A NEW FORM OF TUMOUR CONFOUNDED WITH THEM.

By Professor ROKITANSKY.

ROKITANSKY has already described, in his Treatise on Pathological Anatomy, (1846. Vol. I., p. 276,) under the name of cavernous tumours, erectile tumours as products of new formation. More recently, in an essay published in the Transactions of the Academy of Sciences at Vienna (1852), he brought forward additional arguments in support of his former opinions. The present work completes his observations upon this form of tumours, which is particularly interesting to the Surgeon. The stroma of erectile tumours is formed by a network of fibres analogous to those of cellular tissue, the thickness of the septa being very variable. From the thicker septa there radiate others more delicate, which incompletely circumscribe irregular spaces communicating one with another. In these spaces there is found blood, liquid or coagulated, and concretions resembling phleboliths. The seat of these tumours



is very variable; most commonly they are met with in the liver. Then, in order of frequency should be cited the subcutaneous cellular tissue, the dermis, the face, the trunk, the limbs, the bones of the skull, the dura mater, and the pia mater. They are always attached to veins, which penetrate in general into their texture. The erectile tumours of the liver correspond with the ramifications of the vena portæ. Surrounded by a fibro-cellular capsule, these tumours exert, by their pressure, an injurious influence on surrounding structures. The primitive element of development in these tumours consists, according to the Viennese Professor, in transparent, smooth, but sometimes slightly striated fibrils; moreover, there are found oblong nuclei and caudate, fusiform cellules. It is uncommon to meet with an epithelial investment. Organic muscular fibre has not been seen by the Author. The principal demonstration of the independence of these erectile tumours from surrounding vessels, at the commencement of their formation is derived from the examination of the liver. In this organ there are met with, by the side of hollow tumours, others completely analogous, but in which the vessels are not yet developed. The blood does not enter the tumour but by the perforation of the vacuities. Thus it will be seen why Rokitsky uses the term "cavernous tumours" in place of teleangiectasis.

The new form of erectile tumour, described by Rokitsky, is of glandular and lobulated appearance. Each lobule is maintained in its proper relation by a sort of cellular tissue, which sometimes contains fat lobules. This form of tumour has been observed twice in the upper lid, and once in the skin of the arm. The lobules of pinkish red colour, contain vascular loops, which resemble the substance of the kidney. Each vascular loop is formed of two fine superposed structureless membranes. Moreover, oblong nuclei and caudate cells correspond with the loops. The loops furnish ramifications which terminate in cul-de-sac. Rokitsky regards these vessels as of new formation, and without connexion with the normal canals of circulation.—*Zeit-schrift. der K. K. Gesellsch. der Aertze zu Wien. von Hebra, 1854.*

#### CASE OF LITHOTOMY IN THE FEMALE.

By Dr. MOREL.

Last April an insane patient in the Asylum of Maréville experienced severe pains from a vesical calculus, the presence of which was ascertained; and many attempts were made, without avail, to break it. The immobility of the calculus made it necessary to have another opinion, and Dr. Castara, of Luneville, was consulted, who found the patient exhausted, hypochondriacal, refusing to take food, and voiding blood with the urine. Dr. Castara gives the following account of the operation:—

An insane female, hypochondriacal, unmarried, aged 40, was the subject of a large vesical calculus, which was fixed by the walls of the bladder immediately behind the orifice of the urethra. The introduction of the sound was difficult; but, on directing a short, curved instrument downwards and to the right, it was possible to get round the stone, but not without exciting sharp pains. The calculus depressed the anterior wall of the vagina, forming an oblong, hard, smooth tumour in the canal.

April 25, 1854.—The patient, placed in the usual position, was rendered insensible by chloroform. The urethra and the neck of the bladder were divided directly upwards towards the pubic symphysis. The index-finger then dilated the wound. The calculus broke under the least pressure, and was extracted in several pieces. To one was attached a needle, an inch and a-half long. The bladder seemed to be divided into two cavities: one, anterior, thick and contracted, which contained the calculus and the needle; the other, posterior, smooth, for the reception of the urine.

The author concludes with some remarks upon the manner in which the needle might have been introduced; and arrives, probably at the correct conclusion, that it was done by the patient herself during excitement connected with her mental derangement.—*Gazette Hebdomadaire, Aug. 25, 1854.*

[It is not uncommon to find foreign bodies imbedded in calcareous deposit in the female bladder. We have seen portions of hair-pins, bits of bone, etc., the introduction of which the patient declined rendering any account of.—*Ed. Medical Times and Gazette.*]

#### TRAUMATICINE IN INVETERATE AFFECTIONS OF THE SKIN.

By Dr. EUTENBERG.

The name of traumaticine is given to a solution of gutta percha in chloroform. Dr. Eutenberg, of Berlin, has employed it in a

case of inveterate psoriasis, and in a case of eczema,—two forms of cutaneous disease against which most medicines fail. The integument is to be covered with the liquid, which forms a thin pellicle, capable of being renewed when it peels off.—*Allgemeine Medizinische Central Zeitung, No XCIX.*

### GENERAL CORRESPONDENCE.

#### TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

Sir,—It appears from a communication in the last number of your Journal that, of 19 sufferers from cholera who were treated with castor-oil in the Dreadnought Hospital-ship, only 7 recovered. This result is very different from that which we have obtained by similar means in King's College Hospital; and, as some particulars of the cases are given, I beg to suggest that the difference may be, in part, accounted for by a consideration of the following facts:—1. The average quantity of oil taken by these patients was much greater than we have ventured to give to ours. 2. Vomiting was of much less frequent occurrence than it has been in our cases. The latter result is probably due to the contribution of "an abundant supply of iced water," instead of emetics. We have abstained from the use of ice except in two or three cases; believing, as we do, that although grateful to the first patient, yet extreme cold must have a depressing influence, and that it tends to check gastric excretion and vomiting, which we, on the other hand, have sought to encourage by the occasional use of emetics, when the oil alone has not produced frequent vomiting.

If every dose, or nearly every dose of the oil is retained, it will usually be found,—as appears to have happened with the cases at the Dreadnought—either that there is little or no purging, or that the purging is great and excessive. The first result may be explained by the narcotic and paralyzing influence of the disease on the stomach and intestines; and it is to be met by emetics, by an occasional moderate dose of calomel with the oil, and by enemata of salt and water. On the other hand, when, in consequence of all, or nearly all the oil being retained, and passing on into the intestine, the purgative effect threatens to become excessive, the medicine can safely be continued only in smaller doses, or at longer intervals.

One of the most remarkable facts with respect to the patients in the Dreadnought is the frequent occurrence of secondary fever, the proportion being nearly three times as great as in the cases which have come under my own observation. I cannot venture to account for this fact without a fuller report of the details of treatment than has been communicated.

The treatment of cholera would be a comparatively simple and easy matter if the disease required for its cure only the administration of a particular drug at certain intervals. The fact is, however, that a patient who is labouring under this terrible malady requires incessant watching, and a frequent adoption of remedial means to the varying symptoms and exigencies of the case. This being so, we cannot, I fear, expect very uniform results from the use of the same remedies by different individuals.

It is very painful to me to learn, that some Practitioners have failed of success from a plan of treatment which they have been induced by me to adopt; but, on the other hand, I have the pleasure of knowing, that others have been very successful with the same plan, a result of which probably more will be heard hereafter, when the clamour and excitement which have unhappily prevailed of late have in some degree subsided.

For myself I have only to say, that throughout the present epidemic I have had the satisfaction of saving a large proportion of my patients by emetics, purgatives, enemata, cold water for drink, and abstinence from food and stimulants. I have sent you from time to time a report of my proceedings, and I am now preparing to publish the full particulars of all my cases. I beg to add that, hitherto, I am not conscious of having either exceeded or fallen short of my duty with respect to this matter.

Perhaps it may not here be out of place to observe, that the practice of treating diarrhoea and cholera by purgatives is not of recent origin. Many excellent and able Practitioners have long pursued it with success; and in the classical work of Annesley, "On the Diseases of India," will be found a very clear demonstration of the dangerous consequences of opium and astringents, and the beneficial results of an eliminative plan of treatment, both in bilious diarrhoea and in malignant cholera. It is, in my



opinion, very much to be regretted, that the rational and successful practice of Annesley should have been so generally disregarded as it has been during the last quarter of a century.

Oct. 9, 1854.

I am, &c.

GEORGE JOHNSON.

### CHOLERA.—PURGATIVE TREATMENT.

[To the Editor of the Medical Times and Gazette.]

SIR,—The announcement a few weeks ago of a "New Mode of Treating Cholera" with castor oil as having been successfully adopted by Dr. George Johnson, of King's College Hospital, after having gone the round of the newspapers and excited an unusual degree of public attention, is now spoken of as a thing that has passed away,—an entire failure, and utterly unworthy of confidence. The General Board of Health has subjected it to the test of experiment, and, like most of its predecessors, it has been found wanting. The movement which it has occasioned has, however, been attended with two results, which, by arousing professional apathy, may have a beneficial tendency.

1. It proves that the Profession is lamentably at a loss respecting the pathology of this formidable disease, and, consequently, has no fixed principle on which to found its treatment.

2. That purgatives are not such inappropriate means of cure as might *à priori* be supposed, and that the advocates of the purgative mode of treatment need not be taunted, as they have been, with acting on the Homœopathic doctrine "*Similia similibus curantur*."

That the treatment proposed by Dr. Johnson should have failed is not surprising. The nauseous and bulky nature of castor oil renders it peculiarly unsuitable in a disease where sickness is a prominent symptom. His pathology also is defective, which leads him to give castor oil for the purpose of assisting nature to eject from the body a supposed poison, which he considers the cause of the disease. In his letter on the subject, he makes the following remark: "I have arrived at the conclusion, that those methods of treatment have been attended with the largest amount of success which have been essentially eliminative in their tendency."

In this opinion I perfectly agree, and firmly believe that the only mode on which we can rationally depend for success, will be found to be, not the castor-oil treatment, but a selection of such purgatives as will best tend to relieve internal congestion, and thereby restore the impaired organic functions.

Whatever might be the nature of the mysterious agent by which cholera is produced, I believe it to be emphatically a disease of congestion. The first symptoms indicate extraordinary depression of the nervous system, occurring simultaneously with congestion of the large veins, particularly of the abdominal viscera. The mucous membrane throughout the intestinal tube seems deprived of its usual functions of secretion and absorption. The mouth and fauces are no longer supplied with their natural moisture. The mucous secretion of the stomach and intestines is suspended, and seems suspended by a frightful exudation or effusion of the serum of the blood, constituting the characteristic vomiting and purging. The liver ceases to secrete bile, and the kidneys secrete no urine. The blood being deprived of its usual proportion of serum, and not being duly oxygenised by the lungs, is found to be "black or dark-coloured, not unlike tar in consistence—thick, ropy, and semi-coagulated." In accordance with this state, we have coldness of the surface, tongue, and even breath, together with blueness of the skin. These symptoms of collapse, if not promptly relieved, as is too well known, soon terminate in dissolution.

Strongly impressed with the congestive character of the disease, and believing that purgatives could alone be depended upon for removing this state, I had an opportunity, when the cholera first appeared in Derby in the autumn of 1832, of putting my views into practice; and, in a paper published in the *London Medical and Physical Journal* for January, 1833, entitled "Cholera Spasmodica," recorded two cases treated successfully with calomel and colocynth, and the application of external stimulants. In the year 1849, Derby was again thrown into great consternation by a visitation of cholera. On that occasion thirty-two cases were treated and cured by the same means. The symptoms, often preceded by neglected diarrhoea, were sudden and extreme prostration of strength, vomiting, and purging; the dejections thin, watery, clear, and resembling urine, or having the appearance of gruel or rice-water; violent cramps, feeble pulse, and general coldness. Some of the patients were in a state of advanced collapse: pulse hardly perceptible, surface cold as a corpse, breath and tongue cold, features shrunk, and marked blueness of the skin.

These cases were recorded, together with eight others which

had occurred occasionally after the epidemic had ceased, in a paper published in the *Provincial Medical and Surgical Journal*, for October, 1852, entitled "On the Treatment of Cholera by Calomel and Colocynth"; and, since that period, six others have been treated successfully by the same means, making a total of forty-eight cases.

The following was the mode of treatment adopted:—The abdomen and upper and lower extremities being first well rubbed with turpentine liniment; the patient was immediately wrapped in flannel steeped and wrung out in hot water, over which, and covering the whole body, as if swaddled, was applied a warm dry blanket. This fomentation was renewed every two hours, and two of the following pills taken immediately, and one repeated every hour till the motions became feculent and more natural. Calomel eight grains; compound extract of colocynth sixteen grains; oil of carui seeds three drops. To be made into eight pills. If the pills were rejected, they were immediately repeated, and occasionally accompanied with brandy, or hot brandy-and-water; but, my chief dependence was upon the purgative pills, and external stimulants.

Under this treatment a manifest melioration of all the symptoms speedily occurred; the vomiting became less urgent; the dejections, instead of becoming more frequent, as might *à priori* be expected, as the effect of the purgative pills, became invariably less frequent, less copious, of great consistency, and in a few hours feculent, and mixed with bile; cramps subsided; thirst no longer urgent; pulse rose; the temperature of the skin increased, accompanied with warm perspiration; renal secretion was restored; and for the first time, since the commencement of the disease, micturition occurred.

Restoration in most cases was as rapid as the seizure was sudden, and, although complete recovery usually quickly occurred, yet, occasionally, there was subsequent fever of a low type, which, however, soon subsided.

The premonitory diarrhoea, if attended with a deficiency of bile, the evacuations being thin, watery, and of a high colour, although not having the characteristic appearance of rice-water, is best treated by purgatives.

Dr. J. G. Davey, Northwoods, near Bristol, who, some years ago, practised in India, has recorded his testimony in favour of the above mode of treatment, in a paper published in the *Lancet* (May 13, 1854), in which he states that he had recommended precisely the same practice ten years ago, and that it corresponds with that most approved of by the Medical Practitioners in India. By a singular coincidence, he recommended the same formula of pill re-adopted by me. He says, "This pill I direct to be taken every hour or two, according to circumstances;" and adds, "Within these few weeks I have had under my care five cases of cholera of the worst description, and in neither was it necessary to give more than five doses of the pills in so quick succession, although it was found indispensable to the entire restoration of the abdominal secretions to continue it from time to time during two or three days subsequent to the attack."

From the importance of the subject, I trust I need not apologise for the length of this communication, nor for requesting that you will do me the favour to publish it in the *Medical Times and Gazette*.

I am, &c.

Derby, Sept. 30, 1854.

JOHN JONES, M.R.C.S. Eng.

### STRANGE COINCIDENCE IN CONNEXION WITH CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Every new fact or peculiarity connected with this mysterious scourge should be accurately observed and carefully recorded; for it can only be by the accumulation of facts, and subsequent careful elaboration of these, that any satisfactory knowledge of its true nature can ever be obtained.

One very desirable question to determine is just this,—Is cholera a contagious or non-contagious disease?

In 1832, coincident with the first appearance of the epidemic in this country, an epidemic of opinion seemed to have come over the mind of a great bulk of the Profession, constraining them to answer the question in the negative. Subsequent visitations, however, of the same disease, and more extended opportunity for observation, appear to have shaken and staggered so much the faith of non-contagionists in the validity of their original opinion, that I believe I am now correct in stating, that the converts from the non-contagious to the contagious theory of the disease form by far the larger proportion of the Profession in this country.



Some non-contagionists, in all frankness, admit the communicability of cholera, but at the same time contend that the disease is not directly conveyed by one body to another, but indirectly, through the instrumentality of the clothes. It is time that this hair-splitting argument, at least, were thoroughly exploded, because, for all practical purposes, it matters little whether, in occupying the same chamber with a cholera patient, his body or bed-clothes communicate the disease to me, so that I in turn may carry on the process to others.

But, however inviting the theme, it is not my present purpose to enter into the controversy of the question, but simply to record a very curious case which recently came under my observation; and in so doing, I may be permitted to observe, that, although a strong believer myself in the contagious nature of cholera, I do not advance the following case as by any means a very strong proof in support of my own view, but merely a very strange coincidence.

Cholera having recently made its appearance in Leith, the parochial authorities made arrangements for the re-opening of the same house which had last year been used as a Cholera Hospital. In anticipation of its accommodation being early required, a stout, healthy young woman was sent from the workhouse, a distance of a quarter of a mile, to clean it. Having washed and cleansed the various wards, she next directed her attention to a press or cupboard, which had been locked up since last year, and wherein were contained the earthenware bottles or jars which, on a former occasion, had been employed to communicate heat, by means of hot water, to the cholera patients. In the act of washing and rinsing these jars, she felt sick, but nevertheless finished her necessary operations, and returned to the workhouse in the evening. Meanwhile the sickness and vomiting continued, and was shortly afterwards accompanied by severe diarrhoea and constant thirst throughout the entire night.

In the morning, when I first saw her, a glance revealed the awful truth, that cholera had broken out in the workhouse; the blue skin, sunken upturned eyeballs, peculiar voice, cold clammy perspiration, small flickering pulse, and characteristic ejections, unequivocally pronounced the disease. She was immediately removed to that Hospital which she had a few hours before been so industriously cleaning for the reception of others, and died in a few hours after admission. Two days after her removal from the workhouse, an infant in an adjoining ward also took the disease and died. Vigorous prophylactic measures having been adopted, most fortunately no other case occurred.

We all know to what extent excessive fear or apprehension of cholera may predispose a system to its attack. In the present instance, however, no such apparent cause could be adduced, as the victim was not by any means of a very reflecting disposition, but, on the contrary, one of those dull, stupid, facile temperaments, which give little heed to anything beyond the present moment, and, in consequence, was little liable to be disturbed with any anxious forebodings of the future. In so far as could be ascertained, deceased had no communication directly or indirectly with any cholera patient; and the workhouse of which she was an inmate may be regarded as the perfection of cleanliness and ventilation.

I am, &c.

M. S. WILLIAMSON, M.D. Edin.  
Physician to the Leith Hospital, &c. &c.

#### DENTAL CHARITIES.

[To the Editor of the Medical Times and Gazette.]

SIR,—The thousands of teeth that are extracted every year from the jaws of the poorer portion of the community, and the serious discomfort attending and resulting from the loss of these most useful organs, is a subject worthy the consideration of a charitable public, and especially of those individuals engaged in alleviating the sufferings of this class of our fellow-creatures. It will, therefore, I am sure, be only necessary for me to arrest their attention for a moment with a few facts upon this subject, to cause, in some degree, an important change in the present systematic treatment of the unfortunate poor in this respect.

The teeth, from their exposed position, and neglect, and sometimes from constitutional causes, are more frequently affected with caries than any other portion of the human frame,—a fact so well known, that it will be useless for me to dwell upon it; but that all teeth so affected should be extracted is no more necessary than is amputation of a whole limb always necessary in general Surgery. That we are sometimes forced to extract an aching tooth I admit; but, in regard to the wholesale destruction now practised by students in Surgery and professional tooth-

pullers, I most distinctly deny it any foundation upon correct Surgical principles.

The middle and lower classes of the community are perfectly ignorant of the value of their dental organs, and of their necessity to the general system, for a perfect comminution of the food, previous to its being taken into the stomach. Their attention is first called to the state of their teeth by a sudden acute and throbbing pain, or a dull, heavy sensation in a particular tooth; this they bear with, until patience is exhausted, and, thinking it one of the evils mankind is heir to, they apply to some cheap tooth-puller, or to a Hospital student, and have it extracted. They are generally informed by the expert operator, that there are a number of the remaining teeth which are also decayed; and, as soon as they give trouble, it will be necessary to take them out. In the meantime, the caries extending from one tooth to another, in a few short years, or perhaps months, all are affected, and are ultimately lost, after the most excruciating agony and torture. Surely this destructive system should be discontinued; something better performed; benefits conferred, instead of injuries added; and I am sure there are those fully competent, who are willing to give time and labour to the service, if means and opportunity were granted.

A wealthy and munificent public have established and supported Hospitals, Infirmarys, and Dispensaries for almost all the diseases to which mankind is liable. Why is it that something of this kind has not been thought of for diseases of the teeth? There is no disease that causes more acute suffering, none whose effects are more distinctly visible in its ulterior results, and none which is more general in a civilised community; and, until a distinct institution can be established for the relief of the poor in this respect, a Dentist should be attached to each of the public charities now existing, who would be able and willing to give a portion of his attention, time, and labour to this service, to teach the ignorant the value of these highly important organs, the serious results from their premature loss, the necessity and the manner to keep them clean, and to lend a helping hand towards their preservation by every possible means. The Physician and the Surgeon give the result of years of study, time, experience, labour, and often life itself, to relieve the afflicted poor; and will not the Dentist in this enlightened country and age in which we live and enjoy such great privileges, do something more than has hitherto been done in his specialty? At present, it depends in some degree upon the Governors and Directors of Charitable Institutions, but in a far greater degree upon ourselves, our own charitable feelings, and a proper appreciation of what is our duty towards our poor and afflicted fellow-creatures.

The great benefit that the poor would derive from the necessary operations upon their teeth, would reflect back upon ourselves as members of a liberal Profession, in elevating our position in the minds of the community at large; by forcing out of it all those who live by torturing mankind, in destroying what could be preserved, and extracting what could be made most useful, they would be obliged to feel that "Othello's occupation's gone," and their exterminating reign had ceased.

In Nos. 190 and 199 of the *Medical Times and Gazette*, I gave a short essay upon the proper mode of arresting the decay in carious teeth, and of protecting the exposed dentine by filling the cavities with gold; that such is the only method for preserving teeth so affected, through life, I am firmly convinced; the operations there described are, however, out of reach of the poor on account of the costliness of the material; therefore a cheaper must be used, which if it will not endure for twenty or thirty years, will at least preserve the teeth during five or ten, and perhaps as long as they may be required. Certainly this would be a great gain, and should be adopted, instead of having immediate resort to the forceps; if the poorer class cannot afford to have the best operations performed on their natural organs, less can they afford to have the best artificial substitutes, and surely all but the best are useless; what cruelty it is, then, to deprive them of what are so necessary to their health and comfort!

In treating the diseased teeth of a poor patient, the scientific Dentist should commence his operations by removing from the jaws all the roots or fangs of teeth that have been destroyed by caries, or broken by unsuccessful attempts at extraction. This should be accomplished, if possible, at one sitting. These fangs are of no use in masticating, and certainly have a most deleterious action upon the remaining teeth, gums, and alveolar processes. When the bleeding has subsided, the tartar should be removed from every part, and for the same reasons as above mentioned; the patient should then be instructed how to keep them clean, by the use of the brush and cold water for the anterior, posterior, and masticating surfaces, and a piece of



thread or thin cloth for the lateral surface, with other information for his particular case. The teeth that are affected by caries must now be filled with tin-foil, in the same manner as described in the papers, before referred to, on gold filling. Tin can be made more malleable than any other of the baser metals, and also resists the action of the saliva to a great extent. I have seen, within the last two years, a tin filling which I put in a tooth in 1842; it had preserved the tooth from further decay, though, it being on the masticating surface, it was worn down considerably; and I then renewed it. This material was, in former years, very generally used by dentists for filling decayed teeth, and is far superior to any other substance, or combination of substances, for this purpose, excepting pure gold; the cost is also very trifling; the pennies would cover the expense of a quantity sufficient to fill three or four teeth; therefore, when all the decomposed bone has been eradicated from the teeth, and the cavities filled with this material, the patient may be discharged, with all the advice an educated Dentist can give upon the subject, in regard, particularly, to the utility of the teeth, and the positive importance of keeping them clean; this advice, if firmly impressed upon their minds, may inculcate principles of cleanliness in person and habits, which perhaps no other means could induce, and thereby add greatly to his comfort and happiness, even in a social point of view. I am, &c. WM. R. BALLARD.

45, Park-street, Grosvenor-square.

## THE EDITOR AND JOURNAL OF THE PROVINCIAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—The enclosed letter I forwarded to the Editor of your Contemporary, the *Association Journal*, a fortnight ago. It has not (for obvious (?) reasons) been inserted therein, nor has its receipt been acknowledged in any "Answers to Correspondents." Now this latter is a courtesy which few Journals deny to those who address them. It does not, however, seem to accord with Dr. Cormack's notions of editorial propriety, even although he holds his present post by the individual voices of those whom he treats (as it seems to me) so disrespectfully, to yield an individual acknowledgment of that which is transmitted to him for publication.

I venture, therefore, Sir, to solicit from you, as a favour, what I might almost have demanded from your less courteous brother Editor as a right, the insertion in your next week's impression of the accompanying letter. I am, &c.

EDGAR SHEPPARD, M.R.C.S., L.S.A.

Enfield, October 7, 1854.

[To the Editor of the Association Journal.]

MY DEAR SIR,—I trust I may be permitted to convey my sincere thanks, through the medium of our Journal, to the members of the Provincial Medical and Surgical Association, for the respectful tribute which they so recently paid at Manchester to the services and memory of my late father. It will be as gratifying to his widow, and to the daughter so feelingly alluded to by Mr. Bartrum, to hear, in a far-off country, of the estimation in which he was held by his Professional brethren, as it is to his unworthy son to acknowledge their kindness and consideration.

And here I must take leave to observe, that it is with very great regret that I close, by this letter, my connexion with the Association and its Journal. But I feel so strongly opposed to the changes which have been effected at Manchester, and I am so confident that they will prove (and deservedly so) a death-blow to that Society, the very name of which some of its oldest members (of whom better things might have been expected) are now ashamed of, that I cannot countenance them by continuing on the roll of its supporters.

That an Association founded by a provincial Physician, and nurtured in its early struggles by his provincial brethren, should have its provincial character so merged in Metropolitanism as its history during the past year has too surely predicated, and, during the last fortnight, clearly demonstrated, is (to my mind) anything but matter for congratulation.

The bitter spirit which has often animated many of its members, as manifested in the pages of the Journal, the unseemly and unnecessary differences which have year by year been growing worse at our annual gatherings; the jealousy which obtains here, and the rivalry which exists there—all these things, Sir, have so changed the pristine character of our Association, that its best friends might fail to recognise it. I, for one, do not recognise it, and therefore I had better leave it.

The results which I am now deploring, I foresaw, in a mea-

sure, at the Oxford meeting, when so many were led away by the fluency and "ready-reckoning" of Dr. Cowan. Has the Journal, as a literary or commercial speculation, justified the bombastic predictions of that ardent gentleman? Not in the least. It is not one fraction better than it was when published at Worcester. One of the chief reasons urged by Dr. Cowan for its removal to London was, that the Metropolis was the centre of civilization and of news; that intelligence of the most recent date would be at the command of the Editor on the day of publication, and so be disseminated far and wide to his provincial brethren.

Now, if there is one thing of all others by which the Association Journal has been distinguished, since its emigration to London, it is by the absence of that most important element—news. This is, or should be, no mean feature in the conduct of a Journal which is intended for circulation among hundreds, in remote districts, who rely almost entirely upon it for their Medical and general information, as to what is weekly being enacted among the busy herd. They would rather know something, after their professional fatigues, of the doings of the learned in modern Babylon, than have to wade through heavy papers, unrelieved by ought else but a squabble on that eternal and nauseating subject, Medical Reform, or the abuse of a rival Journal and its publisher. I have no hesitation in affirming, that either the *Medical Times and Gazette* or the *Lancet* contain more news and general information in one week than the *Association Journal* contains in four. The instances which I have noted down at various periods (and which I should have detailed to the Meeting had I been able to attend at Manchester) of omissions in the way of appointments, deaths, Medical and multifarious news, have been numberless, and such as to call for unqualified censure. These things interest the generality of practitioners more than the height of the barometer at two o'clock in the day at Uckfield or Grantham. I do not mean to underrate the importance of meteorological observations; but I think it is unfair that atmospheric pressure should have a weekly page devoted to it, and "pressure" of a more general kind be poked into any hole and corner if there is room for it, or be omitted altogether if there is not.

Well, then, if the Journal of our Association be so deficient in much that should characterize it, is it likely to be improved by the thrusting upon its Editor additional and most onerous duties? This experiment of joint Editor and Secretary has been tried before, and failed. Why, then, should it be tried again? Why, too, should the emoluments of the Society be all thrust upon one individual, who only dates his membership from 1847, and who attended an annual gathering for the first time (correct me, and I apologise if I am wrong) in 1850 or 1851? The stone of this edifice, Sir, was laid in 1832. Are there none who first enlisted under Sir Charles Hastings, and fought for this Association through evil report and good report, as capable of editing its Journal and conducting its finances as Dr. Cormack? I do not, believe me, Sir, mean anything personally disrespectful to yourself; such is far from my intention. But I really do feel indignant, when I see the founder of this Association compelled, by the wanton acts of so many of its members, to resign the offices which, for more than twenty years, he has held with so much honour. It is to be regretted that he consented to withdraw such resignation, upon the soft flattery of "undiminished confidence."

Nor do I think it right, that a gentleman who has been so long attached to the Association as Dr. Williams, of Worcester, and who has so ably carried on the duties of Secretary for the last few months, should be pushed aside to make room for Dr. Cormack, and his "paid commercial assistant."

These ill-advised measures, which I have dilated on, herald, I most assuredly believe, the disruption of that Society which has germinated from the "little band" which met two-and-twenty years ago in the Board-room of the Worcester Infirmary. Already is she seeking to enlarge her borders, and increase her waning influence by fabulous statements of her numerical strength; and some of her members, forgetful of their first love, are endeavouring to supplant her baptismal name. But the "British Medical and Surgical" will never live as long, nor be so much respected, as the "Provincial Medical and Surgical Association," and no large and bombastic parade of unpaid members will suffice to bolster up for more than a brief period the status of an Institution which began with a few firm and steady friends, (all honour to Dr. Conolly, Sir John Forbes, Mr. Soden, and the few staunch remaining ones!) and whose usefulness was felt to be in proportion to its harmony and unanimity.

What of harmony and unanimity now?



I have to apologise for trespassing so largely upon your space ; but I did not feel satisfied in taking leave of that to which I, and those very dear to me, have been so long attached, without stating my reasons for so doing ; and I am sure that your love of truth and impartiality will insure the insertion of this letter in your columns. I have the honour, &c.

Enfield, Sept. 25, 1854.

EDGAR SHEPPARD.

### CHOLERA.

THE disease still rapidly declines, at the same time that it shows considerable persistence considering the lateness of the season. It will be observed, by the Table below, that, while the outbreak this year has been less fatal than in 1849, yet that the West Districts, comparing the same weeks of the two years, have, in 1854, suffered considerably more,—1946 against 1115, in 1849; While the Central Districts show a less amount in the present year over 1849,—as 588 to 1590.

The deaths according to age are—

From 0 to 15	...	...	...	118
„ 15 to 60	...	...	...	236
„ 60 and upwards	...	...	...	57

In the same week of 1849, the number of deaths were 288, and the ages—

From 0 to 15	...	...	...	91
„ 15 to 60	...	...	...	148
„ 60 and upwards	...	...	...	49

or, taking a week when the numbers were nearly the same as this year, (namely, Sept. 29, 1849,) the deaths being 434, the ages were—

From 0 to 15	...	...	...	106
„ 15 to 60	...	...	...	259
„ 60 and upwards	...	...	...	68

The deaths in districts are as follow :—

DISTRICTS AND SUB-DISTRICTS.	Elevation above Trinity High- water Mark.	Popula- tion in 1851.	Deaths from Cholera registered			Total of 13 Weeks ending Oct. 6, 1849.
			in the Thirteen Weeks ending Oct. 7.	in the Week ending Oct. 7.	in the Week ending Oct. 6, 1849.	
LONDON .....	feet 39	2,362,236	10,118	411	288	12,983
WEST DISTRICTS....	28	376,527	1946	59	39	1115
NORTH DISTRICTS..	135	490,396	721	26	27	842
CENTRAL DISTRICTS	49	393,256	588	31	25	1590
EAST DISTRICTS....	26	485,522	1411	95	91	2822
SOUTH DISTRICTS...	6	616,635	5752	200	106	6623

Rate of Increase and Decrease in same Ten Weeks of 1849 and 1854.

	1	2	3	4	5	6	7	8	9	10
1849										
Incr.	143	..	406	43	391	363	..	..	..	..
Decr.	..	103	..	..	..	..	344	343	405	146
1854										
Incr.	266	245	85	118	440	763	..	..	..	..
Decr.	..	..	..	..	..	..	501	265	530	343

Difference between Mean Temperature of Air on an average of 38 years in same Ten weeks of 1849 and 1854.

	1	2	3	4	5	6	7	8	9	10
1849	-1.9	+4.9	-1.1	+2.6	+3.7	+5.8	-3.2	-1.2	+5.4	-1.8
1854	-3.7	-1.7	+1.2	+1.1	+5.9	+1.1	+3.8	+1.5	+1.0	+1.0

Temperature in same Ten Weeks of 1849 and 1854.

	1	2	3	4	5	6	7	8	9	10
1849	59.5	66.4	66.3	62.9	64.0	64.1	56.5	55.7	58.4	51.2
1854	58.5	60.1	59.9	61.2	65.1	59.2	60.7	57.1	55.2	53.6

Mean Readings of Barometer.

	1	2	3	4	5	6	7	8	9	10
1849	29.793	29.766	29.678	30.076	29.772	29.884	29.464	30.155	29.680	29.374
1854	29.701	29.846	29.813	29.915	30.212	30.166	29.857	29.972	30.076	29.710

DEATHS over BIRTHS from Week ending August 19, compared with same Weeks of 1849.

	1	2	3	4	5	6	7	8
1849	896	1140	1569	1882	1563	581	85	108
1854	264	401	890	1807	1331	876	447	130

BIRTHS above the average of 8 years from the Week ending August 19, 1854, compared with the same Weeks of 1853.

	1	2	3	4	5	6	7	8
1853	170	134	204	342	196	223	256	99
1854	206	271	258	205	140	297	349	5

The following have been the number of deaths from all causes in the General Hospitals of London for the week :—

	Deaths.		Deaths.
St. Mary's	...	King's College	...
St. George's	...	St. Bartholomew's	...
Westminster	...	London	...
Charing Cross	...	Guy's	...
Middlesex	...	St. Thomas's	...
University College	...		...
Royal Free Hospital	...	Total	...

GENERAL DECREASE OF CHOLERA.—A few cases still occur in Glasgow. During the six days ending Wednesday week last, there were in the City Parish 24 cases and 12 deaths. In the Barony parish, 34 cases and 13 deaths. In the Govan Parish, only 5 cases and 1 death. The number of cases in the three parishes are thus 63, and the deaths 26. In the preceding week there were 78 cases and 46 deaths. The deaths are about a half only of those of the preceding week. In Edinburgh the disease is also disappearing. In Ayrshire, especially about St. Quivox and Kilmaurs, the disease still lingers. It has disappeared from the most of the towns in the west of Scotland. It also declines in New York and throughout the States.

THE FLEET.—The cholera is still showing itself occasionally among the ships, but the crews generally are healthy.

### MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 6th inst. :—

BELLEW, HENRY WALTER, H.E.I.C.S., Bengal.  
BROMLEY, E. HARE, Beaufort Iron Works, Monmouthshire.  
CORBETT, AUGUSTUS MEYERS, Kingston, Canada West.  
CROFT, JOHN, Lower Clapton.  
DODD, HENRY, Durham.  
GRANT, ALEXANDER, Aberdeen.  
LOWDELL, SYDNEY POOLE, Royal Mail Service.  
MARSHALL, HENRY, Edinburgh.  
NEWMAN, WILLIAM, Bradfield, Sheffield.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, October 5 :—

BELLEW, HENRY WALTER, H.E.I.C.S., Bengal.  
DICKSON, JOSEPH, Whitehaven.  
VISE, AMBROSE BLITHE, Holbeck, Lincolnshire.

### APPOINTMENT.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.—At a meeting of the Committee, held October 2, 1854, Dr. Frederic W. A. Rawlins was unanimously elected a Surgeon to that Institution.

### TESTIMONIAL.

ON Tuesday, October the 3rd, Mr. Wilson, President of the Provincial Medical and Surgical Association, and several members of the Executive Committee appointed to make the arrangements for the recent anniversary meeting in Manchester, waited as a Deputation upon Mr. Hatton, at his residence in Oxford-street, and presented him with a valuable piece of plate, appropriately inscribed as follows :—"Presented to John Hatton, Esq., F.R.C.S., by the Executive Committee for conducting the twenty-second anniversary meeting of the Provincial Medical and Surgical Association in Manchester in



1854, in testimony of their esteem for his personal character, and approbation of the talent and zeal which he exhibited on that occasion as their honorary Secretary."

VACANCIES.

**BROMPTON HOSPITAL.**—There are two Vacancies for Clinical Assistants. Election, October 23.

**KENDAL UNION.**—Two Medical Officers are required. Election, Nov. 3.

**QUEEN'S HOSPITAL, BIRMINGHAM.**—The office of Resident Medical Officer is vacant. Election, Nov. 4.

**WESTERN GENERAL DISPENSARY.**—A Resident Assistant to the Surgeon and Apothecary is required. Election, Nov. 6.

DEATHS.

**HARRISON.**—March 12, at Sydney, John Harrison, Esq., Surgeon, formerly of Blandford, Dorset, in his 50th year.

**MACKAY.**—Oct. 6, at 17, Nelson Street, Edinburgh, after a few hours' illness, John Mackay, Esq., M.D. Edin. 1845; L.R.C.S. Edin. 1844; Parochial Surgeon to the North-West District of the City of Edinburgh; late Medical Officer 3rd District St. Cuthbert's Parish; Member of the Parisian Medical Society.

**ROWLAND.**—Oct. 4, at Brighton, Richard Rowland, Esq., M.D., of Woburn-place, Russell-square; M.D. Edin. 1827; M.R.C.P. 1833; Physician to Bloomsbury Dispensary; Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital Medical School; Assistant-Physician to the Hospital; Author—"On Neuralgia," Art. "Bronchocele," in "Tweedie's Library of Medicine."

**TROLLOPE.**—Oct. 8, Thomas Trollope, Esq., of Wethersfield, Essex, aged 57. L.S.A. 1819; Medical Officer of the Braintree Union.

**ROYAL DISPENSARY FOR DISEASES OF THE EAR.**—The Half-yearly Meeting of this Institution was lately held at the Dispensary, Dean Street, Soho. The Secretary read the Report, announcing the amount of subscriptions received during the last six months, which was very inadequate to the number of applicants for relief. During the last six months, there were upwards of 700 applicants. This Institution has now been in active operation for thirty-eight years, during which period there had been admitted on the books 31,400 cases of various conditions of deafness among the poorer classes. The Committee appeal to the generous public for their support of this Institution.

**QUEEN'S COLLEGE, BIRMINGHAM.**—The Winter Session of this Institution was formally opened on Tuesday last by the distribution of prizes to the successful competitors among the students, in the presence of a highly respectable company. The chair was occupied by the Right Honourable Lord Lyttelton, the President; and there were also present W. Scholefield, Esq., M.P.; W. S. Cox, Esq., Dean of the Faculty; Professors G. Fife, M.D., James Johnstone, M.D., T. Heslop, M.D., J. B. Davies, M.D., Langston Parker, G. B. Knowles, F.L.S., and other gentlemen. Mr. Grainger, F.R.S., delivered an address upon the necessity of sanitary reform. After a few introductory remarks on the annual mortality in England, he said, exclusive of the great mortality arising from filth and bad atmosphere, there were other causes in operation among the poor which tended to the curtailment of human life; and the mortality among infants was truly appalling. Mr. Grainger concluded a very interesting lecture amid the applause of the meeting.

**ARMY SURGEONS AT THE ALMA.**—We have received a letter from a Surgeon of one of H.M. ships, dated Kalamita Bay, Sept. 23, of which the following is an extract:—"On the day after the battle I went on shore, and of course paid my first visit to the Hospital, a house situated in the valley which had been the scene of hostilities a few hours before. I witnessed and assisted at two amputations at the hip-joint, several of the thigh and leg, and other operations. I assure you, our Medical brethren in the army performed the operations quite as well as our Metropolitan stars, although labouring, as you may suppose, under very great disadvantages."

**THE BATTLE OF THE ALMA.**—General Lord Raglan, in mentioning the names of officers who distinguished themselves, says: "Dr. Hall, the Principal Medical Officer, was in the field the whole time, and merits my approbation for his exertions in discharge of his onerous duties." Surgeon A. Gordon, of the 95th Regiment, sustained a slight contusion.

**KENT COUNTY OPHTHALMIC HOSPITAL, MAIDSTONE.**—October 6, 1854.—The following donations and subscriptions have been received on behalf of this Hospital:—Captain Savage, Frindsbury, 10*l.* 10*s.*; A Friend, 5*l.*; Mr. J. Marsh, 10*s.* 6*d.*; T. D. Shafto, Esq., Hunton, 10*l.*; Rev. R. Moore, in lieu of a collection at Hunton Church, 10*l.*; Mrs. Tassell, Lords (near Sittingbourne), a donation of 1*l.*, and an annual subscription of 1*l.* 1*s.*; Lady L. Cornwallis, 1*l.* 1*s.*; Lady E. Cornwallis, 1*s.* 1*s.*; Rev. M. Watson, 1*l.* 1*s.*; Rev. D. D. Stewart, 1*l.* 1*s.*; Mr. Thos. Betts, 1*l.* 1*s.*; Mrs. Hollands, 10*s.* 6*d.* (all new annual subscriptions.) By sermons preached and collections made on Sunday, October 1, Thanksgiving Day:—At All Saints' Church, Maidstone, 35*l.* 12*s.*; Trinity Church, 17*l.* 7*s.* 8*d.*; St. Peter's Church, 4*l.* 1*s.* 1*d.*; Tovil, 2*l.* 8*s.* 10*d.*; Ightham, 2*l.* 3*s.* 3*d.*; Allington, 1*l.* 1*s.* 1*d.*; East Peckham, 7*l.* 17*s.* 4*d.*; Smarden, 1*l.* 13*s.* 6*d.*; Sutton and Little Mongeham, 2*l.* 5*s.* 9*d.*; West Farleigh, 4*l.* 5*s.* 4*d.*; Nettlestead, 1*l.* 7*s.* 6*d.*; Hadlow, 4*l.* 0*s.* 7*d.*; Plaxtol, 2*l.* 10*s.* 6*d.*; Sandwich, 3*l.* 5*s.* 6*d.*; Wesleyan Chapel, Maidstone, 2*l.* 12*s.* 6*d.*; Watlington, 5*l.*; Biddenden, 2*l.* 10*s.*; Great Mongeham, 2*l.* 17*s.* 10*d.*; Little Chart, 15*s.*; Birchington, 3*l.* 0*s.* 2*d.*

**HONOURS TO MEDICAL MEN IN FRANCE.**—A decree has just been published in the *Moniteur*, promoting Mons. H. Lauvergne, First Physician-in-Chief in the Navy, to the rank of Officer of the Legion of Honour; and appointing Messrs. A. A. Macret and L. G. Lambert, Surgeons of the first class, to be Chevaliers in the Legion of Honour, for the devoted energy displayed by them during the raging of the cholera at Toulon.

**DYSENTERY ON BOARD SHIP.**—Early on Monday, the New York screw steamer Petrel, arrived off Greenock. She left Glasgow on the 5th, and sailed from the Tail of the Bank on the 7th, on her voyage to New York, with a full complement of goods and passengers. Several of the steerage passengers became affected with dysentery, which rather gained ground from the continued severity of the weather; and, although every attention was bestowed on those affected, by the medical officer of the ship, five cases proved fatal between the 10th and 14th. The passengers who died were all of the steerage class.

**CALIFORNIA.**—Disease had been somewhat prevalent in San Francisco, resembling Asiatic cholera; but no case of the latter had as yet occurred, though the inhabitants feared its incursion from Mexico, where it raged.

**NEW RIVER WATER.**—The Hertford authorities are building a sewer which will empty its contents into the New River, whence water is supplied to the town itself as well as to the Metropolis. A brilliant "sanitary improvement!"

**AGES AND OCCUPATIONS OF LUNATICS.**—The former occupations of lunatics, in combination with their ages, will be examined with interest. It will be seen that the educated and professional classes furnish many cases of insanity: of clergymen and ministers, 84 are returned; barristers and solicitors, 88; Physicians and Surgeons, 103; officers of the Army and Navy, 95; the East India Service, 118; schoolmasters and teachers, 258. Among the largest items are: labourers, 1,794; female domestic servants, 1,753; shoemakers, 364; weavers, 240; and tailors, 224. No information is given as to the employments, if any, of 7,674 lunatics of all ages.—*Census Returns.*

**MORTALITY NOTABILIA.**—The deaths in London from all causes, which in the first week of September rose to 3,413, and in the three weeks following were 2,836, 2,504, and 2,216, fell in the last week (the first week of October) to 1,532. In the first week of October, 1849, the total number of deaths registered was 1,290. The improvement in the public health is visible generally in the Metropolis, but appears to be more slow in the eastern and southern districts than in other parts. The deaths from diarrhoea in the last two weeks were 165 and 98.

**Births.**—The births of 711 boys and 691 girls, 1,402 children, were registered; average 1,397.

**Meteorology.**—The mean height of the barometer in the week was 29.710 in.; on Sunday the mean reading was 30.063 in. The mean temperature of the week was 53.6°, which is 1° above the average of the same week in 38 years. The highest temperature occurred on Monday and Thursday, and was 72.8°; and on the latter day the mean temperature was 60.6°, being 8.2° above the average; on the two following days it was below the average. The mean dew-point temperature of the week was 48.1°, and the difference between this and the air temperature was 5.5°. The air was calm in the first part of the week; on Wednesday and Thursday the wind blew from the south-west, and at the end of the week was in the north-east. Rain to the amount of 0.45 in. fell on the last two days. Horizontal movement of air, 775 miles; electricity generally positive,—tension variable.



## APPOINTMENTS FOR THE WEEK.

OCTOBER.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
16. Monday .....	Operations at Charing-cross, 2 p.m.	
17. Tuesday .....	Operations at Gny's, 1 p.m.	
18. Wednesday {	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m. Cambridge University Library opens at 12.	Hunterian Society, 8 p.m.: "On a Case of Non-Malignant Disease, involving the Septum of the Nose, Nasal Bone, and part of the Superior Maxillary Bones." By Mr. N. Ward.— <i>London Medical Society of Observation</i> , 8 p.m., at Dr. Semple's: "The Diseases of the Cerebro-Spinal System."
19. Thursday .. {	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m.	Abernethian Society, 8 p.m.: "On the Pathology of Cholera." By Mr. Callender.
20. Friday .... {	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	
21. Saturday .. {	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	Medical Society of London, 8 p.m.

## TO CORRESPONDENTS.

## TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—May I be allowed, through your columns, to call the attention of the Profession to the following prescription in cases of collapse in cholera:—

Hyd. Chlor., Oxyd. zinci, aa 3i. Ferri Sesquiox. gr. iij. Misce.

One of the powders administered every quarter of an hour succeeded, in 1849, in saving the lives of at least twenty patients; and, during the time of my using it, I did not lose a single case.

The treatment is founded on the fact of the vomiting resembling pyrosis; hence the utility of the zinc oxyd. The calomel, from its known action on the liver, restores the biliary secretion. But the most astonishing effect is observable in the action of the iron on the urinary organs. In fact, the secretion of urine is speedily restored, and eliminated in great excess. This must be attributed to the zinc stopping the emeses, and the hydrochloric acid of the stomach forming sesquichloride of iron, which is so speedily absorbed, and its diuretic action so well known.

My definition of cholera epidemica would be, total suspension of the functions of the stomach, liver, and kidneys, with excessive prostration, as the result of such suspended functions, and very much resembling poisoning by the tart. ant., so frequently seen when the heroic treatment was pursued.

I am, etc. WM. DUNDAS KEY, M.R.C.S.

2, Upper Dorchester-place, New North-road, Sept. 21.

## "THE BLACK LIST."

[To the Editor of the Medical Times and Gazette.]

SIR,—May I beg, through the medium of your Journal, to urge the necessity of all Qualified Members of the Medical Profession filling up the Black List in the Circular forwarded by the Editors of the "London and Provincial Medical Directory." I have done so, and I trust every other Medical man will do so likewise. This would, I am sure, in a great measure, be the best means of attacking these nefarious impostors, who, by placing their door-plates, with Surgeon engraved upon them, in front of their dwellings, deceive many hundreds of Her Majesty's subjects.

I am, &c.

GISBRO.

## EFFECTS OF EATING DAMAGED RICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Could any of your readers inform me where Dr. Tytler's communications on the effects produced by eating damaged rice are to be met with. (Remarks on Morbus Oryzeus.)

I am, &c.

A SUBSCRIBER.

R. B.—In a case in the Queen's Bench, before Lord Denman, it was held that a person has a right to dismiss a *servant* for misconduct, but has no right to turn away an *apprentice* because he misbehaves; but the case of a young man, seventeen years old, who, under a written agreement not under seal, is placed with a Surgeon, as "pupil and assistant," and with whom a premium is paid, is a case between that of apprenticeship and service; and if such a person on some occasions come home intoxicated, this *alone* will not justify the Surgeon in dismissing him. But if the "pupil and assistant," by employing the shop-boy to compound the medicines, occasion real danger to the Surgeon's practice, this would justify the Surgeon in dismissing him.

A *Constant Reader* should write to the Secretary of the Court of Examiners of the Apothecaries' Society, for the information he desires.

B. C.—In the Exchequer Court, in November, 1849, it was held that a Coroner has no right to refuse to examine persons upon oath at an inquest, merely on the ground that their evidence might criminate themselves.

The proofs of the Jersey Hospital Reports had not been received at the time of going to press.

The letter of "A Sufferer" is in type.

Dr. Goodeve, Calcutta.—Many thanks.

## COMMUNICATIONS have been received from—

Mr. BAKER; Mr. MCKENZIE; Mr. RAWLINS; ENQUIRER; Dr. WILMOT; Mr. WILSON; Dr. JOHNSON; Mr. BROWNE; Dr. BLACK; Mr. SULLIVAN; Dr. DICK; Dr. SIEVEKING; Dr. DALTON, H.M.S. Sidon, off the River Alma; Dr. SMART, H.M.S. Diamond, off Sebastopol; Dr. REES, H.M.S. Britanua, Black Sea; Mr. OWEN; Mr. ELLIOT; Mr. HOLT; Mr. GEORGE JACKSON; Mr. FLETCHER; Mr. SIBLEY, the Middlesex Hospital; Mr. BRINDLEY, Canterbury; Mr. WILLIAMS, Guy's Hospital; Mr. POULDON, the London Hospital; Dr. BRISTOWE; Mr. CLARKE, Bristol; Mr. L. ORMEROD, St. Mary's; Mr. KEY; GISBRO; A CONSTANT READER; A SUFFERER; Dr. GOODEVE, Calcutta; Dr. LYONS; Dr. RIGBY; Dr. SNOW BECK; SECRETARY OF THE ABERNETHIAN SOCIETY, etc.

## DEATHS REGISTERED in the Metropolis for the Week ending Saturday, October 7, 1854.

CAUSES OF DEATH.	OCT. 7.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and npw.	All Ages.	
ALL CAUSES .. .. .	697	583	243	1532	10560
SPECIFIED CAUSES .. .. .	697	582	243	1522	10499
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	379	310	88	777	3013
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	4	25	13	42	462
3. Tubercular Diseases .. ..	85	108	6	199	1641
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	51	22	22	95	1183
5. Diseases of the Heart and Blood-vessels .. .. .	3	22	17	42	352
6. Diseases of the Lungs and of the other Organs of Respiration ..	70	21	23	114	1073
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	18	30	16	64	646
8. Diseases of the Kidneys, etc. ..	1	10	6	17	101
9. Childbirth, Diseases of the Uterus ..	..	15	4	19	6
10. Rheumatism, Diseases of the Bones, Joints, etc. .. ..	3	5	..	8	71
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	1	2	1	4	17
12. Malformations .. .. .	3	..	..	3	37
13. Premature Birth and Debility ..	34	2	..	36	247
14. Atrophy .. .. .	36	1	5	42	247
15. Age .. .. .	..	..	39	39	392
16. Sudden .. .. .	1	4	1	6	222
17. Violence, Privation, Cold, and Intemperance .. .. .	8	5	2	15	709
CAUSES NOT SPECIFIED .. ..	..	1	..	10	61

## MORTALITY IN PUBLIC INSTITUTIONS for the week ending Oct. 7:—

	Males.	Females.	Total.
Workhouses...	45	60	105
Military and Naval Asylums ..	6	..	6
General Hospitals .. .. .	35	23	58
Hospitals for Special Diseases ..	5	3	8
Lying-in Hospitals .. .. .	..	1	1
Lunatic Asylums .. .. .	10	6	16
Military and Naval Hospitals ..	7	1	8
Hospitals for Foreigners, etc. ..	1	..	1
Prisons .. .. .	1	..	1
	110	94	204



ORIGINAL LECTURES.

CLINICAL LECTURE

ON

A CASE OF CANCEROUS DISEASE OF THE  
CÆCUM.(a)

DELIVERED AT

King's College Hospital.

By ROBERT B. TODD, M.D., F.R.S.

Physician to the Hospital.

GENTLEMEN,—The case upon which I shall comment to-day is especially interesting with reference to the diagnosis and prognosis rather than to treatment, being one of those in which all that medicine can do is to soothe and uphold, the arrest of the malady being quite beyond the reach of art. It is likewise deserving of your attention, inasmuch as it affords a good example of a disease rarely met with, namely, cancer of that portion of the bowel called the cæcum. You will recollect having seen a woman in Augusta Ward, so extremely pale, that no one entering the ward could fail to be struck with the peculiarity of her complexion. (Sarah Cook, Vol. XXXIV., page 88.) She had been in the Hospital since the 12th of December, and remained there up to the period of her death, which occurred only a few days ago. Her extreme pallor was so remarkable, that it occurred to every one on first seeing her, that she had been suffering from excessive hæmorrhage. Upon inquiry, we found that she had exhibited this extreme pallor for three years before her admission. She was unmarried, and had never had children. She never suffered from uterine hæmorrhage, nor had her catamenia ever been profuse, and she stated that she had never lost blood in any quantity at any time; and that during the three years she had been in this anæmic condition, her symptoms generally had exhibited little or no variation up to the time of her admission into the hospital.

Concomitant with this anæmic state, there was a very manifest fulness in the right iliac region, accompanied by pain and tenderness there. A resistance was experienced on pressure being made, and a sensation was communicated to the hand, as if a firm elastic tumour were compressed. On comparing the two regions on opposite sides, one presented the natural yielding feel, while the other felt firm and resisting, with an indistinct feeling of fluctuation. On this latter side (the right) there was decided dulness upon percussion, and deep percussion gave no indication of the presence of intestines beneath; occasionally, however, a slight sonority could be elicited.

When the problem before us is, to diagnose the nature and connexions of an abdominal tumour, we must notice the sounds elicited upon superficial and deep percussion. By the former term I mean percussion made with only very slight pressure on the abdomen; by the latter term I would signify percussion made simultaneously with deep firm pressure on the surface. We have a good illustration of the importance of the use of both kinds of percussion in physical examination of the abdomen in cases of enlarged liver. In such cases, when the liver is thin and soft, superficial percussion alone would often lead you to overlook the enlarged gland, by eliciting a clear sound from subjacent intestines. In other instances, the very reverse takes place; a slight superficial tap will give you the dull hepatic sound, but a deeper percussion would elicit the intestinal sound. In the present case the dulness was equally decided, both upon superficial and deep percussion.

Pain, referred to the right iliac region, and extending to the loin, was a prominent symptom of the case. The patient complained of sharp shooting pains in the region of the tumour; and there was also considerable tenderness on pressure, which varied considerably, probably according as the bowels were full or empty.

The ordinary functions of the body were properly carried on, the circulation appeared healthy, there were no symptoms of dyspepsia, the bowels acted freely, the kidneys secreted as in health, and the usual quantity of urine was secreted. The urine was frequently subjected both to microscopical and chemical examination, but we were unable to discover anything abnormal; the specific gravity varied from 1010 to 1015, and in every respect the secretion appeared healthy.

In endeavouring to arrive at a diagnosis in this case, our attention was directed to determine first the cause of the anæmia, and, secondly, the cause of the pain. Now, as anæmia in women is so often associated with something astray in the catamenial function, we made particular inquiries respecting it.

An anæmic state may (as you know) be produced either by a too profuse flow, or even by the opposite state—a stoppage of the catamenia. The condition which is termed chlorosis, is almost always dependent upon a deficient secretion or total suspension or non-appearance of the catamenial flow. The catamenial function may not have been developed, or having commenced it may have stopped, in either of which cases an anæmic condition might result. Where there is menorrhagia, the constant or repeated drain exhausts the colouring matter of the blood. When no catamenial discharge takes place, or when it is very defective, the nutrient changes of the blood are impaired, and the hæmatine is not formed in sufficient quantity, or of proper quality. The result of our inquiries was, that there was no fault connected with the catamenial function adequate to explain the anæmic condition.

It appears also that there had been no loss of blood from any other source, none from the rectum, or the bladder, or the kidneys, or the nose, nor from any internal organ.

Neither was there any evidence of exposure to the influence of the marsh poison, which often gives a pallid sallow hue, similar to, though seldom to such a degree as was exhibited by this woman.

These causes failing to explain the peculiar anæmic condition, I was led to suspect the existence of malignant or cancerous disease; nor was this idea contradicted by the patients' age, which was about 30; for at that period malignant disease is by no means uncommon, especially in women.

The presence of a tumour in the right iliac region was of course confirmatory of this suspicion, and seemed to indicate that the cancer was seated there; but to determine its precise seat, and the exact relations of the tumour, demanded further investigation, which was necessary for the solution of the next question, namely, as to the cause of the pain.

What, then, gave rise to the pain which this woman experienced in the right iliac region? It was a severe lancinating pain, and occurred at all times, and not only when the part was pressed upon. Her sleep was very much interrupted by it. It was increased, but not very materially, by pressure. It did not seem to be aggravated by the action of purgatives. Soon after she took castor-oil daily for a few days, but with rather an alleviation than an increase of the pain.

A very decided swelling existed in the right iliac region. It was not a prominent tumour; but, as the patient lay upon her back, you saw a decided convex swelling of the right iliac region, the corresponding position on the left side being concave and rather collapsed. Pressing upon this convex swelling, you experienced a decided resistance. This resistance began about a finger's breadth internal to the anterior superior spinous process of the ilium, and extended upwards for about an inch and a-half or two inches. Over all this resisting surface it was that we found the dulness on percussion to which I have already referred. Above and to the inside of this surface the percussion sound was clear.

Is it possible that this tumour could have been caused by enlargement of any of the great internal organs? The spleen and left kidney were excluded, by the tumour existing on the right side. We had no difficulty, also, in excluding the liver, as that organ, for the first few weeks after the patient's admission, was clearly not increased in size.

Might it not have been an enlargement downwards and forwards of the left kidney? An enlarged kidney might certainly extend to the iliac region, but it would also show itself elsewhere;—you would find it bulging in the loin, causing a fulness and a dulness in that region; but we found no such fulness here, and, on making pressure, no resistance was encountered, such as you experience from enlarged kidney. Nor could we trace the tumour upwards into any mass resembling an enlarged kidney; on the contrary, the swelling ceased abruptly above the iliac region, and the dull sound gave place to an intestinal sound. Add to all this the fact that repeated examination showed the urine to be quite healthy, and, I think, you will admit we were justified in excluding enlarged kidney as forming the tumour.

There were, however, other and more likely causes of this swelling. Might it not have been a fecal accumulation in the cæcum? The tumour was scarcely large enough for this; and it was too hard for it and too resisting, and, also, much too painful. Still, I thought it desirable to test it, by giving repeated doses of castor oil. This was done soon after her admission, but although

(a) Reported by Dr. Beale. Lecture XLIV.



feculent matter passed in large quantity, it was not so abundant as might have been expected from fecal accumulation; and, what is more important, neither the size, nor the resistance, nor the painfulness of the tumour ever diminished by the free action of the purgative.

There is a thickening of the walls of the cœcum of a braign kind, resulting from chronic inflammation, of which I have seen cases in both men and women. Could the tumour be caused by this? The extreme pallor and the constitutional sympathy were greatly against this, for in the cases to which I allude there is little or no constitutional disturbance, and then only when feces accumulate. Moreover, in all these cases, the walls of the cœcum can be felt, and the gut can be made to roll beneath your fingers.

Sometimes the cœcum is the seat of an inflammation which involves the areolar tissue in which it is lodged, and the peritonæum around it; and in some cases it begins at the vermiform process (typhlo-enteritis). Could we refer our case to this? I decided in the negative, because we had no acute symptoms, no rigors, no fever, none of that exquisite tenderness which accompanies that inflammation; because, likewise, purgatives did no harm, which they inevitably must have done had there been inflammation of the cœcum. Moreover, the continuance of the symptoms for three years, and the extreme pallor, could not have been explained by this view of the case.

Thus, then, I fell back upon the idea, that the swelling of the iliac region was due to the presence of malignant disease there. This view was most consonant with the extremely chronic nature of the complaint, and offered the only explanation of the peculiar anæmic condition of the patient. But now we had to inquire—What was this cancer? Was it a tumour external to the bowel, and compressing it, or pushing it inwards? or was it a deposition of cancer in the walls of the bowel, causing great thickening, and encroaching more or less on its cavity? I felt it impossible to decide between these two questions, although, in some degree, I leaned to the opinion that the tumour was external to the bowel. The marked dullness on percussion, with rare exception, the fixedness and hardness of the tumour, and the absence of all signs of intestinal irritation, and the tolerance of purgatives, seemed to me to favour this view.

Our patient remained for a long time in the Hospital. From the 12th of December till the 10th of April, no very striking change took place; she became weaker and thinner—paler she could not be; however, at the latter date, a new and most interesting symptom showed itself, tending to confirm the diagnosis of malignant disease. This symptom was an œdematous condition of the whole of the left upper extremity. The veins of the upper part of the arm were much distended, and all the tributaries of the subclavian vein appeared swollen, thickened, and hard. The extreme pallor and transparency of the skin served to display them in great perfection. The obstruction was evidently confined to the subclavian vein, for the circulation in the veins of the neck seemed quite free. This also showed that the innominate was untouched, and that the destruction did not extend beyond the subclavian. The appearance of œdema of the upper extremity under these circumstances affords a beautiful illustration of the mechanism of dropsy, and shows how it may result simply from the percolation of the serum of the blood through the coats of the vessels, in consequence of the existence of an obstruction to the return of blood by the plugging up of one of the large veins. That there was obstruction was quite certain; there could be no doubt from the enlargement of the tributary veins; but we had to ascertain what was likely to be the precise nature of the obstruction.

The obstruction depended either upon the passage of cancerous matter into the veins, and the coagulation of the fibrin of the blood around it forming a plug, or it resulted from the introduction of some other morbid matter into the circulation, and the occurrence of local phlebitis; which of these conditions was present it was impossible to decide. The introduction of cancer germs or cells into the circulation is now a well-established fact, and, no doubt, explains the transfer of cancer from one part of the body to another, or even far distant from its primary seat.

On the 15th, the right leg became œdematous, and the veins enlarged, and the œdema of the arm subsided considerably, in consequence, no doubt, of a collateral circulation having been established. On the 29th, chest symptoms manifested themselves in the occurrence of dyspnoea, and dullness over both sides of the chest behind; and, at the same time, there was an absence of vocal vibration, indicating that effusion had occurred into the pleural cavity. This effusion had taken place, most probably, in consequence of the very watery condition to which the blood was reduced, a state which, as you know, favours the escape of

serum from the vessels, and the effusion of fluid into any of the great serous cavities.

At this time another remarkable symptom showed itself; this was the occurrence of a distinct pericardial rubbing sound, heard all over the heart, but most distinct at its base. This is a point of great interest, occurring, as it did, in such a case as the present, where the blood had become so attenuated; for it shows that fibrinous deposits, sufficient to create friction sound, may take place in very low states of the system, and where there exists a very watery condition of blood,—a warning to those persons who believe that the mere deposition of fibrin is evidence of an inflammatory state, and that this deposition is to be averted by depletion, *i. e.*, by impoverishing the blood. The patient did not survive the appearance of these symptoms above twenty-four hours.

I should have noticed before, that, in the progress of the case, the liver gradually increased in size, and extended downwards towards the swelling in the iliac region, so that at last the latter seemed to be continuous with the liver.

At the *post-mortem*(a) examination, it was found that, with the exception of the liver, which was much larger than natural, and extremely fatty, none of the solid viscera were increased in size. The spleen was certainly not enlarged, but was paler than usual, and its trabecular tissue appeared well developed. Upon microscopical examination, the spleen was found to contain a great number of white corpuscles.

The left subclavian vein was thickened throughout its whole course, and for about three-quarters of an inch from the junction with the left internal jugular it was plugged up. On following the vein down the arm, it was observed, that the axillary and one of the *venæ comites* of the brachial artery for half their length was also impervious, the other of these veins being pervious, and probably affording one, at least, of the channels for the collateral articulation, which was established soon after the obstruction had occurred. The chief point in the examination was, to determine the nature of the tumour in the right iliac region. On laying open the abdomen, the intestines appeared bleached, but otherwise natural, excepting on the right iliac fossa, where there lay upon the iliac muscle a mass connected with the intestines. This, on being opened, looked like an abscess communicating with the intestines. The wall was thick and fibrous, and a distinct communication was traced with the ilium below and the ascending colon above, which became continuous with each other through the cavity of the abscess. As we were unable to discover the cœcum, and the tumour occupied its position, and preserved its relations, the conclusion was forced upon us that it was, in fact, the cœcum itself in a diseased state. The interior of the cavity was very rough, its surface jagged, with large pieces of flocculent, sloughy matter, slightly adherent. The whole mass was about the size of a large fist, and lay upon the iliacus muscle, which appeared soft and soddened, but otherwise had undergone no change. The liver adhered to this mass above, and the portion in contact, when removed, exhibited an incipient slough. Beneath the tumour there were many enlarged glands, which, as well as the thickened walls of the tumour, contained numerous cells, similar to those met with in hard cancer. They varied much in size and form, some being oval or circular, others elongated or fusiform; the cells were granular, and a distinct nucleus could be found in almost all of them. No doubt this disease was cancerous in its nature. The microscopical examination affords good evidence of this, which is confirmed by the duration of the disease, the severe lancinating pains, and the cachectic condition of the patient. When the woman came in, the walls were probably in the condition called *close cancer*; but, after a time, a sloughing process became established, which produced great prostration, and ultimately caused the patient's death.

Some of the cancerous matter had probably been taken up by the veins, and deposited in the adjacent femoral vein, which had become, in consequence, plugged up, just as had previously happened in the case of the subclavian vein.

It is a curious point to inquire how the absence of symptoms of intestinal disturbance is to be explained. It seems to me to have been due to the perfect freedom of transit for the intestinal contents through the cavity of the cœcum. The cœcum was considerably reduced in size, and the *caput coli* was almost obliterated, so that the channel between the ilio-cœcal valve, of which one lip still remained, and the ascending colon, was exceedingly short; thus the action of the ilium was sufficient to propel the contents of that bowel into the colon, without any contraction on the

(a) The *post-mortem* appearances are also reported in the "Transactions" of the Pathological Society for 1851-52.



part of the cœcum itself being necessary ; and since the thickened state of the walls of the cavity opposed undue distension, the contents of the bowel were prevented from accumulating in this situation. This is an exceedingly rare case of disease ; indeed, I only recollect having seen one instance of it before, which occurred many years ago, in an old man who was a patient in the Hospital in Sutherland Ward, under my care. Unlike the present case, this man died of obstruction. I regret that I have been unable to lay my hands on the notes of the case, as the comparison between the two would be interesting.

Upon looking into various authorities, I scarcely find any reference to cancer affecting the cœcum, although many instances are recorded where the colon was the seat of malignant disease. Cancer of the colon occurs next in frequency to cancer of the rectum ; it was for the relief of the former condition that the new operation of making an artificial anus in the loins was suggested by Amussat. The cœcum, then, so far as I know, seems seldom to be the seat of malignant disease, which appears the more remarkable when we keep in view the analogy in function between this portion of the intestine and the stomach.

The treatment to which our patient was subjected was entirely palliative and supporting, with the exception of a little purging with castor oil at first. Narcotics and tonics were chiefly employed. The former were used both internally and locally. Of the local remedies, the patient attributed the greatest relief to the belladonna.

## ORIGINAL COMMUNICATIONS.

### NAVY MEDICAL REPORTS,

No. XXIV.

#### AN ACCOUNT OF A CHOLERA EPIDEMIC WHICH AFFECTED THE CREW OF HER MAJESTY'S SHIP QUEEN, IN THE SUMMER OF 1850.

By WILLIAM R. E. SMART, M.D.

(Continued from page 411.)

THESE facts suggest interesting points of inquiry into the circumstances of each body ; and the result of this inquiry confirms, that the boatmen, by communicating with the shore, were brought into closer relation than others with the intensity of cholera elements existing on the island, although they could not have had contact with cholera cases, because they were confined within the Government walls, and the only persons met with there were free from disease and able to do laborious work.

And from the nature of their duty, also, they were, more than others, exposed to wet and changes of temperature, which are powerful subsidiary causes.

And that, in the case of the Marines, the increase of disease was owing to local circumstances, operating within the ship, viz., their messing and sleeping on the deck, where the cholera hospital was placed, by which they underwent all the evils of exposure to the direct emanations from the sick, and of overcrowding beyond what they were accustomed to, and, also, of ill ventilation, whenever it became necessary to close the middle-deck ports, on account of the state of the weather.

From these circumstances the deductions may be drawn, that in infected ports, the boats' crews ought to be carefully guarded against fatigue, by employing them in watches only, and not continuously through the day ; and a change of their clothing should be insisted on, whenever they have been exposed to wet or lowered temperature.

That, as the main-deck of a ship is capable of perfect ventilation, when the other decks are closed in, it is the proper position for a Cholera Hospital ; and, on no account, should the healthy persons of the crew be allowed to sleep in contiguity to the Hospital.

That, for the Marines, who have the duty of sentry, the usual period of four hours may be too long to remain on a solitary

post at night ; and to obviate fatigue, and the tendency to depressing thoughts, which will naturally obtrude, it would be judicious to limit their guard to two hours, whenever epidemic diseases prevail in a ship.

The sick-berth attendants were in constant relation with the sick through the day, and they kept regulated watches at night, but their hours of rest were spent as far away as possible from the Hospital, and none of them were affected by cholera.

As a general rule, whatever tends to debilitate the system will render it more susceptible of the causes of cholera. Thus, the lowered tone inseparable from the condition of the prisoner, the debility engendered by previous illness, and, especially, an habitual tendency to derangement of digestive functions, act as predisponents ; and of their energy strong proofs were afforded in the course of this epidemic. On this account, all who are under these conditions should be held in strict surveillance by the Medical Officers.

On the other hand, the officers of the ship enjoyed a very remarkable exemption from disease, exceeding even that which the better classes in towns have been favoured with. In July, an officer had collapsed cholera and recovered.

The officers use a more varied and more stimulating diet than the men ; they possess the advantage of a less crowded sleeping-place, and greater facilities of changing their apparel ; and their mode of employment in watches renders their duties less prolonged, when in harbour, than those of the seamen, who labour then from morning to night, with only intervening meal-hours.

Profiting by this remarkable immunity of officers, very much might be done, in epidemic seasons, to assimilate, as much as possible, the condition of the seaman to that of the officer in those particulars.

In all cases where a number of persons who mess together suffer a disease disproportionately to those around them, there exists a *prima facie* suspicion of collective-poisoning or of contagion.

This irregularity of distribution was observed to exist in this epidemic, and it caused anxiety.

The messes were 36 in number, averaging 25 men in each ; 9 of these had no case of cholera ; 12 had one ; 7 had two ; 5 had three ; and 3 had four cases in each. But there was no relation of contiguity, since a mess, in which the maximum existed, might have, on either side of it, one in which none was affected.

Left Side. Left.		Right Side. Right.		Left Side. Left.		Right Side. Right.	
No. of Mess.	Attacks.	Attacks.	No. of Mess.	No. of Mess.	Attacks.	Attacks.	No. of Mess.
Lower Deck—Seamen.				Middle Deck—Marines.			
2	1	—	1	30	4	Cholera Hospital.	
4	2	1	3	31	—		
6	—	1	5	32	3		
8	1	4	7	33	3		
10	1	1	9	34	3		
12	2	1	11	35	4		
14	2	—	13	36	2		
16	2	—	15	37	2		
18	—	2	17	Main Deck—Cooks.			
20	3	—	19				
22	—	1	21				
24	3	1	23				
26	1	—	25				
28	1	—	—				
				Total..... 40   13			

When choleraic action commences, the primary functions of nutrition are disordered, if not entirely suspended. Food is no longer converted into chyme, absorption decreases and exhalation increases, in proportion to the intensity of the diseased action ; and unchanged ingesta are frequently vomited and purged twenty-four hours after a meal.

Under these circumstances, the digestibility and stimulating nature of the diet must hold a very important rank among predisposing and subsidiary causes, and will suffice to account for much of the irregularity of distribution of the disease among the different messes.

Another interesting question arises from this irregularity of distribution of the disease.

Is a succession of cases kept up in a mess by the practice of



providing nurses from among the messmates of a sick man? Nothing apparent in this epidemic can indicate such a liability.

The seaman's nurse is his most intimate friend in the ship; they are usually allied in duties as well as messed together, and, therefore, causes operating where duty calls them, and all dietetic causes, will frequently affect them both alike.

The only case in which this circumstance was attributed as the cause was, by an irresolute young man, who had been a nurse up to half-past six a.m., and was attacked by collapse at half-past nine a.m. of the same day. The interval appears too short to be compatible with the existence of an "incubative stage" of the most moderate duration.

The morbid influences of locality and of weather, apart from any direct contact with diseased persons, have been rendered evident in the case of the seamen employed in boats; and it has been stated that the sick-berth attendants escaped, although they were in the closest relation with the sick. In fact, from all that has been observed in this epidemic, there is no ground whatever to attribute a specific contagiousness to cholera; but much has been found to show the preponderant influence of secondary causes, such as crowding and ill-ventilation, to which must be added errors and inferiority of diet, in developing the disease, and in aggravating the milder into the more severe form.

The question of the comparative success of treatment on board, or by removal to an Hospital, is one of much importance.

In this instance the average duration was diminished, and the amount of mortality was increased by removal.

The cases are all dated from the period assigned to the first appearance of choleraic symptoms with collapse.

Treated on Board or removed to an Hospital.	Collapsed Cases.	Fatal Cases.								Recoveries.	Per Cent.	Mean absence from Duty in Days.
		Number of Deaths.	Per Cent.	Fatal in Collapse.	Per Cent.	Maximum of in Hours.	Mean duration in Hours.	Fatal in Fever Stage.	Mean duration in Days.			
On board	66	37	56	35	53	70	25	2	9	29	44	18½
Removed	14	9	64	8	57	62	22	1	10	5	36	20
Total	80	46	57½	43				3				

There is shown to have been a higher proportion of deaths, of 64 to 56 per cent., in the cases sent to an Hospital for treatment; and there stand, also, in favour of non-removal, a smaller ratio of cases fatal in collapse, and an increased duration of these cases; together with a higher proportion of recoveries and a shorter mean absence from duty.

Thus, it becomes evident, that, in the management of this formidable malady, all the advantages which an Hospital affords over the meagre appliances found in a ship are quite lost.

The rapidity of the course of this disease, and the shortness of its duration, leave no space for hesitation, and admit of very few changes in the treatment.

An hour spent in landing a patient to an Hospital is irretrievably lost; for, in addition to unavoidable exposure, the medicines are, of necessity, intermitted during the passage from the ship to the shore.

An argument used in favour of this reliance on external aid is, that the retaining a number of dying men among a ship's company, must always tend to produce a depressing effect; and thus to increase the evil, by rendering many the more susceptible of the epidemic causes.

It is a matter of importance to determine, "the duration of the incubative stage of cholera;" or, putting the question in its relation to nautical affairs, How long, from the date of immersion amid choleraic influences, may the crew of a ship remain in danger of an outbreak of the disease? Because, by this, the duration of prophylactic measures, after leaving an infected port, should be regulated.

Another equally interesting question is closely related. For what period after removal from the focus of a cholera epidemic may an infected ship be expected to have a succession of cases? On this will often hinge the availability of a ship, as well as the decision as to the course proper to adopt in her case.

The comparison of many instances, and the careful separation of certainties from probabilities, are requisite to fix these points;

and the facts now arranged will only contribute to a more general summary.

Ships' Names.	Dates		Number of Days.	Dates		Number of Days.
	Of entering an Infected Port.	Of First Case of Cholera.		Of Leaving Infected by Cholera.	Of the last Case of Cholera.	
Queen	...	...	...	July 3	July 13	10
Queen	Aug. 14	Aug. 19	5	Aug. 16	Aug. 21	5
Queen	Sept. 4	Sept. 8	4	Sept. 8	Sept. 18	10
Bellerophon	Sept. 9	Sept. 12	3½	Sept. 13	Sept. 19	6

As far as these instances go, they indicate that a stay of four days in an infected port will suffice to produce cholera in a ship; and that a succession of cases may be kept up in her for ten days after departure towards a healthy region; and it may be inferred, that it is safe in ships placed in such circumstances, although they may not have cases of collapse, to adhere to prophylactic measures during the space of ten days after departure.

The propriety of leaving an infected port, as early as possible, and of seeking another condition of atmosphere to windward of the place, will be established by aggregating instances in which ships have acquired cholera and then sailed away.

The rapid decline of the malady is evident among them, while it continues with unabated virulence in the focus of it which they have left.

Ships Name.	Date of Departure.	No. of Cases on Each Day from that of Departure.										
		1	2	3	4	5	6	7	8	9	10	11
Queen	3rd July	3	1	2	1	...	...	...	1	2	1	1
Queen	8th Sept.	7	15	14	1	3	2	4	4	1	1	1
Bellerophon	13th Sept.	32	18	8	13	8	4	2	...	...	...	...
Total	...	42	34	24	15	11	6	6	5	3	2	0

By favour of Dr. Robert Grahame, Surgeon of the Bellerophon, I am enabled to add the cholera cases of that ship to those of the Queen.

Within the last four years the cholera has twice broken out in our Mediterranean fleet, and has on each occasion greatly diminished the energies, and limited the action, of this strong arm of our national power.

The statician teaches the citizen to believe that cholera will become to our posterity what the plague is to us—a disease of ancestors; and the naval Medical Officers may indulge a hope, by analogous processes, to arrive at similar results in our fleets.

A review of the history of the Naval Service affords the most ample ground of encouragement. Scurvy, dysentery, and sloughing ulcers, which formerly unmanned our ships, are now of rare occurrence. And the Coast of Africa, lately the most deadly of our naval stations, has become within our own time one of the most healthy.

Hygienic measures, founded on a valuable series of statistics, have, in this last instance, done more in preventing disease than all the quinine of Peru could effect in its cure.

And this is certain with regard to cholera, that if it is preventible by human efforts, a ship affords all the necessary conditions for perfecting the sanitary measures necessary to that end.

## CASES OF PLACENTA PRÆVIA.

By CHARLES WALLER, M.D.,

Obstetric Physician to St. Thomas's Hospital.

SINCE my last Report of "Cases of Placenta Prævia," in the *Medical Times and Gazette*, March 18, five additional cases have occurred in my private practice, the results of which I now forward for insertion in your Journal. In four of these cases the presentation of the placenta was partial; in the fifth it was complete. Four of the mothers recovered, and in three the children were also saved. I regret to state, that in the last case both mother and child were lost,—a result anticipated by those who saw the case, from the immense prostration of the patient's



vital powers, partly from a previously broken down constitution, but principally doubtless from the large loss of blood which preceded the dilatation of the os uteri. It may be worthy of remark, too, that in all the cases of recovery, the presentation was partial, while that in which it was complete the termination was fatal.

*Case 59.*—Saw Mrs. L. in consultation with Mr. Humphreys. The lady was 38 years of age, and pregnant for the eighth time. She had always given birth to children of large size, but convalescence had been steady and complete. After her last delivery, which occurred about twenty months previously, very severe hæmorrhage occurred, commencing about half an hour after the natural expulsion of the placenta. Her first hæmorrhage during her present pregnancy occurred on the 9th of February; it was not excessive, was easily restrained; and, as she had arrived at the full period of gestation without any previous symptom of an unpleasant nature, it excited no alarm. On the 12th the bleeding was renewed, more serious in its character, but not sufficient very greatly to depress the vital powers of the patient. Very slight labour pains supervened, and, as the hæmorrhage continued, I was requested to visit the patient. On examination, the placenta was felt attached around the cervix uteri, with the exception of a small portion anteriorly. Here the membranes and foetal head were easily reached. The os was very partially dilated, and the undilated portion somewhat hard and rigid. This part, however, gave way under the continued and steady stretching of the fingers; the hand was then passed through the membranes, and the foot easily reached. The passage of the head was delayed a little, in consequence of the os uteri not being fully dilated, and some amount of extractive effort required. The child was born living, and continues to thrive. The recovery of the mother was slow; the stomach became exceedingly irritable, and for some time she complained of a considerable amount of pain in the right ovarian region.

*Case 60.*—August 27.—Met Mr. Amsden in consultation on the case of Mrs. H., aged 38, who had advanced to about the eighth month in her ninth pregnancy. She was of a very delicate constitution, and had been suffering from occasional attacks of hæmorrhage during the past five weeks. Her nervous system was much depressed; she was greatly under the influence of fear. She resided in the immediate neighbourhood of the lady whose case has been previously narrated (*Case 57*), and was well acquainted with its fatal termination. I found her in a very low state, although the bleeding had been much less on that day than is often the case. She had experienced a few very trifling pains; and, at the period of my visit, the hæmorrhage had nearly ceased. On examination, the os uteri was found dilated to the size of a crown-piece, and the placenta felt to be the presenting part. As there was no decided uterine action, and no hæmorrhage to any extent, the question arose as to the propriety of immediately interfering, or whether we had better await a more decided manifestation of labour pains. Fearing another outbreak of hæmorrhage, and believing that the os might with care be dilated by the gradual introduction of the hand, we determined that the delivery should at once be proceeded with. The hand was therefore passed into the uterine cavity; and it was then ascertained that the presentation of the placenta was not complete. A portion of the membranes was easily reached anteriorly. The bag was broken, and the foetus turned. The os offered some resistance to the delivery of the head. The child was, however, born living.

At the end of the fourth week I was again requested to see Mrs. H. I was informed she had progressed favourably for the first fortnight. She at that period sat up for a short time, and was seized with shivering, which proved to be the precursor of fever, which assumed a perfectly intermittent type. She was much reduced in strength. Not having received any subsequent intelligence, I trust she has by this time perfectly recovered.

*Case 61.*—Sept. 10.—In consultation with Mr. Welch, Mrs. D., aged 24, had given birth to several children previously, and had recovered favourably. The first hæmorrhage occurred July 7, and was repeated at irregular intervals; the quantity, except at the first attack, was not sufficient to excite any alarm. On this day (Sept. 10) very slight labour pains came on, and flooding increased; the patient was seen by Mr. Welch, at 11 a.m.; the os uteri then about the size of a shilling. Between one and two o'clock I first saw Mrs. D., she had lost much blood, but the pulse was but little affected, and she was in good spirits. Examination detected placental presentation; a small portion of the edge of the placenta was pushed down into the vagina, on the side of which the hand was passed, the membranes ruptured, and the delivery effected by turning. In this case also there was re-

sistance to the hand, in consequence of non-dilatation. The child was born in an asphyxiated state, but was resuscitated. Some slight hæmorrhage occurred on the 13th; with this exception, the progress towards convalescence was satisfactory.

*Case 62.*—I give the following particulars from the notes of Mr. Elwin, with whom I attended on this occasion:—"I was called early in the morning of the 24th September, to Mrs. S., aged 44, who considered herself to have arrived nearly at the full period of her tenth pregnancy. There had been an occasional "show" early in July, and this had appeared at intervals, but not sufficient to alarm until the present time. Before I arrived at the house the discharge had ceased, and therefore the patient was not disturbed, but recommended to keep herself as quiet as possible, and to maintain the recumbent position. In the evening there was another sudden gush of blood, and an examination was made. The os uteri just admitted the tip of the finger; a portion of placenta felt, but no part of the child could be discovered. During the following day the discharge continued; but it was slight until the evening, when it returned with great violence, producing much faintness and distress. At this time Dr. Waller saw the patient; and, in consultation, it was agreed to deliver the patient, although the os uteri was but little dilated. The dilatability, however, was such, that Dr. Waller introduced his hand, and turned without much difficulty." This lady had always suffered in her confinements. The conjugate diameter of the pelvis was very narrow. In several previous labours she had been delivered by instruments, and in two there was hæmorrhage before the birth of the child. In the present case, on rupturing the membranes, the elbow of the child was found to be the presenting part. The mother recovered without an unfavourable symptom. The infant was still-born.

*Case 63.*—Oct. 1.—Called to Mrs. F., aged 26, and found her in a sinking condition. This was her fourth confinement. The former ones natural. She had lost much blood; her pulse was a mere thread; the countenance anxious and pale; and she had great restlessness. Nourishment with stimulants were given, but there was no rally. The operation of transfusion naturally suggested itself as the only likely means of recruiting her exhausted powers; but no vein of size sufficient to receive the tubule of the syringe could be detected, and the operation was consequently abandoned. On examination, the entire placental mass was found occupying the lower part of the uterus; perfect separation was effected, and a dead child removed by version. No immediate effect followed the delivery. The uterus contracted well, and there was no further hæmorrhage. Nourishment was retained on the stomach without benefit. In the course of a few hours the patient expired.

Finsbury Square, Oct. 12, 1854.

## MENORRHAGIA.

By EDWARD RIGBY, M.D., etc.

Senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London.

(Continued from page 386.)

ANOTHER cause of menorrhagia is the presence of those growths in the uterus which are called polypi. They may cause menorrhagia in two ways, either when small, by producing uterine irritation, or, when large, by becoming strangulated, from the os uteri encircling a part or the whole of the tumour where it has been expelled from the cavity of the uterus, and acting upon it as a partial ligature by obstructing the returning circulation.

Uterine polypi vary as to their size, structure, and the part of the organ from which they grow. It would be out of place to enter into any detailed consideration of this subject; but I may briefly state, that the large polypi, which are usually of a fibrous tissue, not unlike that of the uterus itself, generally arise from the sides or fundus of the organ; while the small, soft polypi, which consist mostly of cellular tissue, more or less condensed, and covered with mucous membrane, arise from the os and cervix. The larger polypi not unfrequently consist of that peculiar white, dense, semi-cartilaginous tissue, which forms the well-known "white tubercle" or "fleshy tubercle of Baillie," the "fibrous tumour" of the present day. An isolated tubercle of this tissue has formed in the wall of the uterus, so near to the cavity of it, that, partly by its gradual increase of size, and partly it may also be supposed by the separation, and then by the contractions of the surrounding uterine fibres, it is



at length dislodged from the part in which it was imbedded, and pushed into the cavity of the uterus, merely covered by the lining membrane, which, with more or less connecting cellular tissue and nutrient vessels, forms a pedicle. Hence we sometimes find in these polypi the same dense sub-cartilaginous tissue, and white septa, which are seen in the common fibrous tumour of the uterus, and occasionally also the same calcareous deposits which this species of growth is known to present.

These larger polypi are usually solitary, but the smaller ones, which have been commonly called mucous polypi, and which have their attachment to the edge of the os uteri, or just within the cervix, generally occur two or more together, sometimes like a fringe, around the greater part of the os uteri. In some cases, these little growths appear to be of a hæmorrhoidal character.

At first these smaller growths are of a vesicular character; they scarcely deserve the name of polypi, but rather of vegetations from the inner surface of the uterus, the nature of which have recently been successfully investigated by Professor Simpson, of Edinburgh. By the aid of sponge tents and the speculum, he has been enabled to demonstrate the existence of these growths during life, where all the ordinary means of examination had failed to detect them; and the entire cessation of the menorrhagia upon their removal has satisfactorily proved that their presence within the uterus had been the cause of it. They are decidedly the most common form of uterine polypus, and occur under a considerable variety of form and attachment, depending, I presume, on the amount of development which they have attained; thus, in the early stage, they can merely be felt, as Professor Simpson has observed, "imbedded like shot or peas in or beneath" the mucous membrane of the cervical canal, while in a more advanced state they present the appearance of small, soft, semi-transparent bodies, of a pale red colour, attached by a slender pedicle, which is frequently long enough to let them hang loosely in the vagina, and varying in size from that of a hemp-seed to a cherry. I scarcely think that the denomination of "vesicular" or "cystiform" applies to these growths, because, although soft, they are distinctly solid, possessing no cavity, but consisting apparently of fine cellular tissue, covered by a delicate expansion of mucous membrane, which, with the nutrient vessels, forms the pedicle, as is the case with the larger polypi of the fibrous tumour, or subcartilaginous character.

One of the earliest symptoms leading us to suspect the presence of a polypus, is the irregularity and profuseness of the catamenia, which occurs without our being able to assign it to any of the numerous causes of menorrhagia which I have already been considering. The patient at first scarcely notices the change; but as the irregularity and profuseness of the discharge increase, her health begins to suffer, and this at last drives her to consult a Medical man, so that when at length an examination is made, the polypus has usually attained a sufficient bulk to be easily detected.

Of course there are endless varieties as regards the amount of the discharge, its effects upon the patient, and the time the polypus takes to present at, or press through, the os uteri. It is a well-known fact, that small polypi may exist for a considerable length of time without producing menorrhagia; but these must be looked upon as exceptions to the general rule, and not invalidating the remark I have already made, that increasing irregularity and profuseness of the catamenia, in the absence of any evident and assignable cause, justifies the suspicion of polypus.

The symptoms of polypus depend very much upon the size and situation of the tumour; as before said, the earliest are those arising from the uterine irritation which their presence causes; the uterus becomes congested, the catamenia profuse and irregular, frequently soon returning after a long and exhausting attack of menorrhagia; or there is a constant sanguineous discharge, only interrupted by short and irregular intervals, with more or less leucorrhœa between.

If the polypus be of a species which will attain a considerable size, it gradually distends the uterus, and, by preventing that amount of contraction which closes the mouths of the vessels opening upon its internal surface, adds another cause of hæmorrhage to that which already exists.

The health and powers of the patient soon flag under this continued drain; she becomes pale, feeble, and cachectic; the digestive organs are deranged, she has pain of the back, sense of weight, and dragging about the hips; she finds that the hæmorrhage is daily brought on more and more easily, until she is seldom free beyond a few hours, and then, perhaps, only when she preserves the horizontal position. "As the polypus grows larger," says Dr. Gooch, "it gradually dilates the uterus, till, at length, this organ, stimulated by its bulk, begins to contract upon it, protruding it through the dilated orifice. The polypus sometimes passes

through the orifice gradually and insensibly, sometimes suddenly during the action of the bowels. I have known several instances in which patients, after this action, have been suddenly seized with retention of urine, and, on examination, a polypus was found in the vagina, compressing the urethra."—*On Some of the Most Important Diseases Peculiar to Women.*

When once this change has taken place, the circulation of the polypus becomes a good deal impeded by the pressure of the os uteri which encircles it; the mass swells; large varicose veins, much distended with blood, begin to ramify over its surface, and give rise to severe hæmorrhage by bursting either from over-tension or the effects of ulceration.

From the foregoing account, it will be evidently of the greatest importance to detect the presence of a polypus at as early a period as possible before the patient, has suffered much from the continued irritation and menorrhagia.

It is to Professor Simpson, of Edinburgh, that we are indebted for a masterly paper "On the Detection and Treatment of Intra-Uterine Polypi," in which he has pointed out the great value of dilating the os uteri with sponge tents, for the purpose of exposing and operating upon polypi which are still within the uterine cavity.

On examination of a polypus at an early stage, when it has not attained such a size as to press upon, still less to dilate, the os uteri, we find the os and cervix somewhat swollen, and the uterus itself more bulky than natural, very much as it is just before a catamenial period. Occasionally a careful examination with the uterine sound, if it be of the larger kind of polypus, will assist our diagnosis; but it usually happens, that we have no other evidence than what can be inferred from the character and history of the patient's symptoms, amounting merely to a suspicion of the case, the true nature of which can only be cleared up by dilating the canal of the cervix with a succession of sponge tents, and then examining the uterine cavity with the finger or the speculum.

If the polypus be one of the larger kind, it begins to press upon and dilate the os uteri internum. The cervix shortens, the lower segment of the uterus becomes evidently more bulky, the os uteri externum (os tinæ) loses its lip-like form; it becomes more circular, and is now sufficiently yielding either to allow the polypus to present, or at any rate to admit the tip of the finger to be insinuated far enough to feel it. A little careful manipulation will dilate the os uteri sufficiently to allow the finger to pass completely round the tumour. This will show us that its attachment is higher up, the distance of which will be, to a certain degree, indicated by its greater or less mobility. There is no doubt but that the uterus (in the same patient) varies greatly in size at different times, even from one day to another, depending on the congestion produced by the amount of exercise she may have used, by the period of the catamenial interval, the state of the bowels, or on the condition and tone of the patient's health, etc.; so that we frequently find, in cases of polypus at an early stage, a considerable difference in the results of two examinations, although there has been not more than forty-eight or perhaps even twenty-four hours' interval between them. The os uteri may have become more closed, the uterus itself more contracted, so that what was easily felt by the finger at the first examination is quite out of reach at the second.

As regards the treatment of these cases, it will be guided by the nature of the polypus. The small mucous polypi of the os and cervix are easily snipped off with the common tonsil scissors, which may be made long and slender, to use through a speculum where necessary. In many cases, these growths are so small, and hang by means of their slender pedicles so loosely in the vagina, that they elude and puzzle the finger, especially if there be more than one of them, as is usually the case. It is far better to have the assistance of the speculum here; the more so, as there are generally one or two smaller growths, which the scissors can scarcely get hold of, and which may be twisted off or crushed with a forceps; moreover, it will be desirable that nitrate of silver should be freely applied to the part afterwards. The little vesicle-like growths which Professor Simpson has described upon or beneath the membrane lining the cavity of the uterus, and chiefly seen in the lower part of the organ, may be picked off with a forceps, or even by the finger-nail.

With regard to the larger ones, I prefer the ligature, as being much safer than cutting them off, by which I have seen severe hæmorrhage produced. The fine hempen cord which Mr. Ferguson, the well-known instrument-maker, procures for this purpose, is far superior to any other species of ligature which I have used.

These remarks having extended so much further than I had



intended, I will merely give a summary of a case or two in illustration.

Mrs. T., aged 46; married twenty years; three children.

Sept. 23.—Complains of shooting pains on the right side of pelvis; catamenia every two or three weeks, lasting six days, with occasional clots, followed by a thick yellowish discharge, which is sometimes offensive; much gastric derangement. The uterus was found retroverted, with two mucous polypi (one as large as a small nut) hanging from within the os uteri. The bowels were well cleared, and on the 25th I removed the larger polypus with the scissors; the other was higher up, and so loose and movable that I could not get hold of it. With the speculum it was seen just within the os uteri, of the size of a large pea. I brought away a portion with the forceps, and having broken down the rest of it by firm pressure, I applied some lunar caustic freely to it. The bowels being still offensive, the laxatives were continued; the pain of right side of pelvis was relieved; she had all the symptoms of an approaching catamenial period, but they went off without any appearance. The gastric derangement gradually subsided as the condition of the bowels improved; the discharge ceased, she felt much better generally, and the next appearance of the catamenia was after a longer interval than she had known for six years. Her health greatly improved, and she has had no return of her symptoms.

In this case the retroversion was probably owing to the uterus being heavier than usual from its increased circulation, and to the loaded condition of the bowels, as it gradually disappeared when these two causes were removed.

Mrs. C., aged 44, married twenty years, two or three times pregnant; pale, leucophlegmatic, and nervous; suffering under constant profuse leucorrhœa, alternating with frequent attacks of menorrhagia; there was much irritability of the bladder and gastric derangement. A soft, irregular-shaped polypus was found projecting through the os uteri, evidently attached to the upper part of the uterus. Having freely cleared the bowels, I applied a ligature pretty high up within the uterus, without causing any pain; it was tightened daily, and the mass came away on the seventh day; it was about as large as a full-sized hen's egg, and appeared to consist of condensed cellular tissue, covered with a thin mucous membrane. She recovered quickly.

A lady, about 45, who had had a family in early life, applied to me on account of her health, which appeared breaking up; she had lost flesh and strength, and was haggard and pale. She had frequent and profuse attacks of menorrhagia, coming on irregularly, with constant leucorrhœa in the intervals. She had been under the care of one who turns the speculum to profitable though not very creditable account. Instead of examining with his finger, in the first instance, he had contented himself with peeping at the disease through his instrument, and pronounced it to be malignant ulceration of the os uteri.

On examination there was a considerable polypus occupying the upper part of the vagina, extending as far as I could reach, and from its feel, evidently arising from the upper part of the uterus. A ligature was applied at about half-way between the os and fundus, without causing pain. In about a week the mass, which at first was firm and as large as a full-sized potato, became soft and flaccid; it diminished considerably in size, and came away about the tenth day. The discharge ceased immediately, and she quickly recovered her health and strength.

## ON SYMPATHETIC INFLAMMATION OF THE EYEBALL.

By R. TAYLOR, M.D., M.R.C.S.L.

Surgeon to the Central London Ophthalmic Hospital.

THE disease which is the subject of the following communication occurs under certain conditions, and at intervals varying from a few weeks to many years, after the destruction of the primarily affected eye by inflammation, generally traumatic, but occasionally idiopathic. It is by no means rare; it is one of the most intractable of all the affections to which the eye is liable, leading, in the immense majority of instances, to total blindness; its pathology is obscure, and the treatment usually adopted is utterly inefficacious. The following attempt to throw some light upon these points may therefore be received with indulgence, the remarks being offered rather as suggestions than as the expression of dogmatic opinions.

The cases, eight in number, have occurred at this Hospital during the last three years. As several of them have been reported in this Journal (Feb. 18, 1854), they are now given in as condensed a form as possible.

The following were under the care of Mr. Walton, who has kindly supplied me with the notes.

*Case 1.*—George Watson, aged 14, lost the right eye in infancy from disease, the symptoms of which he is not able to describe. The eyeball is slightly shrunken, the cornea clear, the situation of the iris occupied by lymph of a mottled red and yellow colour. He has had pain in the eye from time to time, more severe during the last few months. During the last twelve months, the sight of the left eye has been failing; there is severe pain, intolerance of light, and lachrymation, and the vision is so imperfect that he cannot read the largest print. The pupil is irregular, and adherent in several places to the capsule of the lens. The iris is dull and the eyeball inflamed.

The cornea, and the lymph which lined the anterior chamber, were removed, and a mass, consisting of the capsule and part of the lens, converted into a chalky material, was extracted. The wound healed rapidly, the pain and inflammation of the left eye immediately subsided, and at the end of five weeks, when he ceased his attendance, he could read "minion" type with ease, though the iris had not altogether recovered its brightness, and the pupil was permanently disfigured by adhesions.

*Case 2.*—Rebecca Wilson, aged 7, lost the right eye in infancy, probably from purulent ophthalmia. The cornea is replaced by a small conical staphyloma. The eyeball is inflamed, and occasionally painful. The sight of the left eye is much impaired; objects can only be seen when looked at sideways, and "a mist frequently passes before the eye." Not a day is passed without paroxysms of pain. There are not any objective symptoms of disease in this eye.

The cornea was removed, and a cretaceous capsule, enclosing a partially cretaceous lens, was extracted. Two months afterwards, when she was seen for the last time, the sight of the left eye was completely restored.

*Case 3.*—A. H., a female, aged 32; has a small conical staphyloma of the right eye, of the cause and duration of which she can give no intelligible account, further than that the sight of the eye has been completely lost for many years. For two years she has suffered from frequent paroxysms of pain in this eye. During the last few months the sight of the left eye has been failing; now she cannot see small objects distinctly, and a mist at times passes before the field of vision, obscuring everything. She is quite incapacitated from work of any description.

The staphyloma was removed, and the capsule, enclosing part of the lens, both loaded with cretaceous deposit, was extracted. Two months afterwards, the date of the last notes of her case, the sight of the left eye was perfectly restored.

*Case 4.*—The notes of this case have been unfortunately lost; but the following particulars, given from memory, may be relied on:—

The patient was a woman, of about 35 years of age. One eye had been lost, from idiopathic disease, many years previously; it was partly shrunken, and the pupil was closed by lymph. The sight of the other eye had been failing gradually for two years. There were luminous spectra and the appearance of a gauze veil before the eye, besides a total loss of the power of adjustment, so that the eye was almost useless, and she was quite unfit for any employment.

The cornea of the primarily diseased eye was removed, and the lens, converted into cretaceous matter, and firmly adherent to the subjacent parts, was extracted. The wound healed in a few days, and the recovery of the other eye was complete in about two months.

The following occurred under my own care:—

*Case 5.*—J. Laxton, aged 35, lost the right eye fourteen years ago, from slow disorganization, consequent on a punctured wound of the sclerotica, within the orbit. He felt no further inconvenience from the accident till about six months ago, when the wounded eye again became troublesome. He has occasional pain in it, but never very severe; there is excessive intolerance of light, lachrymation, and spasm of the eyelids. The left eye soon began to suffer in the same way, and, with the exception of pain, to an equal extent. As he cannot fix the eye on any object, it is impossible to say with certainty whether the sight is actually impaired. He has been incapacitated from work for three months, and the eye is of little use except as a guide.

The right eye is soft and atrophied. The cornea is clear, but little more than half the diameter of the other. The iris is discoloured, and pressed against the cornea by a body of a dull yellow colour. There is considerable sclerotic and conjunctival injection. In the left eye there are not any objective symptoms.

I removed the cornea and extracted the lens, two-thirds of which were converted into a solid cretaceous mass, and the remainder loaded with oil globules, scales of cholesterine, and



molecular cretaceous matter. The chalky mass adhered very firmly to the subjacent textures. The wound healed in a few days, the sympathetic disease subsided rapidly, and, in a little more than a month, he was able to return to his work.

*Case 6.*—E. Moss, aged 13, wounded her right eye with a pair of scissors, the point of which penetrated the cornea at its edge, and ruptured the capsule of the lens. Three months afterwards the eye was soft and atrophic; the iris was discoloured and adherent to the cicatrix of the cornea; the pupil was filled up by a plug of lymph. She had scarcely any pain, but there was excessive intolerance of light, spasm of the eyelids, and lachrymation. The left eye was so weak that she could not use it except in the dusk; she could not see to read ordinary print; and a mist frequently passed before the field of vision. These symptoms were becoming rapidly more severe, in spite of treatment. There were not any objective symptoms in the left eye.

I removed the cornea, and extracted the capsule, thickened, loaded with cretaceous matter in masses and small granules, and enclosing the *debris* of the lens in a similar condition. The wound cicatrised in a few days; the sympathetic irritation had almost completely subsided the day after the operation; and in a fortnight the eye had completely recovered its strength, and vision was perfect.

Dr. Garrod kindly analysed the cretaceous deposit, and ascertained that it consisted of phosphate and carbonate of lime.

*Case 7.*—Susan Emberson, aged 31, received a penetrating wound on the sclerotic margin of the left cornea from the bursting of a lemonade bottle ten years ago. The sight of the eye failed slowly and almost painlessly, and was not wholly extinct until nearly two years after the accident. For the last four years she has had an uneasy sensation of weight and pressure in this eye, increased to sharp pain by looking suddenly upwards. During the last twelve months these sensations have recurred with perfect regularity on alternate days, the eye being quite free from uneasiness in the intervals. During the same period the right eye has suffered sympathetically; on the "bad days," as she terms them, she is quite unfit for any occupation; on the intervening days she cannot work or read for more than a few minutes at a time without everything becoming dim and confused. Her health and spirits are much impaired by anxiety, as she fears that total blindness is impending.

The left eye is shrunken, and grooved by the action of the muscles. The cornea is much atrophied, but clear. The iris, dull and discoloured, bulges forwards apparently from the pressure of a yellowish substance which occupies the posterior chamber, and adheres to the margin of the pupil. There is slight injection of the sclerotic and conjunctival vessels. There are not any objective symptoms in the right eye.

I removed the cornea and extracted the yellow substance which was seen through the pupil. It was about the size of a split pea, of the consistence of soft cheese, and was composed of amorphous molecular matter, scales of cholesterine, oil-globules, and a few fragments of the lens-fibres, but did not contain any cretaceous deposit.

The symptoms were much alleviated, but not completely removed, by the operation, which I have now reason to think was imperfectly performed. The disease, however, was rendered much more amenable to treatment; and now, after an interval of five months, has almost completely disappeared, under the influence, apparently, of full doses of iodide of potassium.

[To be continued.]

## ON THE PREDISPOSING CAUSE OF DENTAL CARIES. INTRODUCTORY TO A DESCRIPTION OF TREATING LATERAL GANGRENE OF INCISORS AND BICUSPIDATI.

By DONALDSON M'KENZIE, Esq., Surgeon-Dentist.

UNTIL lately, all authors on this subject have recorded that the teeth are affected by two kinds of caries, which my late friend and employer, Mr. Leonard Koecker, termed internal and external, or superficial, or deep-seated caries. And as we are apt to suppose that terms are significant, we must inquire which of these express the true character of the disease, or if either deserve to retain a place in dental nomenclature.

As the readers of this article are supposed to be already well versed in the history and anatomical structure of the teeth, a very slight glance at the subject will be sufficient for our purpose.

The ivory of the tooth is the first formed, and is deposited upon, and by the agency of the dental pulp in diverging tubulous layers emanating from the surface of the pulp, towards the outer portion of the tooth ivory, the extreme surface being the first formed; and the process is continued (if we may so express it) by the pulp lessening its own dimensions, until the requisite thickness is acquired, and the cavitus pulpæ of adult age is complete.

The enamel which covers this ivory structure, is formed upon a somewhat different plan. It is deposited from the enamel organ within the dental capsule, which surrounds the tooth to its neck. The enamel is first formed upon the points or cusps of the teeth, gradually extending itself to their necks until the necessary thickness be attained; and, it may be observed, is deposited in minute fibrous lamina, concentrating their lines from the exterior surface of the enamel, towards the outer surface of the ivory crown of the tooth, and is of a dense crystalline structure. With the completion of this process, the tooth is ready to rise through the gum. In the course of this event, the capsule is carried upwards with the tooth and alveolus, and, from being pressed between the tooth and gum, it becomes absorbed, and the pearly point of the tooth protrudes itself uncovered in the general order of nature. A curious case once came under my notice, in which the teeth did not come through the gum uncovered. This was the case of a boy, who cut all his teeth (second set) with the dental capsule still covering them. These capsules had much the appearance of thin brown vellum, which I removed, and found the teeth quite perfect.

This case somewhat strengthens the supposition of the late Mr. Alexander Nasmyth, that he had discovered by maceration an enveloping membrane upon the enamel of the human tooth, which he has named the persistent dental capsule.

Although I am not prepared to admit the common presence of this membrane, yet, upon reflection, it would be a vast step towards anatomical knowledge could the fact be established, as it might prove that nature has invested the crystalline portion of the teeth in a membranous protection, less liable to be destroyed by chemical solvents than the enamel itself; it would guide us to a less empirical practice, as well in curative as in sanitary applications.

Yet, however sceptical we may be upon this head, experience proves to us that the external surface of the enamel is more dense and less permeable than the sub-structure, which accounts for caries attacking the sides (between the teeth), and may be explained thus: when the teeth are rather closely packed, corrosive matter from the mouth moisture is deposited, and, from the closeness of the teeth, retained there until the outer bark of the enamel is destroyed, which at once opens a path through the pores of the enamel structure to the more-easily destroyed ivory of the tooth.

Myself and others of the same standing were educated in the belief that the proximate cause of decay was inflammation, and consequent death, of a part of the substance of the tooth; but I found this theory did not reconcile itself to observations made in practice, although supported by Mr. Thomas Bell, who also states, that "The supposition (not an uncommon one) that gangrene may arise from mere external causes acting upon the surface of the tooth must be fallacious," etc. However excellent an anatomist and correct in his general hypothesis, he cannot have been observant of facts to the contrary which must have come under his notice from day to day in his immense practice, as I think I shall be able to prove that caries has a common origin, and that always external. It will be found that caries is rather partial in its attacks, not only as regards the teeth themselves, but also in reference to the parts of the teeth which are visited—for example:—The lower incisors and canines are rarely the subjects of caries; the superior canines less so than any of the upper teeth; the four anterior molars are very subject to disease, so also the wisdom teeth and the bicuspidate; the superior incisors, when crowded or of a delicate texture, are also subject to disease. It is also to be observed, that the portions of the individual tooth which are seized upon by caries are the sides of the incisors and canines, the sides of the bicuspidati, the grinding surface of the molars. In some molar teeth there is found on the outer surface a natural indentation, which is also frequently found to decay. There may be exceptions to these laws; but I find, where this exists, there is always a specific perceptible cause, as malformation, etc.

Crowded teeth, or lapping of one tooth over the other, has long been regarded as predisposing to caries at their sides, from lateral pressure; and appearance goes far to warrant us in this opinion; but observation proves that the decay does not arise from pressure, but from the too great facility afforded to the



lodgment of corroding substances, which destroys the external texture of the enamel, admitting the permeation of fluids to the ivory structure. I generally make longitudinal or lateral sections of decayed teeth which fall in my way, and have always found, in incipient stages, that the decay begins at the external surface of the enamel, and continues in a direct line with the lamina towards the pulp cavity. In some cases the caries extends laterally upon the surface of the ivory under the enamel, which, in a section, gives the decayed portion the appearance of a cross. This method of burrowing upon the bone, and depriving the enamel of its support, is the cause of its breaking down, which has probably given rise to the supposition of internal caries. But I have never found caries in a tooth to which there was not an opening through the enamel.

Having been for a series of years dentist to several boarding schools, it has been my fortune to see a great deal of this practice; and I have been enabled to trace its effects through its every phase and condition.

We have the first stage of decay between the teeth in young people of delicate constitution, exhibited by a minute, almost colourless speck of softened enamel, easily removed by the file; but often, from youthful inattention to commands, or carelessness of consequences, the original predisposing cause re-collects, and a worse feature of the disease is the result at a future day.

In more robust constitutions, and in adult age, we have indicated a discoloured spot, generally of larger dimension, also easily removed with a file, and this more enduring in effect; and, as the disease advances, it is found, upon removal of the discoloration, that one or more minute perforations will be found extending into, and often through, the enamel, neither of them larger than would admit the point of a fine needle; the enamel between these perforations in progress of time breaks down by integration, which forms a cavity into the ivory of the tooth, still comparatively small; or we have it assuming an opaque, bluish-coloured ring. This happens when the caries has spread itself upon the surface of the ivory, under the enamel, as described above.

The same indications are observed in the bicuspidi; and, if we fly to the molars for proof, we find them also subject to lateral decay, similar to the incisors or bicuspidati; but more frequently they are attacked upon the masticating surface, in which there exists natural interstices between the cusps, sometimes dipping so deeply into the enamel that their extremities are often without its protection; and in these we generally find caries originate; and, as the ivory is the more readily destroyed of the two structures, the mischief goes on unobserved until a paroxysm of tooth-ache, or extensive breaking in of the enamel, gives warning of its progress; and this has, no doubt, been supposed to be internal or deep-seated caries.

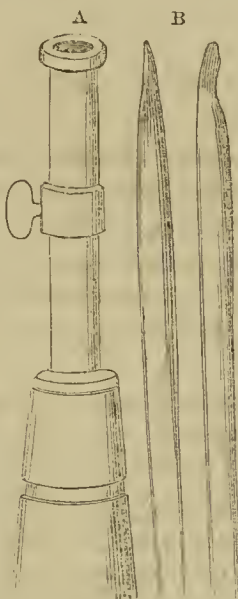
It has been supposed by recent dental anatomists, that certain abnormalities in the internal structure of the teeth are predisposing causes of caries. Although I cannot second this opinion, I do accord that, should the predisposing cause reach those spots, the entire destruction of the tooth would be sooner accomplished; but I uphold that caries always commences *on*, not *in*, the teeth. From the tubercular structure of the ivory of the tooth, we find we have a curative process set up by nature, under certain circumstances, as when a tooth has been filed or stopped. This effect is similar to the porcelain deposit exhibited upon bone which has been cut or scraped; and it is remarkable, that this deposit is more uniformly observed upon the surface of cavities which have been stopped with the silver amalgam, than those which have been filled with any other substance; which would lead us to the supposition, that a greater degree of irritation is set up from the presence of the small portion of moisture which is unavoidably left in the cavity, chemically acting upon the amalgam, the probable consequence of the presence of the chlorides of potassium and sodium, which form a component part of the saliva.

It is upon the principle of depending upon this deposit taking place, that we base our operation with the file upon the front teeth and bicuspidati; for, were this curative effort of nature withheld, the dentist's file, from being the most useful instrument in his case, would be the most mischievous.

With these remarks, I shall proceed to consider the means of cure, promising the most beneficial result to the patient and credit to the operator. In the beginning of my professional career, I, as a consequence of education, followed the usual mode, namely, stopping when practicable, and filing with the dividing file, when the situation or form of the decayed part precluded the stopping process. But in time I was induced to change my system, as I found that, notwithstanding all possible precaution, unsightly spaces were unavoidably left between the front teeth,

caused by the oblique direction given to the dividing file, and also the impossibility of entirely extirpating the decayed portion without reducing the tooth to a mere shadow of its former self, combined with the reflection that I could not with certainty insure the curative effect of the operation.

I therefore began gradually to supersede the dividing file by substituting others of a very different construction; and for this purpose I had a hollow handle made, about half an inch diameter, and three inches long, to which I fitted a metallic tube, about the size of a quill, having a binding screw at the side, for the purpose of holding firmly the different sized steel rods. These I procure of sizes graduating from that of the tube to the size of the wire of a hair-pin. These, by means of a hammer and file, I form into little files, similar to riflers, having safe sides, so that an adjoining sound tooth might not be injured in the operation.



A, Handle. B, File.

The reason of the handle being hollow is, that the steel rods, which are cut off four inches long, are continually being shortened, as the points are reconstructed to suit different cases. Being thus provided, I operate upon the inside of the tooth at once, selecting a file sufficiently large, not to enter the decayed cavity, but to bear upon the inner edge of the opening, which by a rotatory motion I continue to reduce, until I have extirpated the whole of the caries, and formed the place, so that food, the tongue, and a brush formed for that purpose, combine to keep it free from all extraneous lodgments; and I order rigid and frequent use of the brush to the part, so as to facilitate the porcelain deposit. If the tooth has not lost its vitality, and the operation is skilfully performed, combined with adherence to directions, a permanent cure may with certainty be relied upon.

The advantage I have found in this method over the usual plan is, that the tooth retains its natural size and form in front; for it is worthy of remark, that when caries affects the front teeth, its attacks are more confined to the inner than the outer surface. After this operation has been performed, it is seldom possible to detect that caries had ever been present. And so confident have I become with long practice, that I never think of stopping lateral openings in front teeth, unless under the most favourable auspices, from the conviction that the file is the most certain in its curative effects; for, unless the stopping can be so perfectly secured that all moisture is excluded from the cavity, the stopping becomes a source of destruction rather than cure, by retention of moisture *in situ* until its action becomes corrosive, which is the proximate cause of decay in the teeth themselves, whether affecting the sides of the front teeth, or the masticating surfaces of the grinding teeth.

My treatment of the bicuspidati differs somewhat from that of the front teeth, although based upon the same principle.

When caries exists between any two of the bicuspidi, having ascertained by means of a probe which of the teeth is most affected, I proceed to separate them with an acute-angled shaped file, termed a razor-file, bearing principally against the most affected, until enabled to ascertain the amount of damage done. I have also then an opportunity of judging whether the whole cavity may be removed by the file, or that it may be partially filed and stopped; for, as I before mentioned, unless the cavity can be formed so as to have a sufficient grasp of the stopping, to preclude its ever getting loose, it will be productive of mischief.

Should it not be suitable for stopping, it is better to proceed with the file until a sufficient space has been made to allow the ingress and egress of food. Should a small hollow still remain, it must be finished with a suitable rifler, being careful that the whole of the decayed bone is removed. As it almost invariably happens that both teeth are affected when decay takes place between them, the opposite tooth should be examined, and, if decayed, treated in the same way. There is no fear of decay again occurring on the filed part; the chance of recurrence is near the gum, where extraneous, corrosive substances may be apt to lodge. The greatest attention should be devoted to polishing the filed surface with a stick suitably pointed, and powdered pumice-stone. As there is little doubt but that caries is the result of external agents, this knowledge would lead us to the conclusion that scrupulous care in cleaning the teeth perfectly would prevent decay in the same ratio as we find it successful in preventing its recurrence when the teeth have been filed; and I consider that, in cases where there is a predisposition to decay in



the teeth, that properly advised liquid washes are more suitable than powders, as they can be so compounded as to alter any deleterious constituents present in the principles of the saliva; and that properly adapted brushes should be used to clear the spaces between the teeth of all extraneous matter; also, that the crowns of the teeth should be carefully cleansed, with a view of preventing caries commencing there.

66, Harley Street, Cavendish Square.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### UNIVERSITY COLLEGE HOSPITAL.

#### THE LATE DEATH FROM CHLOROFORM.—*POST-MORTEM* EXAMINATION.

Mr. Hillier, the resident medical officer of the Hospital, has favoured us with the following account of the *post-mortem* on the man who died from chloroform two weeks ago. The particulars of the administration were published in this Journal for October 14. It will be remembered that the man was suffering from retention of urine, and that death took place apparently from coma.

*Notes of Autopsy on George Sands, aged 39, a Shoemaker, who died on October 11, under the influence of Chloroform.—Autopsy Seventy Hours after Death.*—The body of a strong, muscular man; incipient signs of putrefaction about the abdomen, neck, and chest; livid about the ears, back, and side of the neck. The face does not possess the usual pallid aspect of death, but has a somewhat reddish hue; rigor mortis was present, but not to any marked extent; thoracic and abdominal muscles healthy in appearance; the veins of the upper part of the thorax, accidentally wounded in exposing that cavity, poured out a quantity of dark blood.

The upper fundus of the bladder reaches exactly five inches above symphysis pubis. The reflexion of peritonæum passing from anterior wall of bladder to anterior abdominal wall is  $3\frac{1}{2}$  inches above the symphysis pubis. The transverse measurement across the line of reflexion of peritonæum is  $2\frac{1}{2}$  inches (the lower border of umbilicus is  $6\frac{1}{2}$  inches above symphysis pubis); the diaphragm on right side reaches to the interspace between fourth and fifth ribs; on left corresponds to upper border of fifth; in right pleural sac numerous old and firm adhesions.

*Lungs.*—Both lungs are crepitant, and pervious to air throughout; the bronchial tubes are stained by imbibition.

*Heart.*—Pericardium empty; some patches of uniform injection; cavities of the heart empty; the organ of larger size than usual; flabby and loose to the feel; the left ventricle does not feel so firm as is usual after death. The heart remarkably flabby, and of soft texture. Weight, 12 oz.

The *liver* of a dark colour throughout; much congested. Weighs 61 oz.

*Kidneys* apparently healthy, but darkly stained. Left one weighed 8 oz.; right,  $7\frac{1}{2}$  oz.

Microscopical examination of the heart showed extensive fatty degeneration; in the left ventricle, hardly one fibre could be found healthy. The transverse striæ were replaced by small fatty particles.

The liver and kidneys contained more fat than usual.—(Dr. Jenner).

*Head.*—The scalp is congested, and stained on posterior and upper parts; partly so anteriorly. The veins of dura mater considerably congested; the blood fluid.

The *brain* is apparently healthy in consistence, colour, and all other respects.

The bladder and urethra were removed from the body and examined. On laying open the canal from the bladder to glans penis, a stricture just admitting a probe, was found commencing at termination of the bulbous portion, and extending an inch forwards along the canal. It was cartilaginous, and decidedly twisted. Two inches and a-half from the orifice of urethra was another stricture, and here two false passages existed, leading down outside the mucous membrane for two inches.

About 35 oz. of urine were found in the bladder.

## ST. THOMAS'S HOSPITAL.

### LARGE POPLITEAL ANEURISM.—LIGATURE OF THE FEMORAL ARTERY.—RECOVERY.

[Under the care of Mr. SIMON.]

THE subject of the following case made an easy and rapid recovery after ligature of the femoral, no previous attempt at cure by the compression plan having, for reasons which will be stated, been made. The Notes of the case were taken by Mr. West, one of Mr. Simon's dressers.

James Gascoyne, aged 30, a farm labourer, was admitted on March 27, 1854. His right popliteal space was filled by a large aneurismal tumour, which extended outwards over its border, and upwards to at least two inches above the outer condyle. The swelling beat forcibly, had an aneurismal bruit, and was very tender. The account given of its origin was, that about four months previously a sense of stiffness had been first noticed in the part, which was liable to increase on active exercise, and then extended to the lower part of the ham, and that about a month later a swelling behind the joint appeared, and was discovered to throb. The tumour had been gradually increasing in size ever since it first appeared, but the man had, until within a few weeks, continued at his work. Of late, there had been severe throbbing and pricking pain in the part, which almost entirely prevented sleep. The man was a farm labourer, accustomed to much riding on horseback, of sober and steady habits, and apparently in good health. Pulse 80, regular.

Mr. Simon had a consultation with several of his colleagues as to the propriety of adopting compression treatment, when it was agreed, that, considering the large size of the tumour, its great tenderness, and the fact that during the last month it had been increasing very rapidly, the operation of immediate ligature of the femoral would be more advisable. The circumstance that the man was in good general health, rendered it probable that he would bear the operation well.

On April 1, accordingly, four days after admission, the patient was taken into the operating theatre, and put under the influence of chloroform, when Mr. Simon placed a ligature on the femoral, in the lower part of Scarpa's triangle, in the usual way. The limb was afterwards wrapped in cotton wool, and the patient placed in a warm bed. For a little time after the operation, he complained that the leg felt numb and painful; but towards evening these sensations passed off. Late in the evening the foot felt rather cold. Pulsation in the sac had been quite absent since the application of the ligature. A night-dose, consisting of twenty-five minims of the liquor opii sedat., was given at bedtime.

The night following the operation was a better one than had been passed for many weeks previously, all pain in the tumour being absent. On the next morning the leg and foot had a temperature somewhat higher than natural, but there was still not the least pulsation in the tumour. On the fourth day the dressings were removed from over the wound, which was found to be almost healed. The tumour had now become firm, although not much diminished in size. On the twelfth day, Mr. Simon ordered a bladder of iced water to be kept in application to the tumour, in order to hasten the absorption of the coagulated blood, which was proceeding only slowly. The ligature came away on the seventeenth day. On the twenty-fourth day the man was allowed to leave his bed, and at the end of little more than a month he was discharged, the tumour having then diminished to an inconsiderable size, and being perfectly solid. He was seen again on June 12, ten weeks after the operation, when the remains of the tumour were hardly discoverable, and he was able to walk about without discomfort.

## ST. MARY'S HOSPITAL.

### FRACTURE OF THE SKULL.—CONTUSION AND LACERATION OF THE BRAIN.—CEREBRAL HÆMORRHAGE.

[Under the care of Mr. LANE.]

[Communicated by GRAILEY HEWITT, M.B., Surgical Registrar to the Hospital.]

R. B., aged 57, married, a rather tall, bony woman, was admitted at six o'clock in the evening of July 11, 1854. The policeman who brought her reported that she had been knocked down by one carriage, and that the wheel of another had passed over her.

On admission, she was found to be insensible, but could be



roused to answer questions put to her in a loud tone of voice. A small quantity of blood was oozing from the right ear and from the nose. No fracture or depression of any part of the skull could be detected after careful examination, nor was there any abrasion of the scalp. The skin was tolerably warm, the respiration natural. She vomited soon after admission, and while under examination. No paralysis was observed. Mr. Ormerod, the House-Surgeon, ordered her—

R Hyd. chlor. gr. v. statim sumend., and a draught containing sp. am. aromat. ʒss., mist. camph. ʒiss.

During the night, she was restless and uneasy, and attempted to leave her bed.

July 12.—This morning, about four o'clock, the patient became worse. The nurse noticed paralysis of the right hand and arm at that time; but the left arm and both lower extremities continued to be moved about as before. At the same time, the state of partial insensibility, from which she had been gradually recovering, gave place to a comatose condition.

10 a.m., same day.—No sensation of any part of the body to pricking or tickling; pulse 112, very weak; right pupil contracted, left dilated; both eyes exhibit no reflex phenomena when touched.

Ordered—Empl. lyttæ, nuchæ applic.

At 1 p.m., when Mr. Laue saw her, the coma had become more marked; the left arm was observed to be moved by the patient. Further examination revealed nothing new about the head; no fracture or depression could be made out. Mr. Lane ordered the head to be shaved and blood to be drawn from the arm; another blister to be applied to the neck, the former one having become disarranged. To take—

R Hyd. chlor. gr. ii., 2dis horis, mitte vj.

Not more than two or three drachms of blood could be obtained from the right arm, but about ten ounces were with difficulty taken from the left. There was a slight manifestation of consciousness during the bleeding, but only momentary in its action, the patient speedily relapsing into the comatose condition. The pulse rose in frequency after the bleeding, and the skin became warmer; the bowels were not open throughout the day; the urine passed involuntarily.

13th, 11 a.m.—The comatose state has continued unabated. The patient was found lying on the back, with the head turned slightly to the left; extremities cold, though kept as warm as possible by means of hot-water bottles; the right leg colder than the left, as felt by the hand; complete insensibility of all parts of the body to pinching and tickling; no rigidity of the limbs; the arms drop immediately when raised up and left to themselves; the pupils present a decided difference; the right pupil is much contracted, and insensible to light; the left, on the contrary, dilated to the full extent, and likewise insensible to light. The eyelids are closed, and, when opened, shut of their own accord; both eyes suffused. Mouth open, but occasionally shut; the tongue dry and brown, so far as it can be seen. The bowels have acted twice this morning. Pulse very feeble, 80; respiration chiefly costal, 36 in the minute, of a loud snoring character; expiratory movement attended with stertor when the lips are closed. Occasionally a long sigh is drawn, and now and then the respiration is quite tranquil, and loses the snoring character.

The woman continued in this state up to two p.m. the same day, when death took place.

*Section-Cadaveris Twenty-four Hours after Death.*—No rigidity of limbs; no mark of injury on any portion of the body, the lancet punctures excepted. *Scalp.*—Although no external appearance indicated it, a spot was observed above and in front of the right ear, about two square inches in extent, where some blood has been effused beneath the scalp. There is also a very slight patch of the same kind over the right eye. On separating the skull-cap from the dura mater, the adhesions of which were very firm, a fracture of the right side of the skull was found to exist. The fracture commenced in the parietal bone, and extended from one inch above the ear vertically downwards, traversing the posterior portion of the squamous part of the temporal bone, and passing from thence horizontally forwards and inwards along its petrous portion, in its course implicating the roof of the tympanum. No injury was found to have been sustained by the dura mater along the line of fracture. The dura mater was thinner than usual. The processes and angles of the bones forming the floor of the skull cavity were unusually well-marked, as also the various hollows corresponding to the convolutions of the brain. On removing the dura mater from the left hemisphere of the brain, there was seen to be about two or three drachms of blood of the consistence of currant jelly in the cavity of the arachnoid on this side, and lying on the surface

of the brain. Beneath the arachnoid, also, in the vessels of the pia mater, some little infiltration of blood, pretty equally diffused. On the right side, the cavity of the arachnoid contained no blood, but there was very considerable effusion of blood beneath the arachnoid, and especially over the posterior lobe of the brain on this side. Horizontal section of the brain above the ventricles disclosed nothing beyond slight congestion of the white substance on either side. The right ventricle contained only a small quantity of yellow serosity; but on cutting into the left ventricle, blood in a semi-coagulated condition escaped, and the ventricle was seen to have been filled by it. The descending cornu of the left ventricle was lacerated, and communicated with a portion of the middle lobe of the brain, likewise lacerated, and in a completely disintegrated state. This portion of the brain, included between the floor of the lateral ventricle and the middle fossa of the skull, about equal in bulk to that of a small orange, was composed of blood and brain substance intimately mixed, and of the consistence of soft jelly. The membranes covering the brain at this situation were broken through, and the injured portion of brain lay on the parietal dura mater without any intervening membrane. The blood described before as lying over the superior portion of the hemisphere had evidently escaped from the brain at this situation. The posterior fossa of the skull on the left side also contained blood, derived in like manner from the lacerated brain, and the cord, as far as it could be seen from above, was surrounded by a layer of coagulated blood.

All the large arteries of the brain, before their entry into the brain itself, were found opaque and atheromatous.

Heart large. The right side contained a dark clot, the size of a small orange. Other viscera not examined.

*Commentary.*—Several points of interest present themselves in the case thus detailed. The woman was brought to the Hospital in a state of insensibility, and with all the symptoms of concussion of the brain. The most careful examination failed to detect any depression or fracture of the upper part of the skull; nor was there any abrasion of the scalp visible. At the same time, it was rendered probable that fracture of the base of the skull existed, bleeding from the ear being, as is well known, frequently observed in cases of fracture in this situation. The diagnosis made was that of fracture with concussion, and the patient was treated accordingly, slight restoratives being administered. For a few hours a slight amendment took place, but at the end of about ten hours from the time of the accident the symptoms of compression, consisting of paralysis and coma, set in, and continued up to the time of her death. The paralysis was at first confined to one arm and hand, but at a later period extended to the other extremities. No depression or irregularity could be detected on a second careful examination, and the treatment adopted failed in procuring any marked mitigation of the symptoms. Death took place forty-four hours after the accident. The *post-mortem* examination showed the existence of extensive contusion and laceration of a portion of the left hemisphere of the brain, with effusion of blood from some of the torn vessels into the left ventricle and into the cavity of the left arachnoid, together with extravasation of blood in the pia mater covering both hemispheres.

With reference to the relation which subsisted at different times after the injury between the pathological condition of the brain and the concomitant symptoms, it may be presumed that little or no effusion of blood could have taken place at first. The primary effects were those observed in simple cases of concussion of the brain. When slight re-action was set up, blood was effused from the contused and lacerated vessels of the brain, causing, in the first instance, paralysis of the right arm, and, at a later period, paralysis of all the limbs, and coma, the more extensive effusion necessarily producing an increase in the gravity of the symptoms.

The wheel of the carriage was believed to have passed over the head, and the fracture of the parietal and temporal bones was apparently produced thereby. The effect of the blow transmitted across the brain by *contre-coup* was shown in the contusion and laceration of the brain substance at the point opposite to the seat of fracture. Mr. Lane remarked, that the unusually distinct angles and prominences of the fossæ of the base of the skull furthered the effect of the blows, and that the diseased condition of the arteries of the brain was another element in the case facilitating the disintegration of the brain substance and rupture of the vessels.

Contusion and laceration of the brain are by no means uncommon as results of injuries of the head. Laceration of the brain is stated by Erichsen to be frequently, as in this instance produced by *contre-coup*. The symptoms of this condition—a



condition to the diagnosis of which too little attention seems to have been directed by English Surgeons—have been contrasted with those of concussion and compression by Samson, in his essay, "*Sur des Hémorrhagies Traumatiques*." He says, the symptoms of contusion and laceration indicate a more localising affection than those of concussion or compression; that there is generally a loss of some particular function, as memory, vision, or a contraction either of certain muscles only, or of those of the whole body. Other authors have stated that convulsion on the side of the body opposite to that on which the brain is injured are generally observed. Inflammation of the brain usually supervenes, if the patient live long enough; the time of its appearance being from the fifth to the twelfth day, according to Samson.

This case was one of a mixed character, and such are of far more frequent occurrence than simple ones. This it is which renders the diagnosis of a particular case often exceedingly difficult. The observations of Pott on the diagnosis of concussion and extravasation are as follow:—"It is difficult—sometimes impossible," he says, "to distinguish between a commotion and an extravasation by the symptoms only. The first stunning or deprivation of sense may be from either; but when the first have been removed by treatment, or disappeared spontaneously, if the patient become again oppressed by drowsiness or stupidity, or total or partial loss of sense, it becomes most probable that the first complaints were from commotion, and the latter from extravasation." The condition of the pupils is justly looked upon as affording often valuable information as to what is going on in the interior of the head, and yet it seems that it is capable of giving but little evidence of a very positive or precise character. The pupil is usually dilated on the opposite side to that on which the extravasation has taken place, and, when the extravasation is considerable, both pupils are often dilated. Dr. Hennen has, in some instances, found the pupils dilated, in others contracted, where the injury was nearly of a similar character; while sometimes, in the same patient, one pupil was contracted, and the other dilated. The case just related is an instance of the latter variety; the right pupil was contracted, the left much dilated, and, what is still more remarkable, the pupil dilated was on the same side as that in which the lateral ventricle was filled by a clot of blood. Such a deviation may be very uncommon, but it is well that the possibility of such deviation be borne in mind, in order that the Surgeon may not be led into neglecting other and more important symptoms by a too implicit reliance on what may prove by the event of the case to be a fallacious guide. It is only by an attentive study of all the phenomena presenting themselves in these complex cases that a correct diagnosis can be arrived at; and, with all these precautions, many cases will undoubtedly arise in which the present state of our knowledge of the symptoms of particular injuries of the head will not enable us to come to a correct conclusion. These considerations are, however, of more importance pathologically than therapeutically. Where the brain has been injured to a great extent, a considerable portion of it disorganized and rendered useless, and the healthy substance adjoining compressed by an effusion of blood, as in this case, no remedial measures are likely to be of much avail.

## SHORT NOTICES OF HOSPITAL THERAPEUTICS.

### ABSORPTION TREATMENT OF SUPPURATED BUBO.

SOME cases of suppurated bubo, which have recently been treated by Mr. Hilton, in Guy's Hospital, have well illustrated the efficiency of counter-irritation, as a means of procuring the absorption of pus. The application which Mr. Hilton employs is a solution of nitrate of silver of the strength of one drachm to two of water, with the addition of about three drops of the strong nitric acid. This is painted freely into the skin over the inflamed gland. Its effect is to produce great soreness of the skin and much pain, which is usually followed by rapid diminution in the size of the enlargement. Mr. Hilton informs us, that he has long used the remedy, and now considers the cases of bubo, which require opening, as quite exceptions to the rule. In several, in order to afford proof that the fluid absorbed was really pus, it was examined by a grooved needle, prior to the treatment, the puncture being at once reclosed. Even in those instances in which ultimately it becomes necessary to make an external opening, great benefit in the limitation of the suppurative action, and the absorption of the surrounding hardness, results from the previous counter-irritant treatment. The plan

is applicable to many other diseases besides glandular abscesses; in fact, to almost all in which the absorption of recent inflammatory deposit either purulent or fibrinous is desired. We reported a case in the *Medical Times and Gazette* for Dec. 17, 1853, p. 629, in which it had been effectually used to remove an induration of tissues around the femoral artery, which had so obstructed the vessel, as to cause a tubular dilatation. Superficial abscess in the cellular tissue may also be so treated. Chronic non-suppurated glandular enlargements and swellings of one or other lobes of the thyroid gland may also be made to diminish by it. It is probable that the nitrate of silver has no particular virtues beyond those of a severe counter-irritant, and might, were it wished, be substituted by other remedies, as, for instance, a caustic solution of iodine. It is, however, a very convenient, manageable, and efficient means, which there is no motive for wishing changed. The substitution of nitric ether as a menstruum, instead of water, would be a great improvement. (See *Medical Times and Gazette*, for Oct. 14, 1854, p. 394.)

### FRACTURE OF THE PATELLA.

The employment of a gutta percha mould, suggested by Mr. Le Gros Clarke, for the treatment of transverse fracture of the patella has been successfully resorted to in other cases since our last notice of it (*Medical Times and Gazette* for July 1, 1854, page 12.) It does not appear that the benefit resulting from keeping the thigh bent on the pelvis is nearly so great as has been imagined, since, in several very successful cases which we have watched, the leg has been allowed to lie almost prone. Mr. Vincent's opinion, that the approximation of the attachments of a muscle, so far from tending to relax it, often excited it to contraction, is well known. It is, of course, rare in practice to see the patella unite closely after a transverse fracture; and the number of instances in which the tendinous bond of union is elongated to an inch or more, is not small. It is astonishing how good the usefulness of the limb often becomes in spite of great stretching of this ligament. Several cases have recently fallen under our notice, in which, notwithstanding that the halves of the bone were nearly six inches apart, yet the patient was able to walk about without much lameness, and could travel many miles in the day. Whether it be that the permanent weakness of the injured limb exposes the patient to frequent falls, or that the original fracture indicates a brittle condition of the bones, the fact is certain, that those who have broken one patella are very liable to break the other subsequently.

The treatment of starred fractures of the patella differs altogether from that of transverse ones. They are the result of direct violence, and do not involve any tearing of the periosteum or surrounding fibrous tissue. The fragments are, consequently, kept in close apposition, and unite most readily. Two instances of this class have recently been treated by Mr. McWhinnie, in St. Bartholomew's Hospital. In each the bone could be felt, fissured in various directions, its surface being quite uneven, with little ridges. In one, the patient left the Hospital well in ten days, and, in the second, in a little more than a fortnight. The treatment had merely been directed to the subduing of inflammation, no measures to procure coaptation having been needful.

### TREATMENT OF TINEA TARSI.

The treatment which is the favourite at the Moorfields Royal Ophthalmic Hospital in this troublesome disease consists in carefully taking away all scales and crusts, and then rubbing the edge of the lid with solid lunar caustic. The application must be repeated twice a-week, and patiently continued. It is absolutely necessary that all deposit be cleared away, so as to allow the remedy to come in direct contact with the cuticle, the opening of the hair follicles, orifices of the Meibomian glands, etc. If the treatment be steadily persevered with, the redness subsides, the thickening of the lid is removed, and the hairs previously destroyed grow again. Mr. Critchett is accustomed to relate a case in which a fair set of eyelashes were reproduced, after they had been absent for many years. The disease appears to be much more frequently secondary to measles than to any other affection, and its subjects are generally more or less cachectic. It often varies remarkably with the condition of the patient's health. Tonics are, therefore, indicated, together with a liberal diet; but it is well proved, that these, without local treatment, are not competent to cure the disease. At the Hospital for Skin Diseases, in several cases recently, the hairs and their bulbs have been examined with the microscope. It does not appear that any cryptogamic sporules are ever present, the structure of the hair being healthy. In pulling out an eyelash, the hair-sheath is generally brought away too, and on its exterior are numerous



pus and exudation-cells, showing that the inflammatory action has been external to the hair-sheath. In this respect, the hairs resemble those of syccosis and of impetigo occurring on hairy parts of the face. Mr. Startin's treatment consists in smearing the edge of the lid every night with a mild mercurial ointment, (ammonio-chloride, 10 grains to the ounce,) and administering an arsenical tonic in combination either with iodine or mercury.

#### NITRIC ACID IN PHAGEDÆNA.

For a considerable period past, a mild form of Hospital phagedæna has been prevalent in the various London Institutions. In very rare cases have fatal results ensued, and in the majority, beyond the local condition, no urgent symptoms have developed themselves. It has generally attacked superficial wounds, whether those resulting from accidents or operations, and, in a few instances, even stumps have been affected with it. The treatment which has certainly been found of most general benefit has been the application of pure nitric acid. On board the Dreadnought Hospital-ship, where it has prevailed severely, the acid has, we believe, been found most successful. In the London Hospital, Mr. Ward informs us, that he has carefully watched upwards of twenty cases, and in no single one of these has the gangrene spread after the application of the escharotic. In St. Mary's Hospital, some remarkable cures have also been effected by its aid. In a case under the care of Mr. Coulson, a man, in good health, admitted on account of a laceration on the dorsum of the right foot, had the wound so severely affected by phagedæna, that amputation was seriously proposed. The nitric acid was freely applied, by soaking a piece of lint, and then pressing it into the sore; it was allowed to remain seven hours, and completely achieved its intention. The gangrene ceased to spread, the sore took on healthy action, and rapidly cicatrised. Neither in this nor in any one of several other cases in which the dorsum of the foot was the affected part did any sloughing of the tendons follow the use of the acid. It appears to be in cases of simple phagedæna that the local use of nitric acid is most to be depended upon, since those of syphilitic origin not unfrequently resist its influence. A case of the latter character, occurring in a young and seemingly healthy woman, was lately under the care of Mr. Stanley, in St. Bartholomew's Hospital, and, in spite of all measures, ultimately terminated in death. Nitric acid had more than once been freely applied, and opium, cinchona, chlorate of potash, etc., had been fairly tried. We mentioned briefly, at page 264 of this Journal for Sept. 9, 1854, a case of cancrum oris, under the care of Dr. Baly, in which the acid arrested the phagedænic action after the internal use of large doses of chlorate of potash had quite failed to do so. In the Middlesex Hospital, the favourite treatment for phagedæna is by opium pushed freely until its effects become apparent. Some very successful cases have been cured by this plan. It is observed, that there seems scarcely any limit to the quantity which may be borne, and that, generally, before any narcotic effects become apparent, the sore takes on a healthy action. Now and then the acid succeeds admirably in syphilitic cases; as a rule, however, they seem more amenable to constitutional than local measures. On this account, we but seldom see a simple trial either of the acid or any other one remedy alone. The following case, in which the only change of treatment to which the result could be referred was the application of the acid, is worthy of mention. A prostitute, aged 26, was admitted on Feb. 1, 1853, into St. Thomas's Hospital, under the care of Mr. Le Gros Clarke. She was suffering from a large and deep phagedænic sore on the left labium. The treatment consisted in the use of wine in liberal quantities, and of a draught containing full doses of ammonia and bark. A morphia pill was given each night, and the nitric-acid lotion was applied to the sore. This plan was persisted with for three days, during which the sore slowly spread. On the fourth day, the phagedænic action had much increased, and it was determined no longer to delay the use of the strong acid. The woman was very ill, feeble, and without any appetite. By means of a piece of lint, the fuming nitric was freely applied to the whole sore. Only a few minutes' pain was complained of. On the following day, the sore presented an almost clean surface, and it afterwards rapidly cicatrised. Exactly the same general treatment had been persisted with throughout. This case is an example of what is very often observed, viz., that the pain produced is but very transitory, and much less severe than it is commonly esteemed.

The most convenient mode of applying nitric acid is by means of a glass brush; in the absence of which, however, a glass rod succeeds very well. To the use of wood or of lint there is at least a theoretic objection, on account of their permitting the charring effects of the fluid.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### LEEDS GENERAL INFIRMARY.

#### POPLITEAL ANEURISM.—CURE BY COMPRESSION IN TWELVE DAYS.

[Under the care of Mr. THOMAS P. TEALE.]

SEPT. 10, 1854.—William Haley, of Bawtry, aged 35 years, a coachman in a gentleman's family, was admitted into the Leeds Infirmary, on account of an aneurism of the right popliteal artery. He is a thin person, of middle stature, rather pale, of a tranquil and somewhat feeble circulation, of good general health.

About four months ago he was standing in a cart, having the right ham resting on the edge of the cart, and the leg hanging over outside. While in this position, a box of books fell upon the knee, and violently pressed the ham against the side of the cart. This accident was followed by pain and stiffness in the knee. In two months afterwards a small pulsating tumour was felt in the ham, which steadily increased until the present time. It now feels about the size of a hen's egg. The circumference of the affected knee is 15 inches, that of the sound knee, 13 $\frac{3}{4}$  inches.

Sept. 12.—Mr. Teale ordered compression to be made in the course of the femoral artery by means of Signorini's tourniquet; the pressure to be discontinued at nights, and to be occasionally intermitted for short periods during the day, and to be practised to such a degree as greatly to mitigate the force of the circulation, but not absolutely to arrest pulsation in the aneurism; the seat of pressure to be frequently varied in the course of the artery. The patient to have meat daily, without beer, and to be kept in bed.

15th. Pulsation much diminished, and the tumour smaller. He feels much easier.

19th.—Tumour smaller and firmer; circumference of knee, 14 $\frac{1}{2}$  inches.

24th.—Tumour much smaller, feeling perfectly solid. A very slight pulsation may be felt in the course of the tumour, but it is doubtful whether this pulsation is in the aneurism, or in a small artery passing over its surface. For greater security in this state of doubt the pressure is directed to be continued a few days longer.

26th.—It is now evident that the slight pulsation felt on the 24th was due to an arterial branch in process of enlargement, and not to the aneurism, which may, therefore, be considered as cured on the 24th, or twelve days after the commencement of the treatment. The pressure is now to be discontinued. (a)

The following Table, accurately recorded by the patient, shows the duration of the pressure each day:—

Sept. 12	...	...	9	hours.	Sept. 20	...	...	13	hours.
" 13	...	...	12	"	" 21	...	...	13	"
" 14	...	...	13	"	" 22	...	...	13	"
" 15	...	...	12	"	" 23	...	...	13	"
" 16	...	...	12 $\frac{1}{2}$	"	" 24	...	...	13	"
" 17	...	...	12 $\frac{1}{2}$	"	" 25	...	...	13	"
" 18	...	...	13	"	" 26	...	...	6 $\frac{1}{2}$	"
" 19	...	...	13	"					

(a) The notes of this case were taken by Mr. William Hall.

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# Medical Times & Gazette.

SATURDAY, OCTOBER 28.

## MEDICAL HEROES AND MARTYRS.

MARSHAL ST. ARNAUD, in the discharge of duty and in virtue of office, went out to the seat of war, carrying with him a disease which was his hourly torment; and he only cared to live until he had led the eagles of France into Sebastopol. He died before this achievement, and he has received funeral honours at the hands of the nation. But there were others who have gone to the scene of carnage, and with very different motives. Our last Number contained the announcement, that DR. R. J. MACKENZIE, of Edinburgh, attracted by the prospects of an active campaign, resigned a lucrative practice, went out to the East, and devoted his services to the relief of the suffering, where his attentions, especially to the Highlanders, were so unremitting, that, after the battle, the brigade, with one voice, asked permission to give him three cheers as he came up the hill. Dr. Mackenzie is now dead, carried off by cholera after a few hours' illness; and the *Herald's* Correspondent at Balaklava remarks, that his loss was more sincerely lamented than that of any man who fell at Alma.

Dr. Richard James Mackenzie was a native of Edinburgh, the son of one of the oldest and most respected of its citizens. He received his education at the Schools and Colleges of that city. Early in life he gave evidence of rare qualities of mind, and began to develop those talents which, in riper years, established his reputation. He began the study of Medicine under the most distinguished teachers of Modern Athens, and afterwards, in Continental towns, sought to perfect himself in the study of his Profession. It was soon evident that Surgery was to be the particular subject of his preference; and we believe that he made no secret of his intention ultimately to relinquish General Practice in favour of that particular branch. Few, perhaps, have been endowed by nature with qualities and gifts more suited to the Profession which he elected for himself. "Pleasing in appearance, prepossessing in manners, kind and courteous in deportment, he won alike the confidence and the affection of his patients; and yet he showed that all these, the natural indications of a gentle and feeling heart, were not incompatible with those sterner qualities which his Profession demanded. Possessed of an enthusiasm which nothing could daunt, of an energy which could surmount the most trying difficulties, of a patience which trial only developed; calm and collected in circumstances the most trying, cool and decided in difficulties the most perplexing, his keen eye and steady hand made him, for his experience, unrivaled as an operator." Such is the eulogium of a friend, who believes he cannot say too much of one so esteemed.

Dr. Mackenzie took his degree of M.D., at Edinburgh, in 1842; and became a Fellow of the College of Surgeons there two years afterwards. At the period of Dr. Argyle Robertson's retirement, Dr. Mackenzie was elected his successor in the Edinburgh Infirmary, and in the Lectureship of the Principles and Practice of Surgery at the Extra-Academical School; and in this position he gave convincing proof that the most ardent practice of his Profession was not incompatible with great efficiency as a Lecturer. "His enthusiastic love for and skill in his Profession, insured his popularity as a teacher, and he soon gathered round him a body of students, ardent admirers of his talents, and personally attached to him by the kindness and courtesy of his manner and deportment."

Dr. Mackenzie was Medical officer of the New Town Dispensary; formerly Surgeon to the Lock Hospital, Edinburgh; and member of most of the Medical and Literary Societies. He contributed various Surgical papers to the *Edinburgh Monthly* and other Journals, particularly—"Case of Ligature of Subclavian Artery," "Amputation at the Ankle-joint, by Internal Lateral Flap," and "Case of Stricture of the Urethra, treated by External Incision." When his distinguished friend, Mr. Fergusson, was chosen to the Professorship at King's College, Dr. Mackenzie accompanied him to the Metropolis, and had the advantage of acting under him in the London Hospitals.

It was Dr. Mackenzie's ardent desire to be efficient as a teacher; to this object he bent all the powers of his mind, and there is little doubt, from all we can gather, that this was one great motive which led him to join our forces in the East. He went, furnished by the Earl of Aberdeen with an introductory letter to Lord Raglan, who at once appointed him a temporary Army Surgeon, and attached him to the 79th Highlanders. We follow him now in the words of a Contemporary:—

"During the long and tedious weeks and months in Varna, when pestilence was decimating our gallant army, while active in rendering what assistance he could, his spirit sunk within him. This was not the kind of practice he had come to see: he had all but returned home. But when Sebastopol was known to be the destination of our forces, he resolved to follow their fortunes. At the bloody battle of Alma he stood unflinching amid the messengers of death, which were spreading destruction all around. When the day was won, he was unremitting in his exertions. He himself performed twenty-seven operations. He shared uncomplainingly with the common soldier all the hardships which the long march and open bivouac entailed; courageously stood in that fearful day among the dead and the dying; and the cheers which his gallant countrymen gave him when the day was won, showed how they had learned to appreciate his tender sympathy and eminent skill. But, while they reposed after the victory was achieved, his more arduous duty commenced. The record of all he did that day has not yet been told. Wherever pain could be relieved or death averted, there Mackenzie was to be found. The more critical the danger, the higher rose his courage; and not till the icy hand of his mortal sickness was upon him could he be persuaded to seek repose. Alas! he found it only in the grave. A few short hours of suffering, and he ceased to breathe."

Thus fell one, over whom a large circle will mourn with the most sincere regret!

But while we mourn, there is still something consolatory in his death. His example stands out in bold relief as a type of what we claim for our Profession—devotion,—devotion, not to self, for the pitiful rewards of emolument and fame, but devotion for the welfare of fellow-creatures, in the alleviation of pain and the raising up of those ready to perish. Dr. Mackenzie's career is, in some respects, singular; but the motives which actuated him are cherished in the breasts of many; and when next our Legislature meets, what will they say to, and do for, our Profession? We ask not a public display over the remains of that devoted man,—we would not even seek a cenotaph. Full many a sturdy warrior shall yet survive—worthy monuments to his skill and kindness; but we do ask whether our Legislators will any longer feel disposed to deny the claims of a body of men whom Dr. Mackenzie so fitly represented, and whether something is not due to the Profession which has yielded to their country the martyrs and heroes of Alma? to another of whom we must now shortly refer.—

After the battle of the Alma, the plain is covered with wounded Russians. Seven hundred and fifty wounded are still on the ground, and the Allied forces can do nothing for them. Unable to proceed with the troops, they are left on the field, but not altogether friendless. There is one there—an English Surgeon—who cannot be daunted even in the face of the foe. He voluntarily and cheerfully incurs the risk of being left behind among the wounded enemies of his country, 750 strong, his servant being his sole companion. This was DR. THOMSON, of



the 44th Regiment. He completed his duty, returned to his regiment, and the next day, worn out by fatigue, fell a victim to cholera.

Others, also, might be mentioned, whose names will be found in our Obituary; but time alone will fully divulge all the services rendered, and show forth the claims which the Profession has on the consideration of the country.

The following paragraph from the *Times* will give some idea of the scenes to which the Medical officers are called:—

“The wounded were collected and sent on board ship in arabas and litters, and the Surgeons were employed night and day in saving life. It is impossible to give a notion of the terrible work these gentlemen had, nor can any words exaggerate the zeal, untiring devotion, and skill which they exhibited through this trying time. The Deputy-Inspectors-General, Drs. Dumbreck, Linton, and Forrest, and Surgeons Alexander, Tice, Macdonell, etc., laboured assiduously in directing and performing operations, in which they were assisted by all the Medical staff. Dr. Alexander performed three operations for the removal of shattered limbs from the hip socket—two cases in our own army and one on a Russian—and all are going on well. Dr. Tice took charge of a vessel full of wounded to Scutari. Upwards of 1000 cases occurred in the Light Division alone. Drs. Prendergast, Smith (16th), and Brown (94th) accompanied the staff during the day.”

And again, under date October 3:—

“Since we landed in the Crimea as many have died of cholera as perished on the Alma. We lost 380 men killed in the action out of the 2000 *hors de combat*. The dead from cholera now amount to nearly as many.”

Nor are we without evidence of the estimation of the services of Medical men by those who formed part of one of the Arctic Expeditions which went out in search of Sir John Franklin, of whose fate it will be seen, in another part of our paper, there can now be no doubt. Dr. Armstrong, Surgeon to the Investigator, spent five years with his shipmates in the regions of snow and ice. The officers and crew having returned, the ship's company subscribed seventy guineas for their Surgeon, Dr. Armstrong, and immediately on being paid off (Oct. 24), a Deputation of ten of their number proceeded to the Ship Hotel, Woolwich, and presented to him, in the presence of a number of his brother officers, a gold chronometer and gold chain, valued at 70 guineas, as a testimony of their sincere respect and affection. The gift was handed to Dr. Armstrong, with an appropriate address, signed by each man, which was answered by Dr. Armstrong in an affectionate and feeling manner. These are bright spots in the career of members of our Profession. Why is Government so slow to follow the example? Why not give to those who serve their country well some public token of national gratitude?

#### MILITIA SURGEONS.

So many years have elapsed since the Militia were last embodied, and so many changes have been made in the regulations affecting them, that a brief summary of these, so far as relates to the Medical Officers, may not be uninteresting to our readers, now that Government have embodied several regiments, and propose to carry out the measure to a much greater extent.

When the Militia is not embodied, the Surgeon's duties are confined to the examination of volunteers previous to being enrolled; of serjeants or drummers on appointment to the permanent staff; and of serjeants brought forward for discharge on account of physical unfitness. He is also liable to be called upon to attend the adjutant and non-commissioned officers on the disembodied staff at head quarters, their wives and children. For these duties, when not in receipt of training pay, he is allowed 2s. 6d. for each man examined at head quarters, either for emolument or discharge, when the number is under six; if above that number, he receives a sum of 15s. When required

to “accompany the adjutant, for the purpose of examining the volunteers at particular places and on particular days, to be appointed by the commanding officer,” he will receive “a daily pay of 15s., with an allowance of 5s. a-day to cover the expense of living at an inn, and 2s. a-day for forage for a horse.” If the latter sum be not drawn, he will be allowed his expenses by railway; or, when such conveyance is not available, at the rate of 9d. a-mile for the distance travelled. For attendance on the disembodied staff and their families, an allowance of 2d. per week for each person is granted during the period they are not called out for training and exercise.

When the Regiments are called out for training and exercise, the Surgeon's pay is 11s. 4d. per diem, with a billet, if the regiment is not in barracks. He is to receive an allowance at the rate of one guinea for every hundred effective rank and file, for the supply of medicines during the period of training, “and, if any men are detained under Medical care at head-quarters after the period of training has expired, the circumstance may be reported to the Secretary at War for consideration, with a view to the repayment of expenses necessarily incurred for medicines and attendance, if approved of by the Director-General of the Army Medical Department.” He is exempted from the payment of tax for one horse, and receives 2s. a-day for forage during the period of training. An allowance of 1s. a-day for every officer present is also granted in aid of the regimental mess, by which the Medical officers, of course, benefit equally with the others.

The pay of the Assistant Surgeon is 7s. 6d. per day when out for training; and as nothing is said in the Regulations regarding his duties, these are, we presume, left to be defined by the Surgeon.

When the Militia is embodied for permanent duty, the Act of Parliament directs that the Surgeon shall “receive the pay and allowances of a Surgeon of Infantry in H.M. other forces, and be subject to the like rules, restrictions, and directions, in every respect, as the same may be applicable.”

From this statement it is obvious that the residence of a Surgeon of disembodied Militia must be at the town which is the head-quarters of the regiment. It is also clear that no man in large practice can hold the appointment when the Militia is embodied for permanent duty, for he must be prepared to move with his regiment from place to place, as the exigencies of the service may require. Nor does it seem desirable such men should hold these appointments; a migratory life, with a Barrack-room for a home, is not the thing for a man with a wife and family. But the Militia presents an eligible occupation to the young Surgeon for a few years at the commencement of his career. He sees more of general society than he probably otherwise would; and, as the Hospitals in the large towns are usually thrown open, with great liberality, to the Army Surgeon, he has excellent opportunities of increasing his professional knowledge, and seeing a large amount of good Surgical practice.

#### PROVIDENT PROVISION AGAINST SICKNESS.

PERHAPS amid all the anxieties a Medical man encounters, there is not one more distressing than the fear which must occasionally harass him of being some day, by long-continued disease, rendered incapable of work, and of supporting himself or his family. He may have successfully got over the first few years of toil, have cleared off the debts he incurred while waiting for practice, and, by paying some twenty or thirty pounds yearly to an insurance office of respectability, may have been enabled to console himself by the reflection, that if he should be cut off in the midst of his labours, some few hundred pounds will preserve his widow for a time from absolute want. Still the fear of sickness haunts him. Blindness or deafness, chronic disease of lungs or heart, some accident interfering with the free use of



a limb, paralysis, or even the loss of reason, are all within the range of possible occurrences, and may lead to permanent incapability of following professional avocations; while a fever, or an attack of cholera, or some acute inflammation or unexpected accident, may induce forced inaction of weeks or months, followed by recovery, but attended by great loss. Hitherto, the Assurance Offices have not attended to this want. A Medical philanthropist, some years ago, endeavoured to establish a Society in the Profession, expressly to meet such cases; but the well-meant effort did not succeed, although the plan met with almost universal approval. We are, therefore, exceedingly glad to find that the matter has been taken up by a public company of high reputation. It will be seen by our Advertising columns that the Marylebone and General Assurance Society have determined to meet the emergency, so that a provident provision against sickness may now be secured as certainly as an ordinary life assurance. At thirty years of age, for instance, a Medical man, by paying 4*l.* yearly, may insure 2*l.* weekly, or 26*l.* quarterly, during any sickness occurring before sixty years of age; and by a small additional payment, the limit of age may be extended to sixty-five or seventy years.

The rapid spread of Benefit Clubs and Provident Societies throughout the kingdom, proves how highly the provision against sickness is appreciated by the labouring classes; and we feel assured that the middle and upper classes only require to have similar institutions adapted to their habits and wants, to induce them to participate in the like advantages. We have great pleasure, therefore, in recommending the Provident Branch of the Marylebone and General Life Assurance Society to the attentive consideration of the Medical Profession, as, by the outlay of a very small sum annually, a vast amount of anxiety may be certainly obviated, and, should sickness arrive, some of its most distressing consequences may be alleviated.

## REVIEWS.

*On Pain After Food: its Causes and Treatment.* By EDWARD BALLARD, M.D. Lond., Licentiate of the Royal College of Physicians, Physician to the Farringdon General Dispensary, etc. Svo. Pp. 136. London. 1854.

DR. BALLARD has, in the work before us, considered, as briefly as possible, without being obscure, the various causes that lead to pain in the abdomen, etc., after food, and the remedial agents most successful in relieving it.

The first ten pages are occupied with a short review of the various kinds of aliment, the modes of preparing the same before they are used as food, and the changes they experience in the stomach; these are followed by an enumeration of the varieties of pain suffered after food, the differences in the situations to which they are referred, their relation to various kinds of food, the period at which they occur, and of the phenomena associated with them. We subjoin one section from this part of the work:—

"The eructation of watery or alimentary matters sometimes accompanies or precedes the pain. In general, the quantity eructated is not considerable, being confined to a mouthful once or twice; or the eructation may occur repeatedly after a meal, completely removing the pain; or it may at length terminate in vomiting. Unless sufficiently frequent and abundant, these eructations give no relief to the pain. It often happens that the matter from the stomach merely rises into the throat, being immediately swallowed. The eructated matter may consist of alimentary matters, and possess merely the taste of the latter; or it may consist of a watery or mucous fluid. Its taste and reaction are often highly acid, 'setting the teeth on edge;' or it may be so acrid as to produce a burning sensation in the pharynx, down the spine, in the interscapular region or epigastrium."—P. 23.

Appended to this Chapter is a Table, occupying eleven pages, in which are shown at a glance the various causes of pain after food, and the treatment fitted for the relief of the symptom in each special case.

The following extract will give the reader a good idea of the information conveyed by this Table:—

### Causes of Pain after Food. IV. DISTENSION OF THE STOMACH.

### Remedial Measures.

- |  |   |
|--|---|
| <p>A By an excessive quantity of food and drink (87)</p> <p>B By an excessive quantity of flatus (87)</p> <p>a From chemical changes in the ingesta (88, 72)</p> <p>b By exhalation of gases from mucous membrane (88)</p> <p>c From atony</p> <p>d From derangement of apparatus for expulsion of contents of stomach by pylorus (88, 63) I. C.</p> | <p>Promote vomiting by tickling fauces or by vomiting.</p> <p>Friction with hand over epigastrium.</p> <p>Sinapism or other external stimulant (89)</p> <p>Internal stimulants (89)</p> <p>Introduction of tube into stomach (89)</p> <p>See I. E.</p> <p>Avoid and remove excessive nervous impressibility II. A.</p> <p>Appropriate remedies for gastric atony I. B. f.</p> <p>See I. B. f.</p> |
|--|---|

By reference to paragraph I. C., we find the remedial measures indicated are—

- "In severe pain, promote vomiting by gentle means. (83.)
- "Use lean, tender animal food chiefly, in small quantities at a time, and well masticated; small quantities of bread or milk. (68.)
- "Avoid oily and starchy or saccharine articles of food. (68, 72.)
- "Avoid taking liquid with food. (59.)
- "Injection of nutritive liquids, *e. g.*, good beef-tea, into the rectum. (68.)
- "See also I. E. C."

The numbers appended to the above paragraphs constitute references to sections of the work in which the subjects are treated of in greater detail; and, in some cases, reasons are given for the treatment so concisely stated in the tables. For example, on reference to Section 59, we find the following explanation of the direction, "Avoid taking liquid with food," under the conditions specified, *i. e.*, derangement of the apparatus for expulsion of the food from the stomach:—

"The gastric juice does not act upon food in a liquid form until the latter has acquired a certain amount of consistence by absorption of its watery portion. Hence, broths, soups, etc., only slowly undergo digestion, if taken into the stomach in large quantity; and the action of the gastric juice is equally retarded by drowning the latter in a quantity of liquid. Hence it is that persons whose stomachs are unusually sensitive (II.) often suffer more inconvenience from a meal of 'slops,' than from a dry meal consisting of the more digestible articles of food. Liquids produce less disturbance of the digestive process at breakfast than at dinner, and hence may be taken more freely with the former than with the latter meal; the explanation of which lies in its more rapid absorption for the restoration of the loss of liquid which has taken place from the blood by secretion of the skin and kidneys during sleep. The absorption of liquid from the stomach, and hence the digestive process is impeded by hyperæmia, especially when this is the result of disease which obstructs the return of blood by the portal vein (II. B. f.); and its passage from the stomach into the intestinal canal is impeded by the derangements noticed under I. c. in the scheme."—(Page 58.)

The derangements above referred to, enumerated at I. C., are:—

- a. Incapacity of muscular apparatus.—(64).
  - From atony, paralysis, or atrophy.—(64, 60).
  - From organic disease.—(64).
- b. Mechanical obstruction to passage of matters from stomach.
  - From hypertrophy at pylorus.—(65).
  - From ulcer at pylorus with thickened base.—(65, 84).
  - From cancer at pylorus.—(83).
  - From cicatrised ulcer at pylorus.—(66).
  - From tumours external to pylorus pressing upon it, *e. g.*, cancer or hydatid of liver, small omentum, etc.
  - From obstruction of duodenum.—(67).

The above extracts sufficiently illustrate the character of Dr. Ballard's work. It contains a concise account of all the causes of and remedies for pain dependent on the introduction of food into the stomach. By the young Practitioner it will be found most valuable, while the most experienced cannot fail to derive from it many useful suggestions for the treatment of some of the most intractable ailments that come under his care.



*Pathological and Surgical Observations*; including a Short Course of Lectures delivered at the Lock Hospital, and an Essay on the Surgical Treatment of Hæmorrhoidal Tumours. By HENRY LEE, Surgeon to the Lock Hospital and Assistant-Surgeon to King's College Hospital. Pp. 232. London. 1854.

EVERY one who peruses Mr. Lee's works must feel that the author is a man of great practical experience, guided by strong originality of mind. The present series of papers is of a miscellaneous character, but all the subjects are treated in an able manner.

Mr. Lee's views upon the nature and causes of inflammation of the veins are already known to the Medical public by his previous works; and a considerable space is devoted in the present volume to the same interesting inquiry. The results of Mr. Lee's investigations into the pathology of phlebitis induce him to entertain considerable doubts as to the efficacy of the ordinary treatment of that disease by local bleeding; and in cases where bleeding and calomel have appeared beneficial, he attributes their agency, not to their effect upon the local disease itself, but to their energy "in destroying the power of the blood which tends to localise the disease." We must remark, however, that in criticising and condemning the ordinary treatment of phlebitis, Mr. Lee does not point out clearly any better method to the notice of the Profession.

Among the practical subjects discussed by Mr. Lee, we may notice some valuable remarks upon suppuration in bone, and its treatment. Some cases are recorded in which the employment of the trephine has been attended with great relief, and it is shown that the existence of a small quantity of pus confined in a bone has given rise to intense suffering, which has rapidly ceased after the performance of the operation.

In the paper on the Surgical Treatment of Hæmorrhoidal Tumours, Mr. Lee advocates and practises the plan of destroying the excrescences by strong nitric acid, as first recommended by Dr. Houston, of Dublin; and in those cases where the mucous membrane has become smooth and insensible by long exposure, he recommends a portion of the protruded tumour to be cut off by means of a broad forceps (described and figured in Mr. Lee's Work), and the raw surface to be touched with the strong acid.

The book concludes with six lectures on Syphilis, delivered at the Lock Hospital, three of which are devoted to the subject of syphilization, of which the importance and the efficacy are much to be doubted. Mr. Lee, in common with most practitioners, considers syphilization to be, at best, a hazardous proceeding, and not likely to secure the benefits anticipated by its enthusiastic advocates.

We have perused Mr. Lee's Work with great pleasure, and feel convinced that he has opened much new ground in Pathology and practical Surgery.

*Principles of Comparative Physiology.* By W. B. CARPENTER, M.D., F.R.S., etc. Fourth Edition, with 300 Wood Engravings. London. 1854. 8vo. Pp. 770.

DR. CARPENTER'S "Principles of General and Comparative Physiology" having met with great and deserved success, and passed rapidly through three large editions, a fourth edition has been called for; and we learn from the author's preface to this edition that the amount of new matter lately accumulated by the diligence of observers in the various departments of this comprehensive science, would render necessary either a division of the work into two volumes, or a division of the subjects. He has preferred the latter plan, and the present volume accordingly consists of the Comparative Physiology of the last edition, "extended from 530 pages to 744, with 300 illustrations instead of 130." The great additions and alterations made in each chapter, and the careful revision apparent in every page, give this volume the character rather of a new work than of a new edition; and we can recommend it most strongly, as representing very completely the actual state of the science of Comparative Physiology, in accordance with the latest researches of philosophers in all countries.

*A Handbook to the Peak of Derbyshire, and to the Use of the Buxton Mineral Waters*; or, Buxton in 1854. By WILLIAM HENRY ROBERTSON, M.D. Pp. 227. London. 1854.

We have here a variety of information upon the picturesque and salubrious locality known as the Peak of Derbyshire. The author treats of the history of Buxton, of its mineral waters, and of the general physical character of the adjacent country. From an analysis of the Buxton waters, made by Dr. Lyon Playfair,

in 1852, it appears that the chief solid constituents of the thermal springs are the carbonate and sulphate of lime, carbonate of magnesia, and the chlorides of potassium and sodium; while the gaseous ingredients consist of carbonic acid, with a large proportional quantity of nitrogen, namely, about 206 cubic inches per gallon. Dr. Robertson, supported by the authority of Dr. Playfair, attributes much of the efficacy of the Buxton waters to their gaseous constituents, and refers with great force to the important part performed by nitrogen in the animal economy. It is very possible that the nitrogenous element in the waters may possess medicinal properties; and it is a problem in Medical Chemistry to find out how it acts upon the organism.

*Beobachtungen und Erfahrungen aus dem Stadtkrankenhaus zu Dresden.* Zweites Heft. Von Dr. EDUARD ZEIS. Pp. 75. Dresden. 1854.

(*Observations and Practical Remarks from the Dresden Hospital.* Second Part.)

DR. ZEIS'S experience at the Dresden Hospital furnishes him with the means of making some valuable contributions to Surgical Pathology and Practice. The first article in the present Number contains an elaborate account of the origin of Encysted Tumours placed in the adipose cellular tissue. The usual view of the origin of these tumours, namely, that they are formed from enlarged sebaceous follicles, is combated by Dr. Zeis, who, although admitting that they are sometimes produced in this manner, does not consider the mode of their production to be uniform. He thinks that they are partly developed from sebaceous follicles and are partly new formations.

The other articles in the Number are chiefly practical. We find among them a description of an operation for hernia under very unfavourable circumstances, three successful cases of trepanning the skull, and a case of dislocation of the head of the thigh-bone upon the ramus of the pubis.

*A Discourse on Medical Botany.* By EARL STANHOPE. Being the Substance of Unpublished Addresses delivered by him to the Medico-Botanical Society. Pp. 47. London. 1854.

THIS lecture is very creditable to Earl Stanhope's zeal in the cultivation and extension of Medical and Botanical science. The noble Lord alludes with great modesty to his own attainments; but his lecture bears evident marks of careful preparation, and the suggestions which it contains are well worthy of attentive consideration.

*Annual Report of the Grant Medical College, Bombay.* Eighth Year. Session—1853-54. Pp. 104. Bombay. 1854.

FROM this Report we learn that the Medical College of Bombay still continues its career of usefulness. Dr. Morehead, the Principal, insists very strongly upon the necessity which exists for the student to pursue his clinical studies diligently before he obtains his degree, and points out the advantages offered by the Bombay College for affording this kind of instruction.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### CURIOUS INSTANCE OF THE FORMATION OF A CALCULUS IN THE URINARY BLADDER.

By Dr. J. TRIER, of Altona.

In March, 1845, a man, aged 40, was admitted into the Hospital at Altona, suffering from stone in the bladder. The stone was taken to pieces by the lithotrite in many sittings; several portions were expelled through the urethra, and it was thought that the patient would recover. Suddenly severe pains in the hypogastrium supervened; and no urine could be expelled in spite of the strongest efforts excited by an urgent desire to micturate. The catheter encountered an impenetrable obstacle at the neck of the bladder; it was, however, soft and yielding. Investigations both by the rectum and perineum led to the detection of no hard substance. With Hunter's forceps a soft body could be felt, but no stone. The symptoms quickly became more severe, and the patient died. Upon examination, after death, the remains of a broken calculus were found; but, in addition, a blackish-blue, rather hard, but yet compressible substance was seen extended half an inch from the neck of



the bladder. The neck of the bladder, and the foreign body, which was prolonged for about half an inch into the urethra, were removed for examination; and it was then immediately ascertained that the latter consisted of cloth and linen, and had formed the nucleus of the calculus. There was found an eschar in the perineum. A Physician, who was present, happening to hear the patient's name and other particulars, recollected that more than twenty years ago he had been called in his professional capacity to the house of the parents to see this patient, then a boy of fifteen years, in consequence of a fall which he had met with down a flight of steps, carrying his little brother, who was holding in his hand a small stick, the end of which was driven into his bladder. A Surgeon, who afterwards saw him, allowed the wound to heal without examining the bladder. In fourteen days the boy was well; but, within the organ, there had been driven bits of the trousers and drawers, which constituted the nucleus of the urinary calculus.—*Schmidt's Jahrbuch. Band 83, 1854, No. 9.*

#### URINARY CALCULUS WITH A PIECE OF TOBACCO-PIPE AS A NUCLEUS.

By Dr. JACQUIN.

A soldier, 33 years of age, contracted, in 1852, according to his own statement, a gonorrhoea, which he endeavoured to cure by injections introduced through the tube of a tobacco-pipe. On October 30 the pipe broke, and a bit one inch long remained in the urethra. There soon came on difficulty of micturition, hæmaturia, with other symptoms, and the patient was obliged to enter the Hospital. He was treated antiphlogistically, and discharged in a month. In the beginning of 1853, difficulty in passing water returned with greater severity, and he was taken into the Hospital till March 20. After many fruitless investigations, M. Sedillot discovered a foreign body in the urethra immediately before the neck of the bladder. He determined at first gradually to dilate the urethra so as to treat the calculus within that passage, or to crush it in the bladder; but after a steady trial, he failed, upon introducing Hunter's forceps, in seizing the calculus, and it became obvious that he must choose between urethrotomy or lithotomy. The chance that the stone might, during the course of proceedings, fall into the bladder, induced M. Sedillot to choose the latter course.

May 5.—The operation was performed, the patient having been previously rendered insensible by chloroform, less for the purpose of sparing pain, than with the object of relaxing the urethra and bladder. The stone was easily seized by Heurte-loup's percuteur, modified by Charrière, an instrument easy of introduction, but it was not possible to crush it by the pressure of the hand. After three blows with the hammer the stone was broken, and the fragments were subsequently seized and crushed; the instrument was then withdrawn. Sedillot repeated this manoeuvre seven or eight times, and the patient was then put to bed. By the expelled fragments it was easy to trace a calcareous covering to a cylindrical nucleus. The operation lasted fifty minutes.

On the 7th, the operation was repeated; a pigment impacted in the urethra was easily driven back by an injection of tepid water; and the rest of the stone was broken up and prepared for expulsion by the natural passage. The patient then felt free from all annoyance. Frequent examinations showed that no trace of the disease remained, and he was discharged well May 21.—*Gaz. de Strasburg, July, 1853.*

#### OBSERVATIONS ON THE CÆSARIAN SECTION.

By M. LEBLEU, of Dunkirk.

Charlotte Desmit, dressmaker, aged 17, who had commenced menstruating a year ago, entered the Dunkirk Hospital, October 10, 1844, at 7 p.m., pale and delicate. She exhibited traces of rachitic disease, which had affected her from youth, being only three feet and a-half high. From the symphysis pubis to the soles of the feet she measured only a foot and a-half, the tibia being strongly curved forwards, and the femur outwards. She was at her full term, and in labour since three a.m. The os uteri was dilated a little more than an inch; the membranes were entire. The sacro-pubic diameter was supposed to be rather less than two inches, both by my colleagues and by myself, who had determined on performing the Cæsarian operation several months previously.

The incision was made in the linea alba; the different structures were divided; the uterus was opened; first the fœtus, and then the placenta extracted. The hernia of the intestines was speedily reduced, and the wound was united by sutures and plaster.

On the following day there ensued violent sickness and vomiting, which was allayed by venesection and the application of

leeches to the abdomen. She had no further bad symptoms, and the wound cicatrised within a month. The child, well formed and muscular, was seen a year after birth in good health. Ten years afterwards, this same patient, who had consulted Dr. Lebleu from time to time for trivial ailments unconnected with the Cæsarian section, made her appearance with the announcement that she was three months *enceinte*, and earnestly desired that abortion should be effected—a proceeding which she had been given to understand was common in Paris, whither she threatened to go in the event of Dr. Lebleu's refusal. The worthy Doctor stated that he was quite aware of the nature of all such proceedings, but that neither he nor anyone in the world had the right to take the life of a fœtus in utero, which was as much deserving care as herself, and that she must submit to a second Cæsarian section.

She left the consulting-room not convinced, but six weeks afterwards she returned with her mother, decided to abide by the decision, provided she could have the same nurse as upon the former occasion.

The second operation was much less painful and more quickly done than the former. The peritonæum adherent to the abdominal walls had become much thinned; but no accident occurred to retard the proceeding. The day following she was calm and free from pain; but on the succeeding day hæmorrhage came on, and she expired.

Upon examination after death, the uterus was discovered the size of an ostrich's egg, and full of clots of blood, and in the middle of the cut edges were seen the orifices of two large varicose veins, each covered by a black clot, placed in a situation corresponding with the placenta.—*Gazette des Hôpitaux, August 22, 1854.*

#### PSORIASIS; ITS SUPPRESSION AFTER TWO YEARS OF TREATMENT.

NEURALGIA OF THE FACE.—CHOLERA.—TUMOUR IN THE RIGHT HYPOCHONDRUM.—RE-APPEARANCE OF THE EXANTHEMA.—DIMINUTION OF THE TUMOUR.

By Dr. EON.

Physician Aide-Major to the 9th Regiment of Artillery.

Madame R—, aged 33, of strong constitution and of lymphatic temperament, with a delicate white skin, always regular, married, and having a child of 15 years, had never been ill till 1847, when some scaly red spots, occasioning pruritus, appeared on her arms. The disease, obviously psoriasis, was treated unsuccessfully by sulphurous lotions and baths, purgatives, sudorifics, Pearson's solution, and Fowler's solution of arsenic. At Rennes, she took as much as 1℥14 of tincture of cantharides daily for a month; violent irritation of the stomach ensued. The patient then had recourse to empirics, but with no better result. After eighteen months, she was accidentally recommended by a Physician to try sea-bathing; but the skin inflamed so much, that the pruritus turned to pain. M. Damicourt, Surgeon-Major to the 9th Regiment, having been consulted, changed the treatment. He recommended, successively, emollient lotions, gelatinous baths, then alkaline baths, sulphur pommades, bitter infusions, repeated purgatives, iodide of potassium; but there was no appreciable change in the disease.

A febrile attack, occasioned by pleurodynia, consequent upon a cold, rendered necessary a venesection, which arrested for some days the progress of the complaint. The itching diminished, and the colour of the skin became paler; but nearly the whole surface of the body was by this time affected. M. Damicourt then prescribed daily frictions with an ointment composed of mutton suet, tar, and laudanum. At the end of eight days there was manifest improvement, and a cure was effected in a month. For half-a-year her health continued perfect, and there was no trace of the eruption; but then morbid phenomena, attributable to disturbances of the nervous system, supervened. Severe pains extended along the course of the branches of the fifth pair of nerves. After a month of ineffectual treatment, she was seized, at Lorient, with a sharp attack of cholera, from which she recovered; but the stomach and bowels retained an extreme degree of irritability. A severe domestic loss at this time occurred, when the troubles of the digestive organs increased, the abdomen became tumefied, bilious vomitings supervened, so severe that invagination was first feared; but, at the end of some days, the symptoms subsided. At this time she was much changed in appearance, having become extremely thin and haggard. In the right hypochondrium there was a large tumour, the size of the fœtal head at full term. During the course of treatment, the eruption again appeared, when, with its development, the tumour subsided three-fourths its primi-



tive volume. The psoriasis occupied, as formerly, the chest, the scalp, the thighs, etc.—*Gazette des Hôpitaux*, Aug. 14, 1854.

# CASE OF IDIOPATHIC AMENORRHOEA, FOLLOWED BY CEREBRAL PHLEGMASIA AND HÆMORRHAGE INTO THE PARENCHYMA OF THE KIDNEYS AND BLADDER;

HÆMORRHAGES FOLLOWING IRREGULAR MENSTRUATION.

By Dr. F. A. GUIFFART.

Eugénie Leroi, aged 17, was admitted into the Hospital St. Antoine, under M. Aran, March 31, 1854. She appeared a well-made girl, of good constitution, but she suffered from amenorrhœa, her courses having only appeared once at the age of 15. At each period she experienced pains in the head and kidneys, and fatigue came on upon the least exertion.

April 1.—She was unable to pass the urine.

2nd.—There was pain in the head and kidneys; difficulty and slowness of speech. The symptoms increased till the 5th, when she was evidently sinking into a state of coma. Warm water injected into the bladder came back stained with blood. She died the same day at 3 p.m.

*Examination of the Body.*—Cerebral membranes injected with blood; the cerebral substances softened; ventricles full of serous fluid; organs of the chest healthy; ecchymosed spots upon the bladder; redness of its mucous membrane; ecchymoses between its coats; kidneys of normal size, but of deep brown colour. Blood was found upon section extravasated in the cortical substance and in the tubular structure; other viscera healthy.—*L'Union Médicale*, Sept. 28, 1854.

## GENERAL CORRESPONDENCE.

### TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I enclose in the smallest possible compass some account of the cholera cases treated in Mr. Allison's district of the Romford Union.

The sulphuric acid was administered according to Dr. Fuller's directions, and generally preceded by a dose of calomel and opium. The acetate of lead was given in ten grain doses every two hours to adults, and in proportional doses to children. Brandy was administered at that deceptive stage of the disease when the patient declares himself easier; the lower extremities become warmer, and the vomiting ceases; while, however, the upper extremities continue cold, the voice is sunk to a mere whisper, and the pulse is imperceptible. It was given in two ounce doses every half-hour, and, though retained by the stomach, not the slightest effect was produced. When I add that external warmth, sinapisms, hot turpentine stupes, mustard emetics, hand friction, and cold water, were freely resorted to, I shall have said all that is needful upon the application of remedies.

The result is, that of 36 cases, 18 have died of collapse, 4 in secondary fever, and 14 have recovered. Twenty-eight were treated strictly on Dr. Fuller's plan, and 14 died; of the other 8 fatal cases, 3 were given sulphuric acid at first, but as it produced no good effect it was discontinued, and the acetate of lead substituted; 4 were treated with astringents and stimulants, and 1 with castor-oil.

In addition to the cases of cholera, 450 cases of choleraic diarrhœa, some very severe, have occurred, in which calomel, and opium, and sulphuric acid were given with the best results. Two children, under one year of age, died, and in no case did collapse or secondary fever result from the suppression of the diarrhœa and vomiting.

Upon a scrutiny of the cases it was observed that two patients who were seen at a stage of the disease when the prognosis would be favourable, though treated upon diametrically opposite principles, both died in collapse. In the one acetate of lead, chalk mixture, creasote, and opium, in the other castor-oil, produced essentially identical effects; they were almost instantly rejected by the stomach, and had no influence, whether astringent or purgative, upon the discharge from the bowels. It was also to be noticed, that secondary fever was an invariable sequence of collapse, the degree of collapse foreshowing the severity of the subsequent fever. As every new cholera specific appears to have, according to its originator, the effect of doing away with, or at least greatly mitigating this stage of the disease, it would be well, I think, if the Profession would determine

whether it is necessary or accidental. My own experience leads me to believe that it is necessary, and is severe or slight according as the collapse is severe or slight, without reference to the mode of treatment. Taking Mr. Complin's cases in the Dreadnought, and the cases which have occurred in this district, we have pretty fair evidence that it will occur, and the patients die of it, whether castor-oil or sulphuric acid be used. Let the other modes of treatment be submitted to a similar analysis, and I have little doubt but that secondary fever will be found to be a natural and necessary re-action, without which recovery from collapse is impossible.

I am, &c.

E. W. SULLIVAN, M.R.C.S.L.

Great Ilford, Essex.

[NOTE.—Mr. Sullivan has also favoured us with a Table of the cases, but we have not thought it necessary to publish it, as he has given all the results of his observations in the above letter.

ED.]

### SUGAR PRESENT IN THE FLUID OF ASCITES.

[To the Editor of the Medical Times and Gazette.]

SIR,—It was not without some interest that I read in the *Medical Times and Gazette* of the 19th of August, the short details of the discovery of the presence of sugar in the fluid of ascites from a patient suffering with fatty liver, by Dr. Frierich's, of Breslau. Had it not been stated therein, that no one had heretofore found sugar in this situation, most probably I should not have requested the insertion of the present communication. But, as I had made this discovery myself as far back as June, 1845, the particulars of which were embodied in an inaugural dissertation on "Morbid States of the Urine," which was printed in 1847, I hope it will be conceded that I may justly claim priority in this interesting discovery.

The following is a brief report of the case:—Rose Kelly, a married woman, aged 37 years, and a native of Ireland, was admitted into the General Hospital at Montreal, on the 23rd of June, 1845, under the care of Dr. Hall, suffering from ascites and general anasarca. From the very low state in which she was brought in, seemingly dying, no previous history of her case could be obtained; but we learnt that the dropsy must have existed for four or five months. A paper parcel, containing about a pound of muscovado sugar, was taken out of her pocket by the nurse; it had contained about 4 lbs., and 3 lbs. of the sugar were consumed by her just previous to admission. She was immediately ordered wine, and was put on squills, calomel, and carbonate of ammonia. Her urine, which was obtained with difficulty, was of the sp. gr. 1.013, acid, unaffected by nitric acid or heat, and contained no sugar. The addition of liquor ammoniæ caused a little cloudiness, which was increased by boiling, the precipitate being soluble in acetic acid.

The day after admission her legs, thighs, abdomen, back, chest, in fact, the entire body, with the exception of the arms, were enormously swelled and œdematous. She was constantly screaming for food and her parcel of sugar. She seemed ravenous, and although so ill, robbed her fellow-patients of some of their food. She stated herself to be pregnant, which, however, was not the case.

On the 25th the breathing was so much oppressed from the dropsical accumulation, together with its action on the heart, the pulse being 108, very small and feeble, that it was instantly resolved by Dr. Hall to perform paracentesis abdominis, which was accordingly done at noon, and 24½ pints of fluid were withdrawn. The pulse became fuller and stronger after the operation, but during the tapping she had to be supported with wine. She was firmly bandaged.

I examined this fluid as a matter of curiosity, and to my surprise, found that it contained sugar. It was of a clear pea-green colour, neutral; specific gravity 1.0122½; contained albumen in large quantity, with the presence of phosphates, but no urea or uric acid. The presence of sugar was satisfactorily demonstrated by Trommer's test, first boiling the fluid, cooling, and then filtering to get rid of the albumen. Capezzuoli's test was equally positive in its results. Moore's test was not so satisfactory, the fluid assuming only a light brown colour; but this sometimes happens, as has been shown by many writers, and also in my own experience, and may occur when we have still positive evidence of the presence of sugar.

On the 26th the patient suffered from severe pain in the back; the abdomen was swollen with wind, the urine was of a white colour, and her pulse was a little full, and 112. She continued



to improve up to the 30th, when symptoms of peritonitis set in, which carried her off on the 2nd of July.

*Autopsy Five Hours after Death.*—The body was very much emaciated. On opening the abdominal cavity, a quantity of fluid was found, containing flakes of lymph floating through it. (a) The peritonæum was inflamed round about where the tapping was performed, with lymph adhering to its surface. The liver was small, but healthy, and the gall-bladder appeared contracted. The kidneys were elongated, of a dark, greenish appearance externally, indurated, and irregularly nodulated; the tubular portion seemed contracted, and the vascular or cortical portion was hard, but gave way easily on squeezing with the fingers, possessing also a dark brown colour on its cut surfaces; the pelves of both were remarkably small. The viscera of the chest were healthy.

Now, the point of interest in this case is the question, Whence came the sugar? But before answering it, we may inquire into the cause of the dropsy. The kidneys being the only organs found diseased, taken together with the lowness of the specific gravity of the urine, we may, I think, unquestionably point to them as the source of the disorder. Although these organs were not examined with the microscope, they presented an appearance not unusually found in an advanced stage of Bright's disease; the absence of albumen in the urine will not preclude the truth of this, for we may well know that its presence, although a concomitant, is not absolutely an essential feature of the disease, as has been pointed out by some high authorities on this disease. The dropsy, therefore, was due to the advanced stage of Bright's disease.

With regard to the sugar, its presence in the dropsical fluid may be attributed to the derangement of the secondary assimilating processes influencing the secretion into the cavity of the peritonæum, and thoroughly impregnating that fluid; but this derangement has been owing to the quantity of Muscovado sugar—three pounds—eaten as food by the patient just previous to her admission into the Hospital, and which had previously affected the primary assimilating processes. In other words, both primary and secondary assimilation became deranged from the digestion of such a quantity of sugar introduced into the stomach. If this explanation had not been furnished by the short history of the case, our attention might have been directed to the liver for a solution. But here the evidence is negative, because the structure of that organ was healthy, although its size was small.

I have examined the fluid of dropsy on numerous occasions since the occurrence of this case, but never succeeded in again detecting sugar. The explanation of its presence in Dr. Frierich's case, I should be disposed to consider as the consequence of the fatty disease of the liver, and ground this opinion upon the fact, that in that pathological condition of the liver there is a very large amount of sugar secreted, nay, much more so than in a state of health. Of this, I have satisfied myself by experiment several times. This will explain the contamination, or the general poisoning of the whole system, if I may so express it, as the result of its excessive secretion; and hence the impregnation of many of the fluids of the body, more particularly such a one as a co-existent dropsy, the origin of which is strictly dependent on the hepatic disease.

I am, &c.

GEORGE D. GIBB, M.D.

Guildford-street, Russell-square, August 22.

#### TRAUMATICINE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the last Number of your valuable Journal, I find, under the "Progress of Medical Science," an extract from a German periodical, on "Traumaticine in Inveterate Affections of the Skin," which, in justice to the memory of my late lamented friend Dr. Robert James Graves, I cannot permit to pass unnoticed. The last paper ever published by him was on this very subject—"On the Application of Gutta Percha in the Treatment of Diseases of the Skin."—*Dublin Journal of Medical Science*, August, 1852. In November, 1851, "gutta percha collodion" was first employed by Dr. Graves in a case of impetigo, and has since been extensively used by Dr. Stokes, Dr. Neligan, and other Medical men, in Dublin and elsewhere, in many varieties of cutaneous eruptions. I have found it a most valuable adjunct to suitable constitutional treatment.—I am, &c.

HENRY GRAVES, M.B., F.R.C.S.I., etc.

Cookstown, County Tyrone, Oct. 18, 1854.

(a) My notes do not mention whether I again examined this fluid, but, so far as my recollection serves me, I think I did, and did not find sugar a second time.

#### THE EPIDEMIOLOGICAL SOCIETY AND THE NURSING SCHEME.

[To the Editor of the Medical Times and Gazette.]

SIR,—The Committee of the Epidemiological Society appointed to consider a scheme for supplying the labouring classes with nurses in the time of epidemic and other sickness, gratefully acknowledge the assistance you have repeatedly given to the cause in which they are labouring, and particularly for the request which you have addressed in the last number of your Journal to the Medical Officers of Unions. May we beg that you will render this last favour complete, by stating that the answers should be sent in to the undersigned at the subjoined address as early as possible. The Committee will also gladly receive opinions and suggestions from other members of the Profession on the same subject.—We are, &c.

RICHARD HOLL, M.A. } Honorary Secs. of  
EDW. H. SIEVEKING, M.D. } the Committee.

3, Bentinck-street, Manchester-square, Oct. 23, 1854.

#### TREATMENT OF CLUB FOOT.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a letter from Dr. Dick, published in the last Number of your Journal, the necessity of the operation of removing the cuboid bone for the cure of club-foot, recently performed by Mr. Solly, and related by him in the Introductory Address at St. Bartholomew's Hospital, published in the *Lancet* of the 7th inst., has been called in question, and Dr. Dick has expressed his surprise at seeing my name connected with this operation as advising it. I beg to state that, though present as a spectator, through the courtesy of Mr. Solly, whom I met casually at St. Thomas's, and accompanied to the operation, my opinion was not asked in the consultation. Mr. Solly has already corrected his error in stating that it was performed by my advice, in a letter published last week, in reply to some observations by my colleague, Mr. Lonsdale. I am, Sir, &c.,

W. ADAMS.

3, Henrietta Street, Cavendish Square, Oct. 24, 1854.

[To the Editor of the Medical Times and Gazette.]

SIR,—Mr. Lonsdale's letter, lately published, appears to me to have a greater significance attached to it than even he imagines, inasmuch as it renders evident a desire to check any attempt on the part of the Profession to experimentalise on their own account with the cases supposed to belong to a peculiar province. He is, assuredly, at perfect liberty to chronicle any opinion of disapprobation upon the expediency of excising the os cuboides in severe varus; but I appeal to you, as the constituted guardian of the rights of the Profession, whether the method by which the simplest operation within the limits of Surgical science has been permitted to advance into a specialism (excluding the interference of the ordinary Medical man) is not highly opposed to any investigation that may be attempted by a Surgeon not fortunate enough to obtain recognition as one of the famed "specialists" termed orthopaedic Surgeons.

I am, &c.

ANTI-EMPIRICISM.

#### REPORTS OF SOCIETIES.

##### MEDICAL SOCIETY OF LONDON.

SATURDAY, October 21.

E. HEADLAND, Esq., President, in the Chair.

DR. RICHARDSON alluded to a letter in the *Glasgow Medical Journal*, from Dr. Buchanan, in reference to some experiments performed by him in 1849, in injecting the cellular tissue with water in cases of cholera. The reason, he said, of the failure of the experiments was, that sufficient water could not be injected into the cellular tissue; and he contended that the peritonæum was the only part that could be sufficiently and safely injected. During a debate in the Society last year, Dr. Richardson had predicted, that, if a case were ever met with in which a dropsical patient should become affected with cholera, the dropsical symptoms would be relieved by the new disease, on the one hand, and the patient would be saved from the fatality of the choleraic attack, on the other. It afforded him great satisfaction to be



able to state, that, in a patient lately under the care of Dr. Risdon Bennett, in St. Thomas's Hospital, this anticipated result had been realized. This fact added great force to the suggestion of inducing an artificial ascites in severe cholera cases.

Mr. Henry Smith exhibited the portions of bone which he had removed from a boy, eight years old, in the excision of the knee-joint. The operation he performed on the previous Wednesday, and the patient was doing admirably well.

Dr. Crisp exhibited the sketch of an insect which had been discovered in some cholera blood, placed on a glass for examination by the microscope. The insect, he said, appeared to be swimming, but the glass was perfectly dry. The size was the 24,000th of an-inch in its longest diameter, and its motion resembled that of the *ditiscus marginalis*. He alluded to this circumstance because he had lately seen in the *Gazette Médicale de Montpellier* the announcement of a "marvellous discovery"—cholera produced by an insect belonging to the scorpion family." He did not believe that insect had anything to do with cholera, but he should be glad to know if any other member had observed it.

The discussion arising out of the paper read at the previous meeting by the President, on Cholera, was then resumed.

Dr. Lankester said, we could only be guided in our investigations respecting cholera by the analogies which it presented to other diseases. In many communicable diseases there was a tendency to a change in the character of the cell or the poison, as in the case of syphilis or small pox, which produced sometimes primary, and at other times secondary, and even tertiary symptoms. A Surgeon had been known, after attending a case of gangrene in the leg, to communicate the poison to women, in whom it produced puerperal fever. We might suppose a tendency in diarrhoea or the ordinary cholera of hot countries to be converted into a poison which might be propagated in various ways. Some had supposed that it was communicated by water, and it had been stated that out of 94 persons who died in the neighbourhood of Broad-street, 61 had drunk the water from Broad-street pump. In order to explain that, Dr. Snow said that the well was within a short distance of a new sewer. There was, however, a brick wall round the sewer, and he did not see how the poison could escape through it and several feet of earth. A more probable source of the poison was a drain which passed from Broad-street into the sewer, and which communicated by a hole with the well. With regard to one family, some of whose members had died of cholera, he had ascertained that they had drunk water from Broad-street pump, but not until it was boiled, and it was hardly probable that water in that state could communicate the poison. More, he believed, could be done in preventing than in curing cholera. The clerk of the Paving Commissioners had told him, that in Marshall-street, six houses had trapped sewers, and no case of cholera occurred in them, while cases occurred in all the other houses, whose sewers were not trapped. There was no doubt that water predisposed to the disease, and there were few wells in London that were not tainted. Persons who took decomposing food, such as tainted game and fish, were also subject to the disease.

Dr. Cogswell made some remarks on the question of contagion, observing that he had moved freely among cholera patients, and had never been affected by the disease.

The President said he had avoided the subject of contagion in his paper, as he thought it was too wide a question to be then discussed.

Mr. J. F. Clarke expressed his belief that diarrhoea was nothing more than a milder form of cholera, and that any treatment, to be successful, must be applied in the early stages of the disease. He had seen many cases arrested by a single dose of medicine. Many persons, however, neglected their symptoms, or resorted to methods recommended in the public papers. He believed that the system of patients treating themselves by purgatives had been productive of incredible mischief. With regard to the atmosphere, it was observed, that on the "fatal Friday night" the air was very oppressive; everyone complained of it; and it was noticed that the sewers were unusually offensive. On that night 150 persons died within 300 yards of his (Mr. Clarke's) house.

Dr. Webster said that, notwithstanding the attacks of cholera, the general mortality of the country had not been increased. In 1850 there were 20,000 fewer deaths than in 1849, when cholera was so fatal. In cholera times other diseases were less prevalent than usual, and in some districts, during the prevalence of cholera, almost every other disease was arrested. The atmosphere was only one cause of the disease; other causes were—errors in diet, a weakly constitution, living in infected districts, and the like.

Mr. Streeter said, it seemed to be the general opinion that

nothing could be done for a patient in the state of collapse; but he thought it would be unworthy of the Profession to rest satisfied with such an opinion. A strict investigation should take place into all the phenomena of collapse, and that not by visiting the patient two or three times in a day, but by constant attendance at the bed-side. Death from cholera was not like that from syncope or asphyxia; but it was a death in which there was apparently a coagulation of the blood of the most extraordinary kind. This, he believed, resulted from a poison which was elaborated in the chyliferous processes during the digestion of the last meal, the poison being imbibed from the atmosphere, or from water. Vomiting had the effect of preventing coagulation. Cold water would generally produce vomiting, but not always. He had seen cases in which vomiting had ceased, but was brought back by the use of stimulants.

Dr. Hare compared the results of the cholera with those of the plague, and stated, that if the former had proved as fatal as the latter, it would this year have carried off 240,000 persons. He believed that cholera, under special circumstances, was clearly contagious. In the University Hospital eight cases were treated, under his care, with castor-oil, and they all proved fatal; but such a result occurred under no other plan of treatment that was adopted.

The President, in replying, said, that twenty-two years was a short period in which to investigate a malady, the features of which were involved in so much obscurity. He did not think that the position he had taken in his paper had been refuted. The cholera, he believed, was not an affair of the stomach and bowels. It was true it frequently showed itself in the alimentary canal, but it bore no resemblance to those disorders with which we were acquainted in past or modern times as affecting that channel. He was surprised to hear of successful treatment in collapse. He had seen thirty-two cases of collapse in a single day, and not one of them recovered. When a patient was cold, pulseless, blue, with no secretion from the liver and kidneys, he had never known such a case to recover. At the outbreak of an epidemic, a large number of persons were ready for that impression on the blood of which he had spoken, and they died off rapidly; at a later period more persons recovered, as they were evidently not so disposed to receive the impression, having a sufficient amount of good blood left to carry them through the attack. When the epidemic returned quickly, the mortality was always less, for there could not be so many persons ripe for the influence, having damaged blood ready for impression.

The discussion then terminated.

## PATHOLOGICAL SOCIETY OF LONDON,

TUESDAY, OCT. 17.

Dr. BABINGTON, the President, in the Chair.

THE President opened the meeting (the first of the Session) by some congratulatory remarks on the state and position of the Society, alluding especially to its yearly increasing list of members, to the general interest which had attached to its proceedings during the last year, and the excellent volume of "Transactions" which had been published. He entertained, he said, a very high opinion of the probable usefulness of the new plan of operations which the Society was about to undertake, and believed the appointing of Committees for the investigation of special subjects could not but result in important conclusions.

After some routine business had been gone through, the Secretary announced that the following gentlemen had been appointed members of the Sub-Committee for the inquiry as to "The Nature and Seat of Tuberculous Deposits":—Dr. Beale, Dr. Bristowe, Dr. Handfield Jones, Dr. Ogle, and Dr. Quain.

On that as to "The Diseases of the Testicle resulting in what is called 'Fungous Testis,' and the exact nature of the Protrusion:"—Mr. Wm. Adams, Mr. Pollock, Mr. Simon, Mr. Henry, and Mr. Hutchinson.

The names of several gentlemen having been submitted to the ballot, and the usual announcements having been made, the Society proceeded to the business of the evening.

Mr. Wm. Adams exhibited for Mr. Fergusson

### ENCHONDROMA OF THE LOWER JAW.

The tumour had been excised by Mr. Fergusson from the lower jaw of a lady, aged 39, in whom it had been slowly increasing during the greater part of life. It was about twice the size of a walnut, and had occupied the right side of the bone between its angle and the mental foramen. Before removal it had presented



all the characters of an osseous enlargement, but section had shown it to consist of a fibro-cartilaginous mass enclosed in a thin shell of bone. Mr. Fergusson believed it to be a true enchondroma, resembling those met with in the phalanges of the fingers, and remarked on the extreme rarity of that disease in the jaw. Mr. Adams stated that he could scarcely agree in the opinion that it was an example of a true enchondroma, but thought, from the absence of some peculiarities, that it more nearly resembled an ossifying fibro-cartilaginous tumour.

Mr. Prescott Hewett agreed with Mr. Adams, and suggested that the specimen should be referred to a Committee.

The President then requested Dr. Beale and Mr. Henry Gray to undertake the examination, and prepare a report.

Dr. Peacock exhibited a specimen of

#### MALFORMATION OF THE HEART.

It had been removed from an infant, eight months' old, a patient of Dr. Hess's, and for the opportunity of exhibiting it Dr. Peacock was indebted to Mr. Wordsworth.

The two auricles both communicated with the left ventricle, and from that cavity an aperture led into the right ventricle. The left ventricle was very large, the right, small and rudimentary. In addition to these malformations, the two main arteries were transposed—the aorta arising from the right ventricle, the pulmonary artery from the left. The aortic aperture was of large size; the aperture by which the left ventricle communicated with the right, and the pulmonary artery itself, small. The foramen ovale was entirely closed, but the ductus arteriosus not being retained in the specimen the condition of that passage could not be ascertained; it seemed, however, most probable that it was patent. The interest of the specimen consisted not only in its rarity, although, as far as Dr. Peacock was aware, it was unique, but also in the character of the symptoms which the patient had exhibited during life. The case had an important bearing on the much litigated question as to the cause of cyanosis. Dr. Hess, who had attended the child throughout its whole life, had never observed anything of the nature of cyanosis, except occasionally after paroxysms of dyspnoea; yet, at all times, the blood circulating in the body must have been to a great degree venous. This accorded with the view which ascribes cyanosis to venous congestion, but was quite irreconcilable with the theory of its dependence on the intermixture of the currents.

Mr. Pollock next brought forward an example of

#### FUNGOID DISEASE OF THE BLADDER.

The patient, a young man, aged 22, emaciated, and of cachectic aspect, had been admitted into St. George's Hospital, with the account that ten days before he had met with a fall, since which he had been passing blood with his urine. A catheter having been fairly introduced into the bladder, to the surprise of the operator only a small quantity of blood flowed; but, subsequently, an instrument of larger size being employed, and having been pushed further into the viscus, clear, unmixed urine escaped. It was surmised that the neck of the bladder must be occupied by a coagulum through which it was necessary for the instrument to pass before the urine could be reached. The man never complained of pain, but continued getting gradually weaker, and died of exhaustion about three weeks from the date of the injury, and from what he himself considered the commencement of his illness. At the autopsy the bladder was found three parts filled with a soft fungoid mass, which grew from its posterior wall, and projected as a tumour the size of a large fist into its cavity. No other viscera were affected, but in the vesical submucous tissue there were some small masses of deposit distinct from the larger one. The section of the growth was very vascular; under the microscope the characters of medullary cancer were detected. Mr. Pollock asked the attention of the Society particularly to the painless and rapid course of the disease; the man had, from his own account, been but three weeks ill, and the only inconvenience from which he had suffered had been an occasional dribbling of urine.

Mr. Shaw observed, respecting the symptom of pain, that he was rather disposed to consider it dependent on the accidental position of the tumour, than upon its essential nature. He had seen a case in which, in a woman, a tumour of this kind, but of smaller size, being situated just within the neck of the bladder, had occasioned great pain, by becoming forced into the urethra, and so dragging on its own base.

Mr. Henry Thompson exhibited the urinary organs of a man who had died with

#### IMPACTED CALCULUS IN THE URETHRA AND SACCULATED BLADDER.

The age of the patient was 67; for many years he had been subject to urinary difficulties, and for six had been dependent on the use of instruments. He had come under Mr. Thompson's care, suffering from extravasation of urine, as a patient in the Marylebone Infirmary. A catheter could not be introduced; the usual practice of free incisions into the perineum, etc., was adopted, but death ensued on the fifth day. At the *post-mortem* a laceration in the urethra of size sufficient to admit the tip of the fore finger was found. There was permanent stricture, which had been partly destroyed by ulceration, and the urethra near it was occluded by an impacted phosphatic calculus. A large sacculus of ordinary character was found in the left side of the bladder; and, in addition, were from fifteen to twenty small ones, capable of containing from one to two drachms each. These latter opened into the bladder by very minute apertures, only visible when carefully looked for, and each surrounded by a slightly elevated ring of mucous membrane. Mr. Thompson stated that he had never seen a specimen exhibiting an exactly similar condition, and that he had searched several of the London Museums without finding one. He was inclined to think that they exhibited a novel mode of production of sacculi, and were examples of the dilatation of the mucous follicles, and not of protrusions of tracts of mucous membrane between the muscular fasciculi.

Mr. Hutchinson inquired Mr. Thompson's reasons for the opinion which he had broached.

Mr. Thompson grounded it on the small and almost uniform size of the sacs, the minuteness of their apertures, and the absence of the ring of muscular tissue which surrounds the openings of those formed in the ordinary way.

Mr. Pollock asked if it were quite certain that mucous follicles did exist in the bladder.

Mr. Thompson said that all anatomists who had minutely examined the subject admitted their presence in small numbers.

Dr. Bristowe believed that Mr. Thompson might find in the Museum of St. Thomas's a specimen almost the exact counterpart of his own.

At the suggestion of the President, Dr. Bristowe and Mr. Wood undertook to make a further examination of the specimen.

Dr. Quain next showed, for Mr. Meade, of Bradford, a

#### CALCULUS ATTACHED TO THE WALLS OF THE BLADDER, AND REMOVED BY OPERATION.

The patient was a man, aged 62. In the course of the lithotomy the stone was at first found to be placed out of the reach of the finger; but, after it had been detached by the forceps from where it appeared to be fixed, it was easily extracted. After its extraction, a rough surface was felt on re-introduction of the forceps, and another small portion of calculous matter was taken hold of and brought away. The man having recovered, and being still living, it was impossible to state the precise mode in which the stone had been connected with the bladder. It appeared probable, however, that that portion of it which showed a fractured facet had been broken off from a remaining part which was encysted, and consequently could not be removed. The calculus was roundish in shape, and had a short pedicle, which had plainly been recently broken. Its composition was phosphate of magnesia and ammonia, around a nucleus of mixed phosphates. Dr. Quain directed attention to a somewhat similar case, reported in the Fourth Volume of the Society's "Transactions," page 204, by Mr. Heath, of Newcastle.

Mr. Hewett objected to the phrase "stone adherent to the bladder," which had been used in the report. A stone, of peculiar dumb-bell shape, one-half of which was encysted, was plainly a very different thing from an "adherent" one. As to adhesion of calculi to the bladder, to which not unfrequently difficulties in the performance of lithotomy are attributed, Mr. Hewett seemed inclined to doubt its occurrence. The only example which he had ever seen approaching to such a condition was one in which a large ulcer of the bladder had become covered by calcareous deposit, to which the stone had the appearance of having once been loosely connected.

Dr. Quain thought that the term "connected with the bladder" might, perhaps, be more accurate.

Dr. Andrew Clarke exhibited a series of microscopic preparations illustrative of

#### TUBERCLE AND TUBERCULAR EXPECTORATION.

Dr. Clarke read a number of propositions relative to the nature and seat of tubercle, which he hoped by the present and future



series to be able to prove to the Society. He did not believe that tubercle possessed any peculiar histological characters. It could not, for instance, be distinguished from the effusion of diphtheritic inflammations or from aphthæ. He thought, nevertheless, that important aid to diagnosis might be afforded by the microscopic examination of the matters expectorated in the course of phthisis.

Dr. Theophilus Thompson inquired of Dr. Clarke the best mode of preserving specimens of sputa, adding that he had experienced great difficulty in keeping them so as to retain their peculiar features.

Dr. Clarke replied, that for eight years he had been engaged in trying to find some menstruum efficient for the purpose alluded to, and hitherto with but partial success. A diluted Goldby's solution was, as far as he knew, the best, and it did not succeed perfectly. Kept in it, specimens might be preserved, to his knowledge, for fifteen months, and, in all probability, much longer. The delicate outlines of cells, however, always became more or less injured, and a very constant tendency to the formation of fat crystals was observed. The plan taken was to immerse the sputum in a solution of exactly its own specific gravity, which latter was easily ascertained by placing it in solutions of varying strength until one was found in which it was exactly poised.

Mr. Hutchinson next brought before the Society specimens of

### ENLARGED LYMPHATIC GLANDS NOT TUBERCULOUS.

It consisted of a cluster of three bronchial glands, about the size of large filberts, which had been removed from the body of a child, aged 3 years, who had died of phthisis. In both lungs was found abundance of tuberculous deposit in various stages, and in the mucous membrane of the intestines were a few tubercular ulcers; but, although both the mesentric and the bronchial glands were much enlarged, yet in none of them could any trace of tubercle be found. The glands showed on section a greyish, glistening surface, spotted here and there by patches of capillary congestion. They yielded juice plentifully, and the latter, when placed under the microscope, showed very numerous exudation corpuscles. The inference made was, that the enlargement, although so great, was simply that of inflammatory engorgement. Mr. Hutchinson stated, that he was well aware that the specimen was by no means rare. He exhibited it in order to ask the attention of the Society to the general question as to the relation which these enlargements of the lymphatics, so often met with in tuberculous subjects, had to the original disease. Was the enlargement idiopathic? was it a stage introductory to the development of tubercle in the gland? or was it caused by the absorption of irritating material by the distal lymphatics?

Dr. Clarke asked what kind of cells were meant by "exudation corpuscles."

Mr. Hutchinson replied, that the specimen was quite recent, and that, at the conclusion of the meeting, he would place some of the gland juice under the microscope.

After some conversation, at the suggestion of Dr. O'Connor, the President requested Dr. Clarke to make a further examination of the specimen, and report to the next meeting.

A vote of thanks to the exhibitors having been moved, the meeting then adjourned.

## WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 20.

DR. J. A. WILSON, President, in the Chair.

THIS was the first meeting of the Session. The President, in a brief address, congratulated the members upon their meeting again without any loss in their ranks, after the severe ordeal they had passed through. At the Annual Meeting in May last, we were anticipating the visitation which had now nearly passed over us; and he was glad to find that this first night of the Session was to afford an opportunity of eliciting the results of the experience of those who had had large opportunities of observing the disease in this western district of the Metropolis. As his custom is, when the opportunity offers, he made many practical suggestions; and, in conclusion, adverted to aluminine as attracting much attention at the present time; and stated that, while it was interesting to the chemist, the production of it in large quantities was promising to be remunerative in a high

degree. At the same time it was a subject coming legitimately within the scope of the objects of this Society.

Dr. C. J. B. Aldis then read the notes of some cases of cholera that had occurred in Belgravia; and, although the cases themselves presented no marked peculiarities, they served as a text for the discussion which was to follow. He commenced by describing the district comprised in Belgravia, and declared it to be, with its fair outside, too like many other parts of London, "but a whited sepulchre;" inasmuch as this district furnished, to the 18th of October, 223 deaths from cholera to the Registrar-General's Report! He proceeded to point out, that very many of these cases, and certainly the earliest ones, occurred on the banks of the Ranelagh Sewer, which forms the western boundary of the district, is uncovered for a great part of its course, and has been a fertile source of disease for many years past. This Society memorialised the Home Secretary on the subject last year, after many representations had been made to the Commissioners of Sewers, by Medical men and others in the neighbourhood. But to the present time it remains, without any visible step being taken to abate so abominable a nuisance. Dr. Aldis then related, in detail, several cases of epidemic cholera, interspersing the relation with remarks as he proceeded to illustrate more fully the locality or the result of the mode of treatment employed. Thus, in respect of the use of calomel, he is disposed to attribute good results to its administration, when it has been absorbed; but he believes that, often when calomel has been given in substance, it was neither absorbed, nor even swallowed, in consequence of the complete collapse that existed. He agreed upon the whole with the majority of the meeting, in discouraging the use of those so-called "heroic" plans which many writers had advocated.

Many members took part in the discussion which followed, and the feeling of the meeting was pretty generally expressed in favour of a careful attention to the wants of the patient, preventing all unnecessary exhaustion of the vital powers, and administering the remedy, whatever it may be, in such doses and at such intervals as the symptoms appear to demand, exercising a judicious watchfulness, that, in the progress of the case, and in our anxiety to be doing, we forget not the possibility that the agents we employ as remedies may prove to be dangerous poisons.

At ten o'clock the meeting adjourned to the 3rd of November, when Dr. Cahill will read some cases of typhoid fever.

## CHOLERA.

IN the week ending Oct. 21, cholera was fatal in 163 cases; diarrhoea in 78. The mortality from the epidemic declines, but not so rapidly as in the same month of 1849. In three weeks of October in that year the deaths were 288, 110, and 41; in the last three weeks of the existing epidemic they have been 411, 249, and 163. The fatal cases of diarrhoea and dysentery were 102 and 106 in the first two weeks of the present month; last week they declined to 83. In comparing the returns from the five Metropolitan divisions for the last two weeks it will be seen that the improvement which they show is greatest on the north side of the river. Of the five northern districts cholera lingers most in Marylebone, though the mortality in it is not great. In the last two weeks the deaths in that district were 9 and 12; while in Pancras, with a larger population, there were only 3 last week, which occurred in Camden Town. Only one death occurred last week in Islington, and 1 in Hackney. Among the sub-districts on the south side of the river still haunted by the disease are St. James Bermondsey, the Kent-road sub-district, and St. Peter Walworth.

The deaths in districts are as follow:—

DISTRICTS AND SUB-DISTRICTS.	Elevation above Trinity High- water Mark.	Popula- tion in 1851.	Deaths from Cholera registered			Total of 15 Weeks ending Oct. 20, 1849.
			in the Fifteen Weeks ending Oct. 21.	in the Week ending Oct. 21.	in the Week ending Oct. 20, 1849.	
LONDON .....	feet 39	2,362,236	10,530	163	41	1434
WEST DISTRICTS....	28	376,527	2018	26	4	1134
NORTH DISTRICTS..	135	490,396	752	17	1	850
CENTRAL DISTRICTS	49	393,256	619	7	6	1606
EAST DISTRICTS....	26	485,522	1481	20	17	2871
SOUTH DISTRICTS ..	6	616,635	5960	93	13	6682



The deaths according to age are—

From 0 to 15	...	...	...	56
„ 15 to 60	...	...	...	89
„ 60 and upwards	...	...	...	18

In the same week of 1849, the number of deaths were 41, and the ages—

From 0 to 15	...	...	...	13
„ 15 to 60	...	...	...	23
„ 60 and upwards	...	...	...	5

Rate of Increase and Decrease in same Ten Weeks of 1849 and 1854.

	1	2	3	4	5	6	7	8	9	10
1849										
Incr.	406	43	391	363	..	..	..	..	..	..
Decr.	..	..	..	..	344	343	405	146	178	69
1854										
Incr.	85	118	440	763	..	..	..	..	..	..
Decr.	..	..	..	..	501	265	530	343	162	86

Difference between Mean Temperature of Air on an average of 38 years in same Ten weeks of 1849 and 1854.

1849	—1.1	+2.6	+3.7	+5.8	—3.2	—1.2	+5.4	—1.8	—4.7	+3.6
1854	+1.2	+1.1	+5.9	+1.1	+3.8	+1.5	+1.0	+1.0	—0.1	—3.0

Mean Readings of Barometer.

1849	29.678	30.076	29.772	29.884	29.464	30.155	29.680	29.374	29.540	29.893
1854	29.813	29.915	30.212	30.166	29.857	29.972	30.076	29.710	30.036	29.504

DEATHS over BIRTHS from Week ending August 26, compared with same Weeks of 1849.

	1	2	3	4	5	6	7	8	9
1849 .....	1140	1569	1882	1563	581	85	108	—196	—335
1854 .....	401	890	1807	1331	876	447	130	—148	—87

BIRTHS above the average of 8 years from the Week ending August 26, 1854, compared with the same Weeks of 1853.

1853 .....	134	204	342	196	232	256	99	12	63
1854 .....	271	258	205	140	297	349	5	255	19

The following have been the number of deaths from all causes in the General Hospitals of London for the week:—

	Deaths.		Deaths.
St. Mary's	...	King's College	...
St. George's	...	St. Bartholomew's	...
Westminster	...	London	...
Charing Cross	...	Guy's	...
Middlesex	...	St. Thomas's	...
University College	...		
Royal Free Hospital	...	Total	...

The following Table shows the deaths by cholera in 7 weeks in the houses of the South Districts, supplied with water from various sources:—

Week ending	Number of Deaths in Houses Supplied with Water by					Total.
	The Southwark Company.	The Kent Company.	The Lambeth Company.	Pumps, Wells, and other Sources.	Un-ascertained Sources.	
September 2..	399	38	45	72	116	670
September 9..	580	45	72	62	213	972
September 16..	524	48	66	44	174	856
September 23..	432	28	72	62	130	724
September 30..	228	19	25	24	87	383
October 7..	121	10	14	9	46	200
October 14..	69	3	8	6	29	115
	2,353	191	302	279	795	3,920

DUBLIN.—Cholera continues in this city, but as yet shows little disposition to spread largely among the inhabitants. The

daily average of cases in the workhouses and temporary Hospitals is but small, and the mortality is proportionably low.

The Bavarian Government has just published an official return of cases of cholera in that country, up to the 30th of September, from which it appears that 12,753 persons have been attacked, and that 6,163 deaths have ensued.

PARIS.—During the three weeks to the 18th October, 321 cases had been received in the Hospitals of Paris; 166 deaths occurred during the same period, and 123 were discharged. The total cases treated since November have been 6,543; 2,925 have been discharged; 3,374 have died; and 244 remain under treatment. The comparative mortality of the three epidemics is as follows:—In 1832, 47 per cent.; in 1849, 55 per cent.; and in 1854, 52 per cent.

INDIA.—The *India Journal* says:—"The cholera, we regret to observe, is raging around Kandy and some other places in Ceylon. In less than a month, 596 cases have occurred, and 303 have proved mortal. The disease has, as yet, scarcely attacked the Europeans.

## MEDICAL NEWS.

UNIVERSITY OF OXFORD.—The first step under the University Reform Bill was taken on Tuesday, in the election of the Hebdomadal Council, which also held its first meeting on that day.

RADCLIFFE INFIRMARY, OXFORD.—This Institution has received 7*l.* 1*s.* 6*d.*, proceeds from collections on Thanksgiving day.

CAMBRIDGE UNIVERSITY.—From lists published in the *Cambridge Chronicle*, it appears that the number of freshmen entered this year is 453, against 456 in 1853. The entries at Pembroke College (the lowest on the list) are 5, and at Trinity (the highest) 141.

UNIVERSITY OF EDINBURGH.—The following changes in the hours of lecture of the following Professors have been made:—Dr. Simpson, 11 instead of 2; Professor Miller, 11 instead of 10; Dr. Henderson, 10 instead of 11; and Dr. Bennett, 2 instead of 11.

KING'S AND MARISCHAL COLLEGE, ABERDEEN.—Negotiations are going on respecting a proposed union of these institutions.

UNIVERSITY OF ST. ANDREWS.—List of gentlemen who had the degree of Doctor of Medicine conferred upon them, 20th of October, 1854:—

ANDREWS, JAMES, M.R.C.S. and L.A.C., London.  
 BAXTER, ROBERT WALMSLEY, M.R.C.S. and L.A.C., Kent.  
 BROWNE, JOSEPH, M.R.C.S., Royal Navy.  
 GARDEN, ALEXANDER, M.R.C.S., London.  
 MARCHANT, W. R. F., M.R.C.S. and L.A.C., North Curry.  
 MARSTON, JEFFERY ALLEN, M.R.C.S., Newcastle-on-Tyne.  
 MORGAN, MOSES, M.R.C.S., London.  
 PALMER, CHAS., M.R.C.S. and L.A.C., Ormskirk, Lancashire.  
 PEARSE, JOHN S., M.R.C.S. and L.A.C., Newcastle-on-Tyne.  
 PRATT, HENRY, M.R.C.S. and L.A.C., Montreal, Canada.  
 PURNELL, THOMAS, M.R.C.S. and L.A.C., Wells, Somerset.  
 ROSE, HENRY C., M.R.C.S. and L.A.C., Teignmouth, Devon.  
 STEVENTON, WILLIAM, M.R.C.S. and L.A.C., Middlesex.  
 TREFFRY, RICH. BARON, M.R.C.S. and L.A.C., Nottingham.  
 WARWICK, WM. R., M.R.C.S. and L.A.C., Southend, Essex.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At a stated meeting of the College, held on St. Luke's-day, the following were elected as office-bearers for the ensuing year:—*President*: Dr. Evory Kennedy. *Censor*: Dr. Wm. Barker. *Vice-Presidents*: Dr. Thos. Brady, Dr. J. F. Duncan, Dr. Cuthcart Lees. *Treasurer*: Dr. John Mollan. *Librarian*: Dr. G. A. Kennedy. *Professor of Midwifery*: Dr. Wm. F. Montgomery. *Professor of Medical Jurisprudence*: Dr. Thos. Brady. *Examiners in Midwifery*: Dr. Wm. O'B. Adams, Dr. Henry Lav Dwyer, Dr. Fleetwood Churchill. *Inspector of Apothecaries' Shops*: the Censor.

SCHOOL FOR THE SONS OF MEDICAL MEN, ETC.—Our readers will find, from our advertising columns, that the eldest surviving son of the well-known Dr. Anthony Todd Thomson, Author of the "London Dispensatory," and many other Medical works, has extended the system of the school of which he is the head master (St. John's Foundation School), in order to give the sons of Medical men a solid first-rate education, at a moderate uniform rate, and to furnish a special introduction to the



Medical Profession for boys intended for it. The Profession will, we think, be glad to learn that a school in which not merely classics, but natural science, modern languages, and music, form an integral part of the instruction conveyed, has been provided by the son of so well-known a Medical writer; and we trust that the school may meet with encouragement and support.

APPOINTMENTS.

LOUGHBOROUGH DISPENSARY.—Samuel Langton Jones, Esq., has been appointed to the office of Secretary.  
 AYLESBURY GAOL.—Robert Ceeley, Esq., has been appointed Surgeon, vice H. Hayward, Esq., deceased.  
 ARDWICK AND ANCOATS DISPENSARY.—A. P. Childs, Esq., has been appointed one of the Surgeons to this charity.  
 HASTINGS INFIRMARY.—W. A. Greenhill, Esq., M.D., has been appointed Physician, vice Dr. Harwood, deceased.  
 ROYAL CORNWALL INFIRMARY.—Mr. Bassett has been elected Resident House Surgeon, vice Mr. Bull, resigned, and who had discharged that office for fifty-five years; also Mr. Henry Andrew and Mr. S. Michell have been elected Visiting Surgeons, in vacancies occasioned by the resignations of Mr. Bull and Mr. Bassett.

VACANCIES.

NEWCASTLE INFIRMARY.—There are vacancies for two Surgeons, by the resignation of Messrs. Greenhow (through illness,) and H. Heath. Mr. Ammandale, Mr. G. Y. Heath, Mr. S. Rayne, and Mr. C. J. Gibb are candidates.  
 SALFORD AND PENDLETON ROYAL HOSPITAL AND DISPENSARY.—An Assistant-Apothecary is required. Election, November 30.  
 CARLISLE DISPENSARY.—An Apothecary is required.  
 LANCASTER DISPENSARY AND HOUSE OF RECOVERY.—There is a vacancy for a House-Apothecary.  
 HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.—The office of Physician is vacant, by the resignation of Dr. G. E. Wood. Election, November 22.

DEATHS.

GOLDSTONE.—Oct. 5, at Malmesbury, Wilts, Robert Goldstone, Esq., Surgeon, late of Bath, aged 80.  
 HARRISON.—March 12, at Sydney, N.S.W., John Harrison, Esq., Surgeon, formerly of Blandford, Dorset, in his 50th year.  
 HOWELL.—Oct. 7, Charles William Henry Howell, Esq., Surgeon, Stratford, Essex, M.R.C.S.E. 1842; L.S.A. 1836.  
 MOLLESON.—Oct. 21, at 31, India-street, Edinburgh, — Molleson, Esq., M.D., aged 79.  
 READE.—Oct. 5, at Scutari, of cholera, — Reade, Esq., Assistant-Surgeon, 44th Regt.  
 REID.—Oct. 5, at Balaklava, of cholera, Alexander Rothney Reid, Esq., M.D., Assistant-Staff-Surgeon to the Forces, aged 24.  
 THOMSON.—Oct. 5, at Scutari, of cholera, J. Thomson, Esq., M.D., Assistant-Surgeon, 44th Regt. Feb. 11, 1848.

THE ARCTIC EXPEDITION.—Dr. Rae, on the Staff of the Hudson's Bay Company, has just reached England. Dr. Rae, in the spring, fell in with a party of Esquimaux who were in possession of a number of articles known to belong to Sir John Franklin, in addition to some silver plate bearing the crests of the owners. When questioned as to how they had become possessed of these, they said that the vessels of Franklin had been crushed in the icebergs, and their crews forced to set out over the snow on their way towards the territories of the Hudson's Bay Company; that, in 1850, the Esquimaux had met forty Englishmen belonging to Sir John Franklin's ships, traveling on foot, and dragging a boat over the ice near King William's Land; that the officer in command of these unfortunates had bought from the Esquimaux for his followers a small seal, being greatly in want of provisions; that, at a later period, the Esquimaux found the dead bodies of all this party on the ice near Back River, surrounded by evidences that they had been driven to cannibalism to prolong existence. Among the articles recovered were the following, showing that the Medical Officers had shared the dreadful fate of their shipmates:—1 silver table-fork, "H. D. S. G." (Harry D. S. Goodsir, Assistant-Surgeon, Erebus); 1 silver table-fork—initials, "A. M'D." (Alexander M'Donald, Assistant-Surgeon, Terror); 1 silver dessert-spoon—initials, "J. S. P." (John S. Peddie, Surgeon, Erebus).

MEDICAL REINFORCEMENTS FOR THE EAST.—Four Naval Surgeons and four Assistant-Surgeons left on Sunday last for Marseilles to take a passage in the City of London transport for the Crimea, to serve on shore with the Naval contingent engaged in the siege of Sebastopol. These gentlemen left with only one day's notice. On Monday Dr. Spence, Deputy-Inspector, and 14 newly-appointed Medical officers for the Army, also left for Marseilles, to take a passage to Constantinople in the Vectis.

PATIENTS AND EXECUTORS.—At the Tiverton County Court, on the 12th instant, the following case was tried:—JOHN BEEDEL, JUN. v. WILLIAM HANCOCK.—Mr. Tucker appeared for the plaintiff, a surgeon, of Tiverton, and Mr. Turner for the defendant, who resides at Bristol, and is the executor of the late Mrs. Blackler, landlady of the Fountain Inn, in the former town. The sum claimed was 16*l.* 15*s.* 6*d.* for medicine and medical attendances supplied to Mrs. Blackler during her last illness. The defendant disputed his liability, except as to the sum of 8*l.* 10*s.*, on the ground that the plaintiff had, for the last ten or eleven years, and up to within six months prior to her death, attended Mrs. Blackler at a fixed scale of charges, and that he had no right to raise them until he had first intimated to Mrs. Blackler, or her relatives, his intention of doing so. For the plaintiff, it was submitted that the contracts were separate and distinct from each other, and that the charges were fair and reasonable. It transpired in the course of the inquiry, that the defendant had offered the plaintiff 10*l.* to settle the matter. His Honour said he did not entertain the slightest doubt about the case. He was of opinion that the executor was not liable to pay the plaintiff a higher rate of charges than would have been given by the defendant during her lifetime. He gave judgment for 8*l.* 10*s.*, without costs.

REGISTRATION OF BIRTHS, DEATHS, AND MARRIAGES IN SCOTLAND.—The Act passed last Session comes into operation 1st Jan., 1855. The importance of registration has heretofore in Scotland been but too little valued and too frequently neglected. The Session-Clerks of Edinburgh, St. Cuthbert's, Canongate, and South Leith have resolved, upon the production of sufficient evidence, to register all who may not be registered, at the same fees as if application had been made at the date of birth or marriage.

EXTENSIVE CLOSING OF BURIAL-GROUNDS. — Friday night's *Gazette* contains numerous Orders in Council, passed on Wednesday, the 18th instant, for the closing of a great number of burial-grounds in different parts of the country.

MORTALITY NOTABILIA.—The deaths registered in London, which, in the first two weeks of October, were 1532 and 1394, declined in the week that ended last Saturday to 1321. In ten weeks of the years 1844-53, corresponding to last week, the average number was 942, which, being raised in proportion to increase of population, becomes 1036. About 300 persons died last week more than could be estimated, from the experience of former years, at the middle of October.

*Births.*—705 boys, and 703 girls; 1408 children were registered; average 1389.

*Meteorology.*—Mean height of the barometer in the week, 29.504 in. The mean temperature of the week was 46.5°, which is less by 3.0° than the average of the same week in 38 years. The mean temperature was below the average on every day of the week; 5.8° below it on Tuesday, and 7.3° below it on Thursday. The highest temperature was 56.5° on Saturday; the lowest were 35.3° on Tuesday, and 35.5° on Thursday. The mean dew-point temperature was 42.3°; and between this and the mean temperature of the air the difference was 4.2°. The wind was variable during the week. The horizontal movement of the air was 785 miles; on Wednesday, 160; on Thursday and Saturday, 155 miles. Rain, 0.48 in. Electricity positive, and frequently strong.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending Oct. 21:—

	Males.	Females.	Total.
Workhouses...	50	68	118
Military and Naval Asylums	2	...	2
General Hospitals	33	21	54
Hospitals for Special Diseases	3	6	9
Lying-in Hospitals	...	2	2
Lunatic Asylums	3	3	6
Military and Naval Hospitals	1	...	1
Hospitals for Foreigners, etc.	2	...	2
Prisons	...	...	...
	94	100	194



DEATHS REGISTERED in the Metropolis for the Week ending Saturday, October 21, 1854.

CAUSES OF DEATH.	OCT. 21.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	663	427	212	1321	9424
SPECIFIED CAUSES .. .. .	658	426	212	1297	9364
1. Zymotic (or Epidemic, Eudemic, and Contagious) Diseases ..	319	137	39	495	2568
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	7	19	19	45	439
3. Tubercular Diseases .. .. .	58	111	7	176	1658
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	47	33	28	108	997
5. Diseases of the Heart and Blood-vessels .. .. .	2	19	18	39	336
6. Diseases of the Lungs and of the other Organs of Respiration ..	114	47	34	195	1243
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	26	34	9	69	614
8. Diseases of the Kidneys, etc. ..	..	4	7	11	113
9. Childbirth, Diseases of the Uterus ..	..	7	..	7	97
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	4	5	..	9	66
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	2	..	1	3	18
12. Malformations .. .. .	5	..	..	5	35
13. Premature Birth and Debility ..	30	..	..	30	205
14. Atrophy .. .. .	35	3	3	41	214
15. Age .. .. .	..	..	43	44	417
16. Sudden .. .. .	1	1	..	2	71
17. Violence, Privation, Cold, and Intemperance .. .. .	8	6	4	18	243
CAUSES NOT SPECIFIED .. .. .	5	1	..	24	60

TO CORRESPONDENTS.

CAMPHOR IN CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Permit me, through the medium of your Journal, to call the attention of the Profession to the singular utility of camphor as a remedy in epidemic cholera and diarrhæa.

In the few cases (including myself, when attacked with this disease in August,) in which I have exhibited the subjoined formula,(a) it has invariably proved an instantaneous remedy in the conditions of diarrhæa, cholera, cramp, and collapse.

I am, &c.  
HENRY JEANNERET, M.D.

15, Upper George-street, Bryanstone-square, October 18, 1854.

Mr. Browne.—We do not know Dr. Junod's present address.

Dr. Willmot's paper on Rupture of the Bladder shall appear next week.

Homo should apply at the Dispensary for the information.

Mr. Holmes Coote's case of Cyst in the Neck is in type.

Mr. Amesbury.—We have received a letter from this gentleman complaining of our illustration in his case of ultra-professional conduct. We

(a) R Pulv. camphor gr. iv., pulv. confect. arom. gr. xv. M. ft. pulv. ex aqua sumend. et repetend. si opus fuerit.

cannot give insertion to his lengthened statement. Its appearance in our column would be giving that publicity to another edition of his prospectus, the spirit of which we again unhesitatingly denounce, as contrary to Professional dignity.

Eastern Dispensary of Bath.—On a full consideration of all the circumstances connected with the unpleasant differences between Dr. Tunstall and his colleagues, we cannot help expressing our regret that an amicable arrangement was not concluded among the medical men themselves, or that the matter was not referred to arbitration. We think that the subscribers to the charity have acted towards their medical officers in a spirit of conciliation which we are sorry to find has not been followed out. The whole affair might surely be amicably settled by reference to a medical tribunal.

Cymbri.—E. Pierce, Esq., M.D., is the Coroner for the district.

L. H.—By the Mutiny Act, 17 Vic. c. iv., a private Medical Practitioner is competent to give a certificate of fitness or unfitness for service in the case of a deserter; but if he does so in a place where a Military Medical Officer is stationed, and his services are available, the private Practitioner will not be allowed his fee.

Seaham.—The case seems analogous to that of the Queen v. Cluderoy, tried at the York Assizes in 1849, which up to a point reserved was argued at Westminster. The case and judgment were as follow: A administered two cocculus indicus berries, entire in the pod, to a child, with intent to murder. The kernel is a poison, the pod is not, and will not dissolve in the stomach: the berries were, therefore, supposed to be harmless. Held to be an administering of poison with intent to murder, within the Statute 1 Vic. c. lxxxv. s. 2.

Medical Charities.—In the list in our Students' Number, we omitted the East Sussex, Hastings, and St. Leonards Infirmary; and the Hastings Dispensary.

A Constant Reader.—Mr. Tomes's work.

J. K. M. should apply at the Hospital. We cannot answer the question. Canterization of the urethra is very seldom required in the treatment of spermatorrhœa.

A Subscriber.—We believe so.

We cannot answer the question of our Yarmouth correspondent, as to the completion of Dr. Copland's Dictionary.

CASTS OF THE BRONCHIAL TUBES.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your notice of the last Volume of "The Transactions of the Pathological Society of London," in your Number of this day, you say that Dr. Peacock has given "an analysis of all the cases yet published" of fibrinous casts of the bronchial tubes. Permit me to correct this statement; there are many such cases recorded in the reports of the Pathological Society of Dublin, which Dr. Peacock has not even referred to. I have forwarded to him a list of cases by Sir Henry Marsh, Dr. Banks, and Mr. Smythe. The cases of Drs. Corrigan and Cane, noticed by Dr. Peacock, are quoted from an original article in the OLD SERIES of the Dublin Journal, by Dr. Cane; they are also recorded in the Reports of the Pathological Society of Dublin. I am, &c. WILLIAM O'CONNOR.

Upper Montague-street, Montague-square, October 21, 1854.

COMMUNICATIONS have been received from—

Dr. DAY, St. Andrew's; Dr. TUNSTALL, Bath; Dr. BLACK; Mr. WILDE, Dublin; Mr. W. ADAMS; Mr. MANBY; Dr. RICHARDSON; Messrs. BLACKIE and SON; Mr. HAMILTON; Dr. RIGBY; Dr. TODD; Mr. H. SMITH; Mr. MACKENZIE; Dr. JEANNERET; Mr. BROWNE; Dr. WILLMOT; HOMO; Mr. HOLMES COOTE; Mr. AMESBURY; CYMBRI; L. H.; SEAHAM; Dr. S. THOMSON; A CONSTANT READER; J. K. M.; A SUBSCRIBER; Dr. O'CONNOR; Dr. QUAIN; Mr. HOLMES; Mr. HILLIER; Dr. ROULSTON; Mr. STRETTON, St. Bartholomew's Hospital; Mr. DIX; Dr. KING; Mr. PARRY; Dr. LAYCOCK; Mr. HOLL; Dr. SIEVEKING.

APPOINTMENTS FOR THE WEEK.

OCT.—NOV	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
30. MONDAY ..	Operations at Charing-cross, 2 p.m. Cambridge Exam. of Candidates for Licence ad Pract. in Med. Regius Professor of Physic in Univ. of Oxford commences Lectures on Anatomy and Physiology, 1 p.m.	
31. TUESDAY ..	Operations at Guy's, 1 p.m. B.A. Examination for Honours University of London.	
Nov. 1, WED. ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m. B.A. Examination for Honours University of London.	London Medical Society of Observation: Dr. Sibson's, 8 p.m.: "Dis-cases of the Cerebro-Spinal System.—Geological Society of London, 8 p.m.
2. THURSDAY ..	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m. B.A. Examination for Honours University of London. Clinical Professor of Med. in Univ. of Oxford commences Lectures, 1 p.m.	Harveian Society, 8 p.m.: Annual Address by Mr. Conlson.—Aber-nethian Society, 8 p.m.: Mr. Paget, "On the Decrease of the Can-cerous Diathesis in its Hereditary Transmission."
3. FRIDAY ....	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	Western Medical and Surgical Society, 8 p.m.: Dr. Cahill, "On Some Cases of Typhoid Fever." Council meet at 7 p.m.
4. SATURDAY ..	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m. Vice-Chancellor (Cambridge) elected.	Medical Society of London, 8 p.m.



ORIGINAL LECTURES.

LECTURE

ON

CASES OBSERVED AMONG THE OUT-PATIENTS  
AT THE SAMARITAN HOSPITAL.

By T. SPENCER WELLS, F.R.C.S.,

Surgeon to the Hospital, and Lecturer on Surgery at the School adjoining  
St. George's Hospital.

Epidemic Prevalence of Boils and Cellulitis.—Cases of Strabismus.—Diagnosis of Cases likely to require a Second Operation.—Cause of Improved Vision after Operation.—Cases of Nævi.—Treatment by Galvanic Cautery, Subcutaneous Ligature, and the Ordinary Ligature.—Cases of Pelvic Cellulitis and Enlarged Spleen.—Efficacy of the Bromide of Potassium in the Treatment of the latter.

I HAVE often thought that students might obtain much more practical knowledge during their attendance at our Hospitals, if the Medical officers would direct the attention of the pupils more frequently and earnestly to the cases observed among the out-patients. These cases may not be so interesting from their rarity or severity as those which are to be seen in the wards, but they are just the cases which the young practitioner is likely to meet with in the earlier part of his career, and it is upon their treatment that his future reputation, good or evil, will be based. It is not at the outset of a young Surgeon's life that he will be called on, except under very peculiar circumstances, to tie a large artery, to amputate a limb, to extract a stone from the bladder, or a cataract from the eye. The cases entrusted to his care at first will be just such ulcers on the leg, such varicose veins, such small tumours, such cases of local inflammation, hæmorrhoids, chronic and acute abscesses, obstinate skin diseases, nævi, cases of squinting, and others requiring the aid of what may be called minor Surgery, as may be seen here and in other Hospitals daily in the out-patients' room. If he treat such cases as these judiciously and successfully, it will not be long before more serious cases are entrusted to his care; while, if he have neglected so very essential a part of his practical education, and others are able to cure cases which he has failed to treat satisfactorily to himself and the patient, the struggle to gain a lost position must prove long, and will often be unavailing. I do not believe that students often desert the out-patients' room from idleness; I think the fault is more frequently that of the teacher, who is hurried by the large number of cases he has to attend to, and, not being sufficiently impressed with the importance of his position, does not set aside a portion of the cases for special clinical instruction. It is in the endeavour to avoid what I feel to be a great error that I shall from time to time make such remarks upon the cases which pass under observation in this Hospital as will, I trust, prove useful to those who are about to commence the practice of our Profession.

I do not know whether it has been generally remarked in other Hospitals, or by private Practitioners; but I and some of my friends who practice in this part of London, have certainly observed, during the season of the epidemic which is now happily passing off, a very unusual prevalence of boils, and of a low form of diffuse cellular inflammation. I and one of my colleagues have been personal sufferers, and we have seen a great many cases of boils among the patients here, especially about the buttocks, shoulders, hands, and face. Ill-conditioned abscesses in the axillæ, and paronychia, have also been numerous. In all such cases, there has evidently been a deranged state of the general health; a state of general depression, a tendency to sallowness of the face, light-coloured stools, high-coloured urine, and sense of fullness in the region of the liver, with indications of functional hepatic disorder, and occasional attacks of colic, flatulence, or diarrhœa. I am disposed to regard this as one manifestation of the prevailing poison. Just as cholera has been preceded, accompanied, or followed in this and former visitations by what we may almost call epidemics of influenza, and of a peculiar low form of aguish fever, I am convinced that, in this district at least, it has certainly been accompanied by a pre-

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valence of a form of furuncular, or low, unhealthy, local inflammation, and that peculiar derangement of the general health which I have just described.

I do not suppose that any very correct inference can be drawn as to the prevalence of a disease from the number of deaths from diseases of a similar class recorded by the Registrar-General; but a glance at the following Table may not be uninteresting. It shows the number of deaths in the Metropolis from Erysipelas, Abscess, Carbuncle, and Phlegmon, for July, August, and September, during the last five years, and that this year the number of deaths from these causes is considerably increased

	1850.	1851.	1852.	1853.	1854.
Erysipelas	... 65 ...	76 ...	54 ...	80 ...	109
Abscess...	... 17 ...	23 ...	27 ...	36 ...	32
Carbuncle	... 9 ...	4 ...	15 ...	17 ...	19
Phlegmon	... 3 ...	6 ...	2 ...	3 ...	6
Total...	... 94 ...	109 ...	98 ...	136 ...	166

I may refer to a very interesting Lecture published in the *Medical Gazette* in 1851, by Dr. Laycock, of York, upon what he terms an "Epidemic Exanthem." He describes a more marked degree of what we have seen here, and looks upon it as essentially a blood disease, caused by some specific poison, and gives some curious facts in support of the theory that it may originate with the lower animals, and is contagious. I have not heard of any epizootic being prevalent, or affecting horses and cattle, of late; but a more extensive inquiry among veterinary surgeons might afford further information on this point. Dr. Laycock has suggested, that microscopists should seek to determine whether some Ektozoon is not to be found in the skin or subjacent tissues, and his suggestion is well worthy of attention.

I need not refer to cases in detail, as the general description will suffice for all. One case, however, may furnish a lesson of caution. A middle aged woman suffered from this form of low cellulitis in the left side of the neck. Leeches had been applied, and purgatives given before I saw her. I found the whole left side of the neck, the jaw, and the subclavicular region swollen, dusky red, hot, and painful, with the unmistakeable feel of diffuse cellular inflammation. The woman's face was dusky, her pulse scarcely perceptible, her breathing hurried,—in a word, she was evidently in extreme danger. I at once made an incision along the lower border of the jaw, a great number of slight lancet punctures on the side of the neck, and some deeper and larger ones below the clavicle. Brandy, wine, eggs, and beef-tea were given freely, and turpentine dressing applied locally. Suppuration was profuse; stimulants were required for many days, to the extent of eight ounces of wine and eight ounces of the *mistura vini gallici* of the Pharmacopœia daily; but ultimately the woman recovered. I did not see her after she was out of danger, and unfortunately sufficient care was not taken to prevent contraction during the healing process; so that, when the poor woman came here a few days ago, I was shocked to see that she was as much deformed as if she had had a severe burn on the neck. None of the skin had been lost; but so much of the cellular tissue had been destroyed by suppuration, that contraction followed. In all such cases, great attention should be paid to position during the healing process, and any tendency to deforming contraction prevented by counteracting extension. In this case, a stiff collar worn round the neck, keeping the head erect, or even pushing it over to the other side, should have been worn. It would have caused pain at the time, but much subsequent trouble would have been saved. As it is, as soon as we have seen what gradual extension is capable of doing, I shall probably make a subcutaneous division of the cord-like bands which now pass from the clavicle towards the jaw, and which cause the deformity.

I shall now pass on to some of the cases of strabismus upon which I have operated lately. There have been five, and it has so happened that I have had to divide the internal rectus of the left eye in all these cases. The result has been satisfactory in every case. In one, I told the patient before operating that I should have to deal with the better eye also before the eyes would become completely parallel, and, although the left eye has become much straighter than before, and she can see better with it, yet it does not so exactly correspond with its fellow as it will do when I have divided the internal rectus of the opposite eye, which I shall do in a few days.

Now, this is a point of practical importance. A squinting patient wishes to know if she can be cured by operation. You think she can: divide the faulty muscle, convince yourself that you have done it completely, and yet the eye squints as badly as



ever. The patient is disappointed; you are annoyed; and the chances are you never see her again: whereas, a little observation beforehand might have enabled you to tell her, that the first operation could not succeed, but that a second would. How are you to know beforehand, then, whether a second operation will be necessary? Nothing can be more simple, if you bear in mind certain rules. You must regard the degree of mobility of the eyes, the difference of visual power, the amount of convergence, and the alternation of distortion on closing one eye and calling the other into action. In some cases, you may have but slight distortion, yet the motions of the eyeball are very much impeded. Such a case is not likely to be perfectly cured by operating even on both eyes. In almost all cases you will find a great difference in the visual power of the two eyes. The distorted eye is the weaker. In all the cases we have lately seen, this has been very marked. In one woman, the distorted eye was perfectly useless; she could not read ordinary type at all with it. It only served to render vision indistinct, so that she always closed it when threading a needle, or looking intently at any object. You take a book, and find that a patient can read with the straighter eye at a distance of two feet, while she cannot read with the other, the straighter one being closed, at a distance of six inches. In other cases, the difference is not so great, but there is almost always more or less. Then, as to the amount of convergence: if the distortion be slight, the degree of mobility not diminished, and the visual power of the two eyes nearly equal, you need not operate at all. You can cure the case by making the patient wear prismatic spectacles. I may enlarge on this more hereafter, in the meantime referring to a paper of mine on the subject in the *Medical Times and Gazette* last year. (See *Medical Times and Gazette*, Vol. VII., p. 216.) If you find the vision of both eyes good, but the degree of convergence considerable, in all probability two operations will be required, and you had better prepare the patient for it. If, with a considerable degree of convergence, you have, as I have said you almost always will have, very unequal visual power in the two eyes, the general rule is, that one operation will be sufficient; but, to be on the safe side, in forming your prognosis as to a second operation, you must determine the power you have of producing an alternation of distortion. You know that cases of strabismus are distinguished as alternating and non-alternating. In the one case, when both eyes are open, the same eye is always distorted. In the other, the distortion is observed now in the right eye, and now in the left, although more frequently in one than the other. In the great majority of cases, by the closing the better eye, the distorted eye becomes straight, and reverts to its abnormal position, as soon as its fellow is opened again. If you raise the closed lid of the straightened eye suddenly, you will probably find that the eye is distorted, but it becomes straight as the opposite eye returns to its old position. You have produced an alternation of the strabismus by closing the better eye, and calling its fellow into action. You may do the same thing by curing one eye by operation, and, in that case, may have to perform a second operation; and, if the distortion you produced was very decided, you had better prepare the patient for the *probability*. I do not say more, because you will often find that, after a few days, a distortion of the straighter eye which has supervened after operation disappears spontaneously. You will find it laid down as a rule in some books, that when the distortion shifts to the better eye after operation, both eyes should be operated on at once; and some Surgeons go so far as to say, that if after having thoroughly divided the faulty muscle in one eye any distortion is apparent *in either* in looking straight forward, the second eye should be operated on without delay. My experience has convinced me, that these are serious practical errors. If you acted upon these principles, you would often perform a second operation quite unnecessarily, and would run into great danger of converting a convergent into a divergent squint, for which the patient would be the reverse of grateful. I have seen more than one case in the practice of other Surgeons where the internal rectus of one eye has been divided; the eye not becoming straight, the corresponding muscle of the other eye has been cut at once, with the effect of causing divergent strabismus in one case immediately, and in others within two or three days. I would say, therefore, never perform your second operation until you have had time to observe the effect of the first. You would be *tolerably* safe if closing the sound eye still caused the eye operated on to become straight; but it is better to be *quite* safe, and I advise you, therefore, always to wait, rather than run the slightest danger of leaving your patient worse than you found him.

It is curious and interesting to observe how very rapidly the vision improves after division of one of the muscles of a squint-

ing eye. In some cases the improvement is immediate. This was first pointed out to me by the late Mr. Adams, who wrote some papers on what he called muscular amaurosis. I never agreed in his opinion, that compression of the optic nerve by the recti muscles was the cause of the impaired vision; for, looking to the anatomical arrangement of the nerve and muscles, I do not see how this compression could be exerted. I think it much more reasonable to believe that the muscle which produces distortion alters the form of the eye-ball, or makes such unequal pressure upon it as to alter the natural relations between the cornea, lens, vitreous humour, and retina, so that the rays of light are not refracted in the same degree or with the same regularity as they are in the healthy eye. Admitting this, we can understand the instantaneous improvement of vision we often observe as soon as a muscle has been divided, and the gradual improvement still more frequently observed as the eye assumes and retains its normal position.

There are many other points to which I might allude with regard to strabismus, the mode of performing the operation, the after-treatment, and so on; but, at present, other cases require notice.

Four cases of *naevi* have been cured here lately. Three of these I treated by ligature, and one by the galvanic cautery. The last case was just on the tip of the nose, and within the right nostril—a troublesome situation for ligature. Two applications of the cautery completely removed it. I am inclined to think that this mode of treatment may supersede the ligature in very many cases; but I have not had sufficient experience as yet to speak with confidence. It is certainly less painful to the child. I hope, however, to see some improvement made in the form of battery. The one we have here is a Grove's battery of eight small cells. It is portable; but the fumes from the strong nitric acid used are unpleasant, and it is scarcely powerful enough, not heating more than an inch of thin platinum wire. Mr. Meinig was here two or three weeks since, and brought a very powerful battery, which he had made at my suggestion. Indeed, it was too powerful, for it fused wire as thick as we ever want to use, and raised a piece a foot long to a brilliant heat almost instantaneously. He assured me that it would retain this power for thirty-six hours without renewing the solutions. There are only six cells. They are surrounded inside by a zinc plate, are filled with a solution of common salt, and contain a porous cell, which is filled with nitric acid, into which a cylinder of antimony is immersed, and the connexion is made as in a Grove's battery. The cells are covered with gutta percha caps, so that none of the fumes of the acid escape, and the whole is closed in a box, so that the patient sees nothing but the wires. These are great advantages; and, if the battery can be made more portable, it will be very convenient for private practice. It answers exceedingly well for Hospital practice as it is. To return, however, to the cases of *naevi*. I tried the subcutaneous ligature in one. The *naevus* was about the size of a walnut, on the scalp of a child four months old. It appeared to be almost, if not entirely, subcutaneous. I passed a threaded curved needle through the sound skin, just beyond the circumference of the *naevus*, carried it round for about a quarter of the circle, and brought it out again with the thread, leaving one end of the thread, however, hanging from the first point of puncture. Then I re-introduced the needle through the puncture it had made just before, and carried it inwards as at first, passing it out and in again through the same points, until at last it was brought out at the spot where it was first inserted, and the two ends of the thread hung out at this same spot. Of course, a loop of thread was thus carried beneath the skin all round the *naevus*; and, on tightening the ends, the *naevus* was strangulated. If a *naevus* be small, this is sufficient; but, if large, the knot should be tied over a piece of bougie, which can be twisted each day after the operation, until the thread cuts its way through the base of the *naevus*. In this case the thread came away on the fourth day, the tumour felt flabby, some fetid purulent matter oozed from some of the points of puncture, and so it went on for about a fortnight, until the punctures began to ulcerate, and the child's mother to be impatient; and I thought it better to tie the tumour in the ordinary manner by passing two pins across its base at right angles to each other, and tying thread around between the pins and the skin. This answered perfectly, as it always does. The parts included in the ligature died and came away on the fourth day. The more experience I have of other methods, the better I am satisfied with this. It destroys the skin, it is true; but, even in cases where the *naevus* is almost entirely subcutaneous, attempts to save the skin by subcutaneous ligatures are often not successful, and



we are obliged, as in the case I have just described, to perform a second operation, if the patient does not go to some other Surgeon to have it done. It appears a cruel sort of thing to tie up the skin of a young child until the thread cuts its way through; but if the skin be just divided with a lancet in the line of the ligature, this part of the process is hastened. The proceeding cannot be very painful; for children take the breast and remain quite cheerful until the slough separates. A healthy granulating surface remains, which only requires simple dressing, or at most an occasional touch of nitrate of silver. I have succeeded with the subcutaneous ligature; but it has more frequently disappointed me, and I am almost inclined to discard it, except in some rare and peculiar cases.

Before concluding, I may say a few words about two cases of abdominal tumours which have excited some interest here. Some months since, a woman came here weekly, complaining of a fixed pain in the right hypochondrium, which had come on after her last confinement. She had an anxious expression of countenance, and was clearly out of health, but nothing abnormal could be detected on examination, either externally or by the vagina. The pain continued. It increased, and then a deep-seated swelling certainly could be felt in the right iliac fossa. Some thought it was an enlarged ovary. I thought it would most likely prove to be an iliac abscess. Some time afterwards, on vaginal examination, she complained of pressure round the brim of the pelvis on the right side; and I detected an evident fulness there, but not sufficient evidence of fluctuation to warrant me in making a puncture. At last, she came one day looking quite cheerful; the anxious expression was gone, and we saw at once that some change had occurred. It appeared that, the day after her last visit, a large quantity of pus had been discharged from the rectum, and that this discharge had continued, the pain gradually ceasing. The discharge soon ceased, and the woman is now quite well. The case was clearly one of pelvic cellulitis,—a class of cases only recognised of late years, but which are certainly not rare. I have seen four such cases myself in the present year, and last year I had to make a puncture in the rectum to hasten evacuation of the pus. Two cases I have seen this year terminated by absorption; and, in one, evacuation took place through the abdominal parietes, just below the anterior superior spinous process of the ilium.

The other abdominal tumour I must notice occurred in a girl, 8 years old, and was an example of enormously enlarged spleen; and I only mention it now to remind you of the great efficacy of the bromide of potassium in reducing enlargements of this organ. This girl was brought here in a state of extreme emaciation, with an enormously large abdomen. She had a hectic flush in the cheek, and I thought at first that she was beyond the aid of medicine. The spleen could be felt occupying almost the whole of the abdominal cavity, its lower edge reaching to the pubes. As I had seen the bromide of potassium produce very marvellous results in several cases more or less similar, I determined to give it a trial, and ordered three grains three times a-day. In a week we fancied there was some diminution, and the girl was certainly better. I then increased the dose to five grains three times a-day. After another week the lower edge of the spleen, instead of being just over the pubis, was half-way between this bone and the umbilicus. She continued the medicine for six weeks more; and, when I saw her last, the tumour was entirely above the level of the umbilicus. The girl's health was improving, and she went to visit some friends in the country, after which we have lost sight of her. She lived in an airy situation about the Edgware Road; but, on closely questioning the mother, we found that all the family had suffered from occasional attacks of aguish fever, and that they lived over a butcher's yard, the emanations from which were constantly disagreeable, but which the poor people had been led to believe were "very healthy."

At the end of the first volume of the late Dr. Robert Williams's classical work on Morbid Poisons, there is an appendix on the uses of bromide of potassium in diseases of the spleen. Dr. Williams was the first to introduce the use of this remedy in these diseases; and it was in his practice that I first saw the admirable results. Some of the cases he records are quite as remarkable as that I have just sketched; and I have seen others equally successful, when the enlargement has been the consequence of the Levantine fevers once seen in the Mediterranean. This is by no means the only valuable practical legacy this accomplished Physician bequeathed to his successors. His labours never met with due appreciation during his life, but his name and discoveries will occupy a brilliant page in the history of Medicine in the nineteenth century.

## ORIGINAL COMMUNICATIONS.

## ON THE NATURE OF CHOLERA AND THE PRINCIPLES OF ITS TREATMENT.

BY MICHAEL THOS. SADLER, M.R.C.S.

Officer of Health to the Town of Barnsley.

I think the many conflicting opinions respecting the treatment of cholera have arisen from Medical men not being guided in their principles of treatment by sound views of the nature of this disease. By principles, I do not mean theories not founded upon inductive reasoning; nor do I for a moment deny that experience must be the test of the soundness of all theories, however specious they may appear. But in the practice of Medicine, we must be as much on our guard against fallacious experience as against false theories. Cullen has observed, that "there are more false facts than false opinions in physic." It is false experience which has given occasion to the sarcastic observation respecting the treatment of cholera, that what is pronounced by one Practitioner an infallible remedy is denounced by another as an infallible poison; but this is no proof that there are no rational principles to guide us in our treatment of this formidable disease. Every well-informed Medical man will admit that there are many diseases which he is daily called upon to attend, the essence of whose causes is involved in mystery, and for which he possesses no specific remedy; yet neither his patients nor the public can with justice say that he knows nothing of the nature of these diseases, or is ignorant of any rational principles of treatment for them, or that experience has given him no clue as to what is injurious and what is calculated to be beneficial in practice. I think it is no presumption to maintain, that we do know something of the nature of cholera, by study of its history, symptoms, modes of attack, with the aid which physiology and the pathology of the disease furnish us. The suddenness of the attack of cholera, and its proving so rapidly fatal to persons who just previously to the attack were apparently in perfect health, which has been known frequently to take place, without leaving a trace of disorganisation or disease in any organ, lead us rationally to conclude that some poison has been introduced into the blood. This opinion is strengthened by the fact, that, in cases which have not been so suddenly fatal, *post-mortem* examinations cannot detect any disease, even in organs which have suffered the most irritation, to account for its running so rapidly fatal a course. All reasoning from analogy leads us to conclude, that, like other epidemic diseases produced by morbid poisons, the choleraic poison is introduced into the blood by the respiratory organs, and that it is emphatically a blood disease. We know that the most virulent animal poisons may be taken with impunity into the alimentary canal, provided there is no abrasion of the mucous membrane; and the alvine evacuations of persons suffering from cholera have been known to be swallowed without producing the disease. Now, experience shows that all persons are pretty equally susceptible of poisons whose primary action is on the alimentary canal, or which produce fatal effects by being absorbed through this source. We know of no substance, either of the animal or vegetable kingdom, which, in such infinitesimal, invisible doses produces such violent effects on the alimentary canal as the choleraic poison. If the primary action of this poison was on the digestive organs, we should expect that animals would be affected by it; but experience shows, that they are but slightly if at all susceptible of its influence. With respect to morbid poisons introduced into the body by the air-passages, and thus producing diseases of the blood, we know that the susceptibility to their action differs much in different individuals, and is often entirely absent. We have facts which lead us to conclude that the choleraic, like other morbid poisons, may remain latent in the system for some days before it manifests itself; but this is not the case when fatal doses of poisons are introduced into the stomach. We often see a succession of cases of cholera in one house, some convalescent before others are attacked; showing that the choleraic poison is present. If it acted as ordinary poisons on the alimentary canal, we should not expect those who have been attacked would lose even a temporary susceptibility to such a violent poison. Now, experience proves, that this is the case. We have no evidence to show that the seat of the cholera is in the nervous system; diseases seated in the nervous system never, I think, assume a pestilential form, and especially do not become capable of being communicated from person to person by means of the atmosphere, which, I have no doubt, is



the case with epidemic malignant cholera. Assuming, then, that cholera is a poisoned state of the blood, we have at once a solution of all the symptoms and effects of this disease; for in the blood is the life of the body, and without a due and healthy supply of this fluid we may expect that every important organ will be disordered or weakened in its functions. If it is admitted that cholera is a disease of the blood, highly important practical inferences may be drawn from this admission. We must remember that epidemic diseases of a malignant and infectious nature, having their seat in the blood, have existed from time immemorial, and that innumerable supposed specifics have been found for each of them; none of these specifics have borne the test of experience; many of them have in time been pronounced highly injurious; and, though patients have recovered under their use, this only proves that the conservative efforts of nature may be stronger than the most injurious agents administered as remedies. The late Dr. Ferguson, whose talents and acquirements placed him in a high situation in the Medical department of the Army, says, that a physician who thinks he possesses medicines of a specific power in fever, "should have his licence suspended, and be put under care until the monomania subsides." This may be strong language; but we shall do well to remember that we are as much without an antidote or specific in cholera as in typhus fever. The Medical attendant on a case of cholera must be guided in his treatment by the advice given by Dr. Ferguson for the treatment of fever, and "study the juvantia and lædētia of the case, never forgetting that there is operating in his favour the *vis medicatrix naturæ*, and be careful not to thwart her beyond her mark." In our treatment of a case of cholera, we must be careful to draw a distinction between the incidental effects of the disease, and what arises from the conservative efforts of nature; and duly consider when and how far they may with safety and benefit to the patient be encouraged or restrained. If cholera arises from a poisoned condition of the blood, it is reasonable to conclude that the purging accompanying it is nature's effort to eliminate it from the system. Then we witness the depressed powers of the circulation, as evinced by the shrivelled, bloodless state of the extremities, and know how vitally important it is that the circulation should be kept up in the lungs and brain; we cannot but see the importance of the action of vomiting in enabling the circulation to be carried on in them by the mechanical forces brought into play; we have reason to believe that no stimulant is so safe and efficient to serve this important purpose in cholera. The opinion of the conservative effects of the action of vomiting is strengthened when we witness the ease with which fluids are ejected from the stomach in cases of cholera; it evidently produces no depression of the vital powers. I do not know any disease in which a Medical man is more justified in adopting the opinion of Sydenham, in taking the instincts of nature as Divine directions, than in cholera cases, and never was what is called the "natural treatment" of disease more entitled to be pronounced the rational treatment. I think we have reason to admire the conservative efforts of nature in those suffering from cholera. When we witness the fearful drain of the watery portion of the blood in this disease, we should naturally expect to find it as described in *post-mortem* examinations, as being of "an oily or ropy consistence, and very closely resembling tar or treacle." We need not wonder that the secretions should be suspended when the blood approaching this state is not able to circulate freely through the fine capillary vessels; but we have reason to wonder how the blood should retain its fluidity so as to enable it to circulate through these vessels in the lungs, and undergo there its important changes. We see cholera patients intensely craving for water, and, to me, it appears for vitally important purposes. If any should deny that any portion of the diluents which they so urgently demand is absorbed, and yet have faith in any kind of medicine, I would ask them, how can they expect that their drugs should be absorbed so as to be beneficial to patients in cholera, when water, the most easily absorbed of all substances, is incapable of being absorbed in similar states of the system? Such persons appear to expect something like a miracle to be wrought to assist their remedies. I believe that, except in the last stages of cholera, and in those cases which manifest the most serious depression of the vital powers at the commencement, the power of absorption is not entirely suspended; besides, it does not necessarily follow, that, because the powers of digestion are suspended in cholera, or that the alimentary canal may refuse or be incapable of acting on drugs, that, therefore, no portion of the water taken by persons suffering from this disease is absorbed. We have strong facts which lead us to believe in the beneficial effects on the system of that portion of water which is not absorbed. *Post-mortem* examinations show that the chief seat of

irritation in cholera is in the mucous membrane of the alimentary canal, and we witness how highly grateful cold water is to the patients. If any one was suffering from any violent irritation in any external part of his body, and found the pouring of cold water upon it highly agreeable, he would think it irrational for any one to observe, "It runs off, and therefore there is no use in applying it;" the sufferer would exclaim, "That is the very thing I want it to do,—the refreshing coolness of the stream abates the painful sensations from which I am suffering." If any one admits that the action of vomiting is salutary in cholera, what can be more rational than to give cold water when such a bland agent acts so efficiently; the stomach in its irritable state in this disease seldom requires irritating drugs to excite it to action. If nature is eliminating the choleraic poison from the system by the exudation of the watery portion of the blood into the alimentary canal, what more proper than to allow the sufferer to gratify his strong desire for diluents, so as to give the bowels something to act upon, and wash it out of the body, and supply the drain on the system. Large draughts of water appear to me the best of all aperients in cholera; for it is highly desirable, if possible, to avoid any agent which is likely to add to the irritation which exists in the mucous membrane of the stomach and bowels in this disease. We see that nature, in her strong demands for diluents, has other objects besides supplying the fearful drain upon the blood. No doubt, in many severe cases of cholera, even at the commencement, nothing can be absorbed, and this is the case in the last stage of all other diseases; but this does not prevent Medical men persevering in any rational treatment as long as there are any hopes for their patients.

I had ample opportunities of testing the value of the principles of treatment in cholera which I am here enforcing, during the year 1849, when the epidemic was prevalent in Barnsley. With the assistance of my partner, Mr. Ibson, I had the care of the whole of the cases occurring among the paupers of this township during that year. It fell to our lot to treat about 100 cases. We have no miracles or wonders to relate regarding our success, but we flatter ourselves we were as fortunate, considering the nature of the cases, as those who have adopted any heroic drugging treatment of this disease. All the cases we attended were not equally severe; towards the close of the epidemic the cases assumed a mild aspect, and it would be deceptive to test any mode of treatment from their recovery under it. We lost 23 cases, but only 4 of these were adults in the prime of life; 11 of these fatal cases were advanced in age, the two youngest of these being near 60; the remaining part were children, the eldest not more than 13 years of age. Of the 4 adults who died under 55 years of age, one desired to have weak brandy and water; he was the only one who said that water was not agreeable to him, and caused him to feel worse; and as we laid it down as a principle not to press our patients to take water when they felt no desire for it, we allowed this man to take the brandy and water. Another of the four died of consecutive fever. I believe we had an average share of severe cases in those who were in the prime of life or under 55 years of age. When we see how large a proportion of our fatal cases were far advanced in life, and that experience has shown that few recover who are debilitated by age when seized with the cholera, and that about an equal number of the rest were children, some of them very young, I think these facts furnish pretty strong evidence that our treatment was founded on sound principles. We found that if there was not an intense desire for diluents when the system was suffering severely from the effects of the choleraic poison, that it was a fatal symptom; but it by no means followed that all recovered when this conservative instinct was present. Other Medical men have made similar observations on the absence of thirst in some of the worst cases of cholera, which may be seen in Dr. Gull's "Digest of the Reports collected by the College of Physician." We seldom felt ourselves called upon to administer any drugs but what were of a simple nature, but were guided by the nature of the case. Our patients generally took the effervescing or some other simple saline mixture. We gave an emetic to one patient only, who was blue and almost pulseless, but had no vomiting. Immediately after the operation of a mustard emetic, his pulse rose, and he soon recovered. Another man took the acetate of lead and opium after the purging had continued much longer than in ordinary cases of cholera. He appeared to be benefited by these agents, the purging was checked, and he soon after recovered. We never attempted to increase the discharge from the bowels by the administration of purgatives. I do not deny that there may be cases in which they may be given with advantage; but as a general rule I believe they are not called for.

Nature is performing a fearful operation in cholera, and what



she is prepared to do with safety and benefit to the patient, it may be dangerous to attempt to do, or even encourage, by art; at the same time I believe it to be highly injurious, even dangerous, to attempt to arrest the purging in cholera by heroic doses of opium, and other powerful astringents, and none but fearful doses would have any chance of stopping it, in severe cases where the conservative efforts of nature were in full action. It appears, from what I have seen, that there is considerable truth in the opinion of a Medical man, who gave it as the result of his experience, that in cholera "if you stop the purging the vomiting will increase, if you stop the vomiting the purging will increase; and if you stop both the patients will break out into a sweat, for *it will out*."

We did not try the calomel treatment in any cases, for I believe that those who advocate this mode of treatment have done so from erroneous views as to the nature of cholera. If those who give calomel do so under the belief that it acts as an antidote to the choleraic poison, I believe they labour under a great fallacy. If calomel possessed the extraordinary power of a specific in cholera, I think there cannot be any doubt that, from the extensive trial of it in this disease, both in India and Europe, it would have by this time been generally admitted as a fact; but, instead of this being the case, the late Dr. Williams, in his work on Morbid Poisons, when speaking of the supposed antidotal effects of calomel, says, "Notwithstanding a most liberal use of it, the immense mortality that has occurred in every country is entirely conclusive of the question." As to calomel having a beneficial effect on the mucous membrane, there is no evidence of the truth of this opinion; it has been stated that the mucous coat which has been covered with calomel has shown the most diseased condition. If calomel is given to allay the irritability of the stomach, which some believe it does, both reason and experience are against such practice; for, when the system is suffering severely under the choleraic poison, the want of irritability of the stomach is an unfavourable symptom, and experience shows that vomiting tends to produce a salutary re-action. During the epidemic of 1832 I tried the effects of repeated small doses of calomel; but with no results so as to induce me to repeat them during the visitation of it in the year 1849. I have picked the calomel pills out of the intestines in a *post-mortem* examination, when they were not in the slightest degree acted upon, though the patient expressed himself better after their administration. Some Practitioners have concluded that calomel is indicated and beneficial in cholera from seeing that there is an absence of bile in the evacuations in the active and depressed stages of this disease, and that it is a favourable sign when the bile re-appears in the motions. This appears to me an erroneous inference, as to the beneficial effects of calomel, for the same mode of reasoning would lead us to have equal faith in diuretics. The suppression of the secretion of bile and of the urine arise from the same causes,—a depressed state of the vital powers, and the drainage of the watery portion of the blood, which causes the blood to be incapable of circulating freely in the capillaries of the liver and kidneys. When the bile appears in the evacuations, and the urine is secreted, it is a proof that the vital powers are rallying; but it is *post hoc ergo propter hoc* reasoning to attribute those favourable changes to calomel. There are other physiological facts which show why the bile is absent in the evacuations in cholera. The bile appears not to be discharged from the gall-bladder, except when the process of digestion is going on. Dr. Carpenter, in his Manual of Physiology, observes that "it is an interesting fact, which proves how much the passage of the bile into the intestines is dependent on the presence of aliment in the latter, that the gall-bladder is almost invariably found turgid in persons who have died of starvation, the secretion having accumulated through the want of demand for it, though there was no obstacle to its exit." It is the same in cholera as in cases of starvation; the gall-bladder is often found distended, or containing a considerable quantity of bile, because it is not wanted in the intestines, the power of digestion of food being suspended. It is well to bear these facts in our minds in the administration of calomel in cholera, except we think it a benefit to the patient to induce salivation when re-action takes place.

My object is to advocate what I consider sound principles of treatment of cholera, and give a summary of my experience as the test of their soundness. Were I not forbidden by the length of my paper, I could give details of cases corroborative of the views I have here advanced.

I consider that cholera is caused by a poison in the blood, and that the purging and vomiting are conservative efforts; it being, I believe, admitted that in the most malignant cases these exist only in a slight degree, and are sometimes entirely absent, and that

it is of primary importance to attend to the instincts of nature in her demands for diluents to supply the fearful drain of the watery portion of the blood; and as long as the patient urgently craves for them, we have reason to believe that they are vitally important or salutary. Experience proves that cold water, the most simple diluent, is almost invariably preferred to any other, and I have no doubt it is the best adapted to answer the purposes for which diluents are demanded. At one time water was not considered as worth naming in the treatment of cholera, even by some of the most eminent Medical writers. One Physician, of high authority, in his monograph on cholera, recommended that the patients should not take it if they ejected it from their stomachs. Now, I believe, that the majority of Medical men allow diluents to be taken freely. Those who relate their wonderful success in their treatment of cholera, as Dr. Stevens, with his salines; Dr. Ayre, of Hull, with his calomel; and the Austrian acid specific, so much vaunted of late on the Continent, etc., all recommend water to be taken *ad libitum*; at the same time they appear to attach more importance to their wonderful remedies than to the agent which nature demands, though these remedies differ in their properties. It is highly gratifying to read the high encomiums passed upon the use of cold water, both in Great Britain and on the Continent, during the last epidemic, as stated in Dr. Gull's College Reports. Some maintain, and I think justly, that cold water is the most important remedial agent in cholera. There is no drug which Medical men have so nearly approached to unanimity in praising as water, its use being equally demanded by the instincts of nature, and the pathological state of the system: all other remedies have had only an ephemeral popularity; but water, nature's prescription, bears the test of experience, and is growing in estimation. I think one important lesson may be learned from these facts, viz., that when we see so many conflicting opinions respecting the treatment of cholera, one pronouncing as an all but an infallible cure that which another declaims against as a poison, it behoves Medical men to distrust the vaunted remedies dictated by the fallacious judgment of man, and consider that prescribed by nature as of primary importance. When Physicians advance reasons for the treatment of any disease, regardless of the strong instincts of nature, we shall do well to call to mind the words of the philosophical poet—

"In this 'tis God directs, in that 'tis men."

## ON RUPTURE OF THE BLADDER.

By J. B. WILMOT, M.D.

At the recent inquiry at Portsmouth, touching the death of the girl whose bladder was ruptured, one of the Surgeons stated in evidence, that "she screamed when she was eased down from the chair at first," (in the gun-room.) "She screamed successively for some time while we were bathing her temples, and then she became easy; after that she was moved into the cabin, and screamed again more than once." He adds, "in the rupture of a bladder, after being distended, pain does not immediately ensue, but rather a sensation of relief."

This latter statement would probably meet with the concurrence of many who might reason from analogy rather than experience, from having witnessed the relief afforded by surgical interference in the case of a distended bladder. I was once present, when a man, who was most delirious with the torture of a distended bladder, broke out into an incoherent song of joy and delight at the relief afforded by plunging a trocar into the bladder above the pubes.

The following case will prove that a rupture of the bladder is not necessarily accompanied by a sensation of relief. In communicating the case I have not the slightest intention of impugning the Surgeon's evidence, which, indeed, on this point, was merely an expression of opinion; but, as few of us have witnessed the effect of a similar accident, it may be interesting and instructive to know what are the phenomena attending a rupture of the bladder.

On the evening of the 6th July, 1853, a girl, aged 19, was admitted into the Tunbridge-Wells Infirmary, remarkably handsome, with delicate strumous complexion and dark hair. She had been ill a fortnight under the care of a Surgeon; she had been in a highly nervous, hysterical state, restless and sleepless, talking incoherently and noisily, but rationally when spoken to. The catamenia had appeared on the 29th June, and she had complained of not being able to pass her urine. It was not drawn off, the use of hot water having apparently obviated the necessity for this. She was honest, though poor; being engaged to



marry a butler much older than herself, who had lost his situation through this engagement; she had distressed herself with the fear that he would not be able to maintain her, and that her marriage would be broken off.

When I saw her on the 8th, she was complaining of acute pain in the back and loins, was writhing about, talking incoherently, but answering pretty rationally when her attention was arrested. There was some degree of headache at the vertex, but no heat of head, and no fever. She had been sleepless and very noisy all night. I saw a considerable quantity of urine which she had passed, healthy in appearance, but slightly tinged by menstrual discharge. She had asked to have her urine drawn off, but the House-Surgeon refused unless there was longer retention. He had given her a sedative at night, and a senna draught in the morning of the 7th. The bowels were relieved, and urine was passed. I ordered some sedative doses, containing stramonium, etc., regarding the case as an exaggerated form of dysmenorrhœa and hysteria.

9th.—Haust. senuæ mane, acted freely once, and a good deal of urine was passed with the motion.

10th.—Some thirst, and still great complaint of pain in the back; catamenia persisting, but diminished; ordered hydr. chlor., pulv. antim., and extr. hyoscyami, statim, and h. s. haustus sennæ primo mane.

11th.—Bowels well relieved; urine free; no sleep; pain of back less acute. Still very incoherent, but quickly understanding everything said to her, and answering rationally.

12th.—She had passed urine very freely last evening; catamenia diminishing; pulse more quick, and a slight flush. Ordered antim. potass. tartr. gr.  $\frac{1}{8}$ , 4tâ quaque horâ.

13th.—At 2 p.m. I found her very much more tranquil, and far less complaining. She had passed the first good night; was less feverish, in fact her pulse was rather low. She had passed urine last night, and a few small clots of menstria, but no urine this morning; however, as only fourteen hours had elapsed, I felt no anxiety on this point, the urine having been freely passed on previous occasions after longer intervals; neither did she suffer any distress on this score. She had not complained of nausea, and had taken a fair quantity of food—egg, light pudding, bread and butter, etc. I had previously formed an unfavourable prognosis; but to-day, for the first time, I thought there were decided marks of amendment. An hour after my visit, the matron being with her as she lay in bed, she suddenly gave a most piercing shriek, saying she felt a sudden pain in the pubic region, as if a needle had run into her. Her screams presently ceased, and she became tranquil. In half an hour she was seized with a sudden most acute pain in the epigastric region; this too subsided; some ether, etc. was administered, and in half an hour the matron left her for a few minutes, quite free from complaint, and very much in the condition in which I had left her two hours previously. Very shortly after the matron returned; as she was supporting her head, the mouth dropped, the eyes closed; there were a few most violent pulsations of the heart, accompanied by an intense flush over the face and neck, so that the matron thought she was going into a fit; but it was the final struggle, and she expired. Her appearance after death was so natural that it was some time before the House-Surgeon could satisfy himself that she was dead.

*Examination Forty-two Hours after Death.*—A slight flush on the cheeks, and a calm expression of the features, made me raise the eyelid, to satisfy myself of the death, before I would permit an incision to be made. Shoulders square, but the rest of the body well formed, and moderately fat. The peritoneal cavity contained more than a pint of clear, high-coloured fluid, somewhat tinged by bile, that had transuded through the coats of the gall-bladder after death. There was no peritonitis, but, on the peritoneal surface of the fundus of the bladder, there was a highly red and vascular patch, more than an inch in diameter, at the centre and most injected point of which there was an opening one-third of an inch long by one-fourth wide, through which the urine had escaped. There was no ulceration; but the bladder (which had not fully contracted) was so thin and pulpy at this part, that, although carefully removed, it was impossible to avoid extending the aperture to the diameter of an inch and a-half. The inner membrane was also much injected at this part. The red patch and aperture seemed to have been in contact with the left ovary and fimbriated extremity of the Fallopian tube, which was highly congested. Upon the ovary was a Graafian vesicle, half an inch in diameter, of a deep red hue, and containing a firm, dark clot; the membrane investing it being very white and tough.

The stomach was divided by an hour-glass contraction in its centre. The rest of the abdominal viscera were healthy. Both

lungs were firmly attached to the thorax posteriorly by old pleural adhesions. The upper lobes of both were thickly studded with miliary tubercles. Heart of natural size and consistence, with two white patches on the surface of the right ventricle.

As the case is communicated for its physiological, or rather pathological, interest, I shall make but few comments. I believe, from its attenuated condition, as proved after death, that the bladder was never emptied, though urine was freely passed; and that, if the patient had not been young, beautiful, hysterical, and menstruating, there would have been less objection to comply with her wishes, and use the catheter. The first screams appear to have been uttered at the moment of the rupture. The second pain, referred to the epigastrium, would seem to have been owing to spasmodic contraction of the stomach, caused by the presence of urine in the peritoneal cavity. Abortive efforts to detach an ovum had probably been going on for a fortnight. It is scarcely necessary to point out, that the girl would have fallen a victim to phthisis, had she not died before the tubercular disease was fully developed.

Tunbridge Wells, Oct. 11, 1854.

## LARGE SANGUINEOUS CYST OF THE NECK, CONNECTED WITH THE THYROID BODY,

SUCCESSFULLY TREATED BY INJECTION WITH THE TINCTURE OF IODINE.

By HOLMES COOTE, F.R.C.S.

Assistant-Surgeon to St. Bartholomew's Hospital.

THE structure of the thyroid body renders it peculiarly liable to the formation of cysts. A number of lobules, abundantly supplied with blood-vessels, and separated by areolar tissue, contain simple cells and tubes, which are extremely prone to undergo morbid changes, by which the whole or any part of this glandular organ may be affected. It often happens to those who frequent the dissecting-rooms of a large Hospital, to have opportunities of examining the thyroid body when in a state of incipient hypertrophy. A section of the organ usually presents a soft substance, of light brown colour, capable of being removed or enucleated from the denser surrounding tissue, which then acquires a multilocular cyst-like appearance. Microscopical examination shows that the soft, light brown substance consists of nuclear structures or of simple cells, often of large size, and containing generally a single nucleus. Any one of the lobules is capable of becoming so greatly enlarged as to constitute a cyst, extending backwards under the sterno-mastoid muscle, and occupying the entire side of the neck. Constituting in so conspicuous a part a most unpleasant deformity, it renders patients sufficiently uncomfortable to make them desirous of undergoing an operation for its removal. Smaller cysts may be formed by distension of the tubular structure, but we have no proof that they ever originate from enlargement of the gland-cells.

It is not wholly without risk that we proceed to operate upon these cysts of the neck. A woman, 48 years old, was under Mr. Vincent's care in St. Bartholomew's Hospital in July, 1841, with a tumour in the front of her neck as large as the head of a child two years old. The tumour contained fluid, which was twice withdrawn with a trocar; at the first time the fluid looked like serum, but coagulated spontaneously; at the second it was mixed with blood. After the second operation the cyst inflamed, and discharged grumous and sanious pus; but it also enlarged quickly, and the patient died unexpectedly and rather suddenly, suffocated. The preparation displays a cyst occupying nearly the whole right lobe of the thyroid gland; its walls are nearly two lines in thickness; its cavity was full of lymph, pus, and blood; and the sudden death was due to a discharge of a great part of its contents into the pharynx and larynx through an ulcerated aperture into the former. (a)

I remember assisting Mr. Lawrence in an operation, performed some years ago upon a lady suffering from a similar disease. The integument was reflected, and a large part of the anterior wall of the cyst was removed; lint was then introduced to promote granulation. The operation was successful, but so severe was the hæmorrhage, not from any one vessel but from the whole vascular wall of the cyst, that considerable anxiety was at one time experienced as to the immediate effect of such loss of blood.

A young married woman was admitted towards the end of August in the present year into St. Bartholomew's Hospital,

(a) Museum of St. Bartholomew's Hospital, Ser. xxii., No. 16; and Paget on "Surgical Pathology," Vol. II., p. 38.



suffering from a similar affection. During the temporary absence of Mr. Skey, in whose ward she was placed, she came under my care. She stated that she had been always healthy, and had never noticed any marked swelling of the neck until about a year ago, after her first confinement; the child died soon after birth. She is tall and well made, and shows no signs of strumous habit. The cyst is situated on the left side of the neck just above the clavicle, and extends under the sterno-mastoid muscle, which makes a marked depression upon its front surface backwards towards the border of the trapezius. There is no pain; fluctuation evident; the cyst is translucent when a candle is held beyond it.

Sept. 8.—I punctured it with a trocar of the size usually employed in the treatment of hydrocele, and drew off sixteen ounces of clear, straw-coloured fluid, which separated into liquor sanguinis and a firm colourless clot of fibrin. There was no hæmorrhage, and the wound, which was covered by a small piece of adhesive plaister, healed in a few hours.

9th.—The cyst was evidently filling again, but was of moderate size. The patient, however, declared, that she both felt and heard, especially when in bed at night-time, the fluid flowing into the sac with a rushing sound. Probably she heard the pulsations of the arteries in and about the sac beating with more violence than before.

11th.—I again made a puncture with the trochar, and drew off four ounces of thin, light red-coloured blood. A glass syringe was introduced into the canula, and then half-an-ounce of the following was injected:—Tinct. iodin. co.  $\mathfrak{z}$ j., aquæ  $\mathfrak{z}$ v.

Some days elapsed before there was any perceptible refilling of the cyst; but, on the 10th, the swelling had reached the space between the sterno-mastoid and trapezius. Accordingly, on the 11th, I introduced a larger trocar, and drew off twelve ounces of thin blood, which separated, as did the preceding, into serum and a soft, reddish clot. An ounce and a-half of the diluted tincture of iodine was then injected.

The day following, the cyst was firm, large, tense, and rather painful when handled; there was an uneasy sensation extending down the arm, along the course of the nerves, but there was no amount of redness of the skin.

18th.—The tumour is stationary. It requires 16 inches to include the neck and largest circumference of the cyst.

22nd.—Measurement 14 inches.

27th.—The fluid was so far absorbed, that the opposite wall of the cyst could be distinctly felt. She left the Hospital at her own desire. Since that period she has attended the out-patient room. The whole thyroid body is larger than natural, but the cyst has completely disappeared. She has no pain; no inconvenience in fastening her dress around the neck or otherwise; and the deformity is so much lessened, that it may be considered as removed. She is directed to take iodide of potassium in the decoction of sarsaparilla, in the expectation that there may be effected some diminution in the solid parts of the hypertrophied thyroid body.

I should feel disposed to try the effects of iodine again in a similar case, the more especially as we find it so generally and safely employed in a large variety of diseases in Continental Surgery. By its use M. Nelaton lately cured a biliary fistula, consequent upon an hydatid tumour of the liver opened by means of caustic potash. The same Surgeon injected a spina bifida without bad results. M. Bouchut cured a chronic abscess (*abcès froid*) by the same process, in a young scrofulous patient, in the Hôpital Sainte Eugénie, etc., etc. The advantage which the preparation possesses seems to consist, as M. Hutin pointed out, in the fact, that it effects an alteration in the condition of the vessels of the cyst, causing the cessation of their secreting powers, without any considerable inflammatory excitement.

Queen Square.

## ON SYMPATHETIC INFLAMMATION OF THE EYEBALL.

By R. TAYLOR, M.D., M.R.C.S.L.

Surgeon to the Central London Ophthalmic Hospital.

(Continued from page 440.)

Case 8.—J. Holdsworth, aged 42, an engineer, received a severe blow on the right eye seven years ago, from a piece of steel an inch and a-half in length, which broke from a spring which he was fixing in a vice. The blow was on the closed eyelids, and the eyeball did not appear at the moment to have been injured; but the sight began to fail soon afterwards, and was

totally extinct in about twelve months. The eye remained rather irritable, and subject to slight attacks of inflammation when he was exposed to cold, but gave him no further annoyance until ten months ago. He was then seized suddenly with agonizing pain in the eye, radiating over the whole side of the head and face. This has continued without alleviation or intermission up to the present time; he is rarely able to get more than two hours' sleep at a time, and even then, is never unconscious of pain, so that he is quite worn out with suffering and want of rest. The left eye has suffered sympathetically for four months; the sight is so much impaired, that he cannot read the largest letters on the title-page of a book, and the power of adjustment has been almost completely lost; there is great intolerance of light, so that the eye cannot be fully opened except in the dusk, and in full day-light he can barely see his way in well-known neighbourhoods. He has undergone a great variety of treatment without the slightest relief, and is anxious to have the eye extirpated.

The right eye is somewhat atrophied, and of a conical form from the bulging of the sclerotica in front. The cornea is clear, but smaller than that of the other eye. What appears to be the remains of the iris is in contact with the cornea, retains no trace of its natural structure, and is of a muddy ochre tint. The sub-conjunctival vessels are large, tortuous, and distended with dark-coloured blood; there is also some superficial injection. In the left eye there are not any objective symptoms.

I removed the cornea, and with a pair of forceps lifted out a clot, composed of an aggregation of granules, somewhat resembling those which are seen in congealed honey, but of a deep ochre colour. This was followed by a quantity of the same substance in a fluid state, which flowed out when slight pressure was made, until about half of the contents of the eyeball had escaped, when the vitreous humour began to appear. Along with the cornea, transfixed by the needle which was used to steady the eye, there was removed a solid body about the size of the crystalline lens, of a greyish colour in front; posteriorly, of a deep red. Smart hæmorrhage followed the escape of these morbid matters; this was readily checked by cold, but left a large clot so firmly entangled in the wound, that it could not have been removed without the risk of completely evacuating the contents of the eyeball. This delayed the healing of the wound for a few days; but, in less than a week, it came away of itself; cicatrization then took place rapidly, the pain ceased entirely and permanently, and he enjoyed the first sound sleep he had had for nearly twelve months. The left eye regained its strength gradually; in about three months it had completely recovered, and he was able to resume his work as usual.

Mr. Quekett kindly examined the morbid contents of the eye. The solid part consisted chiefly of amorphous molecular matter, with a faint appearance of fibres irregularly interwoven; the ochre-coloured granules of the clot, and of the fluid which subsequently escaped, presented no trace of structure; they were composed entirely of amorphous molecular matter, which dissolved completely on the addition of acetic acid, as did also portions of the solid body, which was examined. Mr. Quekett suggested that this deposit might be the remains of a clot of blood, undergoing a peculiar form of degeneration; but, not having previously met with anything exactly similar, he declined giving a positive opinion as to its nature.

These cases exemplify the disease in its earlier stages, before the injury to the eye has gone to such an extent as to be irremediable; when neglected, or inefficiently treated, disorganization gradually proceeds until the eye becomes soft and atrophic, and the patient is completely and irrecoverably blind.

It will be observed that, in the first four cases, the eye which was primarily affected was destroyed by idiopathic inflammation. This fact is entirely subversive of the view commonly taken, that it is only after wounds or injuries of the eyeball that sympathetic ophthalmitis is observed. Indeed, the great variety in the nature and situation of the wounds to which it has been ascribed, for example, incised and punctured wounds, blows without breach of surface, burns of the conjunctiva with strong acid, etc., is sufficient to show that much importance is not to be attached either to the peculiarity of the wound, or to the tissue which is implicated. In traumatic cases, the injury should be looked upon merely as the exciting cause of subsequent morbid changes to which the sympathetic disease is due. The sound eye does not suffer immediately on the infliction of the wound; a period, sometimes, of many years intervenes, during which, from the condition of the injured eye, we have good reason to believe that pathological changes are going on within it, progressively or at intervals. It is not until thorough disorganization has taken place that the sympathetic symptoms appear;



and we find that then they are identical with those which, at equally uncertain intervals, are known to follow the lodgment of a foreign body within the eye-ball. Taking these facts in connexion, it is not unreasonable to conclude that the sympathetic disease is due to a source of irritation, which, though formed by a morbid process within the disorganised eye-ball itself, may be considered as a foreign body, in so far as its re-action upon the surrounding tissues is concerned. In the paper already alluded to, Mr. Walton attributes the irritation to the cretaceous deposit which in so many instances is observed on the capsule and on the crystalline lens. With the views expressed in that paper generally, I most fully concur; but I would suggest, that we are not warranted in limiting the source of irritation to any particular form of degeneration. In the last two cases, for example, no cretaceous deposit existed; the offending body was of an altogether anomalous nature. All that we at present appear to be warranted in asserting is, that pathological changes do occasionally take place within eye-balls which have been destroyed by idiopathic or traumatic inflammation, whereby products are generated which appear to act as foreign bodies; or, possibly, in some instances, to have a poisonous effect analogous to that possessed by the contents of a fluid cataract.

If these views be correct, we will be prepared to find that the ordinary mode of treating ophthalmic inflammation by internal remedies and local applications will prove utterly ineffectual in the sympathetic variety of the disease; and such is found to be the case in practice. "When this disease is actually present," says Dr. Mackenzie, "even the most active treatment is generally ineffectual. Indeed, I have never seen an eye recover from sympathetic ophthalmia. Renewed attacks have generally terminated in extinguishing vision." Dr. Jacob alone, of all who have written on the subject, takes a more favourable view of the effects of treatment. He says, in page 305 of his valuable little work, "On the Inflammations of the Eye-ball," "Although the prognosis in cases of sympathetic inflammation of the eye must be unfavourable, the Surgeon should not despair of success if well-directed efforts to save the organ be steadily continued." In each of the cases which fell under my care, treatment, upon the principles so ably set forth by Dr. Jacob, was carefully persevered in for a considerable time without success. Occasional slight intermissions occurred from time to time; but these were but transient, and the disease went on from bad to worse. My colleague, Mr. Walton, failed in a similar manner; nor does it appear that other practitioners are more successful, for Holdsworth (*Case 8*) had been under the care of several eminent Ophthalmic Surgeons before he came under my observation. The most recent writer on the subject—Mr. Prichard, of Bristol—recommends the extirpation of the injured eye, and mentions two cases in which he practised it with success (*Association Journal*, Oct. 6.) When we consider that the alternative is total blindness, even this severe operation would be not only justifiable, but imperatively necessary, were it not possible to attain the object equally by milder measures. But as I believe that in such cases the source of irritation lies wholly *within* the disorganised eye-ball, I am induced to hope that the comparatively trifling operation which proved so successful in the eight cases above detailed will be followed by the same fortunate results on more extensive trial. The object of the operation is not, as Dr. Jacob asserts, "to lay open an eye with the view of causing its entire destruction by suppuration." It is not called for except in cases where the eye has not only been already completely destroyed, but is, in the vast majority of cases, a source of positive disfigurement. So far as the experience in this Hospital goes, the offending cause is readily and effectually dislodged on the removal of the cornea. In no one instance has suppuration followed; on the contrary, the wound has healed with great rapidity, and, in all, a stump has been left admirably fitted for the support of an artificial eye,—an object, it must be remembered, of as great, or even greater, importance to the skilled artisan or the domestic servant, as to those in independent circumstances. I would not be supposed to speak dogmatically on the subject, because much more extensive experience is necessary before any positive conclusions can be arrived at; but I think that a good case has been made out for the further trial of this mode of treatment, which, it may be observed, was suggested many years ago by Mr. Wardrop and Dr. Mackenzie, though it does not appear to have been carried into effect by either of these distinguished Surgeons.

I would only further add, for the sake of those who may not be practically familiar with such operations, that, in cases of long standing, when the lens and capsule have been extensively converted into chalky material, the morbid mass occasionally adheres so firmly, as to require some force for its removal; and I

have in several instances observed that the surrounding textures have become so condensed by inflammation as to feel, under the points of the forceps, rather like cartilage than like the semi-fluid vitreous humour in its healthy condition.

82, Guildford Street, Russell Square, Oct. 13.

## A CASE OF SLOUGHING OF THE FUNDUS UTERI AFTER PARTURITION.

By EDMUND A. KIRBY, M.R.C.S.

J. S., a respectable young married woman, aged 24, of regular habits, and apparently in good health, was taken in labour with her first child early in the morning of the 3rd October. I saw her for the first time at 7 p.m., and was told that the membranes had ruptured at 11 a.m.; that since that time she had been in "hard labour." She described her pain as constant and severe; her pulse was full and rapid; countenance distressed and somewhat anxious. On placing my hand over the uterus, I found it contracting vigorously; the os was dilated to about the size of a florin-piece, its edges thick, tough, and gristly, each contraction conveying to the finger the sensation of being embraced by a powerful sphincter. The bowels having been relieved during the day, I ordered her fomentations, and five minims of Battley's solution of opium every hour. 10 p.m.—Uterine contractions more regular and less painful. Os dilating; occiput presenting in the left cotyloid fossa; labour progressing more favourably. 11.30 p.m.—The child was expelled by the unaided efforts of the uterus, without any unusual occurrence, or abnormal symptoms. The mother bandaged, and the child separated, I passed my finger along the cord to remove the placenta; but found that it was still in the uterus. 12.30 p.m.—Having waited an hour, during which time the uterus contracted at regular intervals of ten minutes, with an unusual amount of pain, but without the expulsion of the placenta, and suspecting a partial adhesion between it and the uterus, I passed my hand into the vagina, for the purpose of removing it; but the os tincæ was so closely contracted, that I could only introduce my finger, and a distinct stricture, like contraction of the cervix, effectually prevented even the finger exploring the cavity. As no relaxation occurred, the hand was withdrawn. Hot fomentations were resumed, and a dose of opium administered. There being no hæmorrhage, I determined to wait until the spasm should be relieved and more regular action be established. 1.30 p.m.—About this time the patient complained of sickness, and vomited, and immediately afterwards marked symptoms of depression followed. Countenance pale and anxious; pupils dilated; surface cold; pulse feeble and faltering. She complained of faintness, and of great tenderness over the uterus. Brandy and other stimulants were freely employed externally as well as internally, and the greatest exertion was required to prevent fatal syncope. At this time I suggested that Dr. Hall Davis should be sent for, and he kindly attended very promptly, and everything which experience and ingenuity could suggest and perseverance make effectual to bring about re-action was done, for four hours, without the slightest improvement. The uterus during this time contracted frequently under the hand, and there was no hæmorrhage. The placenta was now removed from the vagina, into which it had been expelled.

Oct. 4.—No effort at re-action having taken place, my patient seemed fast sinking. The body was cold, the hands cramped; sensibility, however, had been perfect from the first. I resolved to try the effect of galvanism, and for that purpose employed one of Coxeter's simple and very effective apparatuses. Under this powerful agent, she appeared to rally, and at 1 p.m. the pulse was feebly restored, and the surface had become warmer. Strong beef-tea was freely administered, and at 6 p.m. complete re-action was established. A dose of effervescent citrate of potash, with a small dose of Dover's and grey powder prescribed, to be taken every three hours.

5th.—Complains of great thirst, and pain over the uterus; abdomen swollen and tender; lochia sour and fetid; pulse 140; asthenia characterising all the symptoms. The vagina to be frequently injected with warm water; medicine continued—opium increased.

6th.—Much the same as yesterday; abdomen tympanitic.

7th.—Seized last night with a violent rigor, which lasted some minutes. To day she expresses herself better; pulse about 120; skin moist; abdomen less tender.

8th, 11 a.m.—Apparently improved; the bowels have not been relieved since the morning of the 4th. Eight ounces of



warm milk ordered as an enemata. 9 p.m.—Suddenly attacked with violent vomiting, after a copious action of the bowels. 1 p.m.—Vomiting continues incessantly, notwithstanding every effort to relieve it. A grain of morphia is given to allay her extreme suffering.

9th.—Sickness relieved soon after taking the morphia, but is evidently sinking; died at 7 p.m.

The autopsy was made in the presence of Dr. Hall Davis and Dr. Jenner. Plastic lymph was effused over the peritonæum; omentum, and intestines slightly adherent; about six ounces of fluid in the peritoneal cavity. On the fundus of the uterus there were two distinct circular sloughs, the size of a shilling, which penetrated the whole thickness of the uterus, involving the peritonæum on the one side, and the mucous surface on the other. The whole cavity bore evidence of extensive but low inflammatory action, in which the os was greatly involved, but the cervix was comparatively uninjured.

*Observations.*—It becomes a question of considerable interest and importance to inquire, What were the circumstances attending this case, which probably gave rise to such an extraordinary result? I have made careful inquiry into every point connected with the labour, but find it difficult to arrive at any perfectly satisfactory conclusion. There are two facts, however, which should be mentioned, for either the one or the other, or, perhaps both conjointly contributed to the result. The first is that about three months before labour she had a severe fall, by which she was much bruised, and had complained of pain in her side from the date of the accident; the second is, that the drainage in the house is extremely defective; the smells were absolutely sickening. Might not the peritoneal coat or muscular fibre have sustained injury by the fall (and probably increased by the action of the uterus during labour,) and the sloughing having followed as a consequence of that injury; the asthenia being due to the vitiated condition of the atmosphere? The irregularity of the uterine contractions, and the excessive and constant pain which characterised the first and second stage of the labour would favour this view. But might not the whole phenomena have been due to the rapid absorption of poison from the atmosphere. The completeness and severity of the shock, and the asthenia, which was so marked, would certainly indicate that some sudden and serious injury had been sustained.

Haverstock-hill, Oct. 13, 1854.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### ST. THOMAS'S HOSPITAL.

#### Case 29.—LARGE AND PROBABLY MALIGNANT TUMOUR IN THE ABDOMEN, OCCURRING DURING THE COURSE OF SYPHILIS.—DEATH.

[Under the care of Dr. RISDON BENNETT.]

ELLEN M'CARTHY, aged 38, a married woman, was admitted on November 23, 1852. She had been in the Hospital before, on account of syphilis, and had been discharged in order to be confined at home. Seven months had now elapsed since her delivery, and fourteen since the contraction of primary syphilis. Her child was still living; and, although small and rather puny, had never suffered from any specific symptoms of disease. The affection which now induced the woman to seek admission was a large abdominal tumour, which had already filled the right iliac and lumbar regions, and projected over to the left side. The tumour felt firm, and without the least fluctuation. Its free border on the left side was nodular and well-defined; but, on the right, it dipped deeply into the pelvis, and was not circumscribed. It lay immediately beneath the abdominal parietes, and its right free border overlapped the adjacent intestines. The woman stated, that she had made no attempt to suckle her infant, and that her recovery after confinement had been favourable, the catamenia shortly afterwards having recurred naturally. Her health continued, however, very feeble, and she suffered from syphilitic rash and sore throat. Ten weeks prior to admission, she had a discharge of blood and clots from the vagina, which lasted without intermission for upwards of six weeks, during which time it was with great difficulty that she persisted with her household employments. Before this discharge ceased, she observed for the first time that there was a hard lump in the right side of the abdomen, below the edge of the ribs. She subsequently suffered much pain and inconvenience in passing her

motions, and also in making water. The tumour rapidly increased in size, but was not attended by severe pain. At the time of admission the woman was wretchedly cachectic, being pale and emaciated to a degree. Her skin was covered with a papular eruption, about the syphilitic nature of which there could be no mistake. The throat also was ulcerated, and the breath very fetid. The pulse was rapid and feeble, and the skin relaxed, and liable to profuse perspirations.

Dr. Bennett remarked, that although there were grave reasons for suspecting the malignant nature of the growth, yet, considering that the patient was affected with syphilis, he thought it just possible that it might prove to be a collection of some of the peculiar forms of inflammatory deposit not unfrequent in that disease. It should have been stated, that the patient had been examined in consultation with Dr. Bennett by Dr. Waller, the Physician Accoucheur, and that no primary disease, either cancerous or syphilitic, had been found. The os and cervix uteri were somewhat thickened, but Dr. Waller expressed a confident opinion, that the tumour itself had no connexion with the uterus.

Dr. Bennett prescribed for the syphilitic element in the case, and a long course of iodide of potassium, with small doses of mercury, was administered. The woman improved greatly under this treatment; the eruption disappeared, and the throat healed. She also gained flesh and strength, and improved in colour, still, however, continuing pallid to an unnatural degree. It was even thought that the tumour itself diminished in size, and it certainly did not increase. Perhaps its apparent diminution was due rather to the absorption of a quantity of fluid which had been present in the peritoneal cavity. In March, 1853, the woman having sufficiently recovered to be able to walk about, was discharged, her case being regarded as incurable.

On May 4, she was admitted into Guy's Hospital, under the care of Dr. Addison. She had lost much ground, and was now extremely ill. The skin was deeply jaundiced. There had been no relapse of the syphilitic disease. The tumour had increased in bulk, and now made the abdomen very prominent. It had extended upwards to a level with the margin of the ribs; but a sulcus could be detected between its border and that of the liver. The free edge of the liver itself was tumid and nodulated. Above the umbilicus, and to the upper margin of the tumour, on the left side, were several nodular swellings, distinct from the greater mass, one of which was very superficial, and adhered to the skin. By vaginal examination, the tumour could be felt on each side the uterus, but apparently not involving that organ. The only treatment which could be adopted was palliative. For the relief of pain, morphia and other opiates were had in requisition, and anodyne fomentations were locally applied. No material change in the symptoms ensued, and on July 21 death occurred. The friends of the patient being Irish people, it was found impossible to obtain permission to make an autopsy, and the exact nature of the disease, therefore, remains unknown. The progress of the case, however,—the apparent implication of the liver, and the formation of distinct masses adjacent to, but not continuous with, the original tumour,—combine to make the diagnosis of a malignant growth one which might with confidence be given. Probably the right ovary was the organ first affected. The combination of the disease with severe constitutional syphilis, and more especially the great improvement which resulted from the treatment of the latter, form features of great interest.

### GUY'S HOSPITAL.

#### Case 30.—SECONDARY MELANOTIC CANCER OF THE LUMBAR GLANDS AND OMENTUM.—MULTIPLE MELANOTIC CANCER OF THE SKIN.

[Under the care of Mr. BIRKETT.]

JOHN HUME, aged 60, a weaver, disposed to be fat, but pale, and of lymphatic temperament. There was not known to be any predisposition to malignant diseases in his family. He had generally enjoyed good health. In the February of 1852 he accidentally discovered in the sole of his left foot a hard, wart-like growth, the base of which was peculiarly black. He had suffered no injury to the part, and knew of nothing likely to have excited the disease. The growth increased in size, and was attended by much pain. On November 2, 1853, eighteen months from the commencement of the disease, he obtained admission, under the care of Mr. Birkett. The growth was then about an inch and a-half in diameter, and an inch in depth. It was ulcerated, and had a blackish hue. The left inguinal glands



were enlarged and hard, and the whole extremity much swollen. The man looked pale and cachectic, and had lost much flesh. Scattered over various parts of the trunk, and occupying the skin and subcutaneous cellular tissue, were numerous small indurations. These, for the most part, were not larger than shot-corns, which they much resembled, not only in feel, but in colour.

This patient remained under care for about four months, when death from exhaustion occurred, (March 12, 1854.) During this period he had much emaciated. The treatment had consisted in the employment of a nutritious diet, and the use of opiates to procure rest. The subcutaneous tubercles had increased, both in number and in size, until the surface of his chest presented the appearance exhibited in the appended cut:—



None of them had ulcerated. They varied in size, from a quarter to an inch and a-half in diameter, and were scattered over all parts of the body. The enlargement of the left iliac glands had much increased. The interest of the case, as an example of abdominal tumour, consisted in the circumstance, that, soon after his admission, there had been discovered, a little to the right of the median line in the lower part of the belly, a large movable mass. It was somewhat rounded in shape, and felt much like a firm ovarian tumour, having a size nearly equal to that of an infant's head. It could be swayed over from side to side, and evidently had no deep attachments. Its diagnosis was easy, from the existence of the external disease; otherwise it much resembled one of the "movable non-malignant tumours" about to be considered. As to the affected organ, the most probable conjecture, considering its mobility, referred it to the omentum. The portrait which we have given was taken some weeks before death, and it exhibits the disease in not quite so advanced a stage as it ultimately reached, either as regards size or number of the tubercles. Death occurred on March 12, being one year and ten months after the discovery of the primary disease. At the autopsy the following conditions were discovered:—The superficial growths consisted of deposit of melanotic cancer immediately beneath the skin, and varied in size from that of a pea to that of a pigeon's egg. They were all enclosed in delicate cellular envelopes. The iliac glands on the left side were enlarged to a great size, and the seat of mixed medullary and melanotic deposit. The lumbar glands were somewhat larger than usual, and of a deep brown colour; the glands behind the pancreas, the mediastinal glands, and the anterior bronchial glands, were all the seats of melanotic deposit. In the left spermatic cord was a melanotic growth the size of a pigeon's egg; another of rather less size encroached on the right kidney; while, beneath the investing pericardium, and embedded in the muscular structure of the heart, was a small pea-like nodule of the same disease. The structures comprising the spermatic cord were afterwards carefully dissected, and it was then found that the lymphatic trunks and glands were the only parts affected.



The larger mass mentioned consisted of a gland situated immediately above the testis, and in the lymphatic leading from it were numerous little nodules varying in size from a shot corn to a horse bean. The testis itself and the vas deferens were perfectly healthy. The liver and lungs were free from the disease. The lower part of the great omentum to its right side was the seat of a large irregular growth, of from four to six inches in breadth, and about two inches in thickness, and which consisted, like most of the other deposits, of a mixture of the medullary and melanotic forms of cancer. The juice of the growth from many parts was examined by the microscope, and the characteristic appearances were always discovered, large compound nucleated cells being the most marked feature.

*Remarks.*—As an example of abdominal tumour, our remarks on the above case need not be long. Whenever coincidently with the existence of cancerous growths in the external regions a tumour is developed within any of the large cavities, conjecture as to its nature need not be difficult. As to its site, also, when an abdominal enlargement is superficial to the intestines, nearly in the middle line, and at the same time movable, an opinion that it has formed in the omentum may be very safely given. In these respects, therefore, the case was according to rule, and need not detain us. As an example of multiple cancers in the subcutaneous tissue, however, although not connected with the main object of its citation here, a few words must be permitted. Within the last three years four cases have been published in our pages which exemplify this rare development of cancer. In the first, which is given in great detail by Dr. Walshe, at page 182 of the Journal for August 21, 1852, and illustrated by a wood engraving, the disease ran an acute course, and ended fatally in about three months. The patient was a man aged 42, and the form of cancer was "scirrhus-encephaloid." The disease had commenced in the cellular tissue of the abdomen, and at the autopsy secondary deposits were found in the liver, kidney, and heart. The number of separate subcutaneous deposits was very great, the skin of the abdomen, chest, both arms, and part of the face, being involved. A second case, in which scirrhus of the breast had been the original disease, and the scattered nodules were confined to the chest and shoulders, may be found at p. 319 in our Hospital Reports for March 29, 1853. In this instance the patient lived a year and five months from the commencement of the disease, and the form of cancer was scirrhus. At the *post-mortem*, of the internal viscera only the lungs were examined, and they were found infiltrated by cancerous deposits. A third case, and one which much resembles that just detailed, forms case 25 of our present series, and occurs at p. 370 for Oct. 7. In it the disease was melanotic, the primary deposit having probably been in the omentum itself. The only general observation which can be made respecting these cases of multiple cutaneous cancers, is that they are usually examples of extreme constitutional malignancy. In two of the four we have mentioned, the disease ran a very acute course, and in the other two, although more prolonged, it was very rapid in its later stages, after the tumour had appeared in the skin. Melanosis is, perhaps, rather more liable to occur in this manner than any of the other forms of cancer; thus, although being much more rare than the others, it was the form present in two of the above.

#### Case 31.—SECONDARY MELANOSIS OF THE LIVER.

[Under the care of Mr. BIRKETT.]

An elderly man was some little time ago under the care of Mr. Birkett, in this Hospital, on account of a melanotic growth between the right eye and the nose. The propriety of excision was discussed, but was decided in the negative, by the discovery that the liver was greatly enlarged and nodular, probably from secondary developments of cancer in it. The hepatic tumour presented its usual characters, hanging down into the abdomen much below the free margin of the ribs. The man rapidly lost health; the growth on the face increased in size, as did also the enlargement of the liver. Excepting the one mentioned, no other growths appeared in the skin. At the autopsy, the external tumour was found, as supposed, to be a well-marked specimen of melanosis; and the liver, very much enlarged in all its dimensions, was occupied throughout with tubercles of the same disease. (Casts, showing the condition of the tumour of the face, and also that of the liver, are in the Guy's Hospital Museum.)

This case is an illustration of the necessity for examination of all regions of the body before undertaking an operation for the removal of an external cancer. Malignant disease of the liver may often exist without any obvious symptoms, and, unless specially looked for, may escape detection. If, in the above case, an operation had been performed, death would probably have resulted.



UNIVERSITY COLLEGE  
AND ST. BARTHOLOMEW'S HOSPITALS.

MOVEABLE TUMOURS OF DOUBTFUL NATURE.

LEAVING the malignant class of abdominal tumours, we must now pass to the consideration of some cases of a peculiar, and as yet of a somewhat doubtful nature. In 1852 we published three cases, all of them incomplete, inasmuch as the patients were still living, and the exact nature of the disease unascertained, in which hard, moveable tumours existed within the abdomen, resembling neither those of inflammatory, malignant, nor hydatid origin. To these cases we are now able to add a fourth; and, respecting two of the former ones, to continue the history up to the present time; we shall, therefore, briefly resume the particulars of them.

*Case 32.—Hard, Movable Tumour the Size of a Fist in the Right Hypochondrium, remaining without Alteration for Seven Years.*—A healthy-looking young woman, aged 28, unmarried, was under the care of Mr. Paget, in St. Bartholomew's Hospital, in September, 1852. In the left side of her abdomen, immediately beneath the border of the ribs, was a hard lump about the size of a large fist. It was firm, obscurely lobulated, and not very accurately defined. By pressure, it was easily forced deep into the abdomen, or pushed either downwards quite into the pelvis, or upwards under the ribs, none of which movements occasioned the slightest pain. When the hand was removed, it always rose to its former situation, which was apparently in close apposition with the abdominal parietes. The patient had known of its existence for five years, during which period it had remained stationary as to size, and other characters. She suffered only from dyspeptic symptoms. The case is detailed in the *Medical Times and Gazette* for December 25, 1852, page 642. Since that date, we have repeatedly seen the patient, the last time being a few months ago. The tumour has remained precisely *in statu quo*, and, excepting some chlorosis and palpitation of the heart, the woman continues in good health. At St. Bartholomew's, the case has been examined by many Surgeons; but no opinion as to the nature of the tumour has been hazarded.

*Case 33.—Hard, Movable Tumour the Size of a Fist in the Right Hypochondrium, remaining without Alteration for Seven Years.*—A delicate-looking woman, aged 38, has attended the City Hospital for Diseases of the Chest, under the care of Dr. Risdon Bennett and Dr. Birkett, at different periods for the last three years. She suffers from frequent attacks of bronchitis, but the main interest of her case consists in the presence of a tumour in the abdomen, very closely resembling in size, in shape, and hardness a small orange. In September, 1852, it was so freely movable, that it could, without difficulty, be carried from the left side of the umbilicus into the right iliac region, thence upwards into the right hypochondrium, then across the hypogastrium, to be ultimately lost beneath the margin of the ribs on the left side. On being left for a few minutes, the mass always rose to the position it had at first occupied. It was not in the least tender. When examined in October, 1853, it was found to be moveable in an area of about two inches around the umbilicus, but not further; its size, etc., were just as before. The woman is at present attending the Hospital, and during the last year no alteration in the condition of the tumour has taken place. She is not in materially worse health than she was three years ago. The history of the existence of the tumour now extends over a period of twelve years, during which it has not increased in size. For further details see the *Medical Times and Gazette* for December 18, 1852, p. 621.

*Case 34.—Large, Firm, Movable Tumour in the Right Side of the Abdomen, with History of Existence for Ten Years, and Much Increase of Late.—Patient in Perfect Health.*—In October, 1838, a girl, aged 20, stout, florid, and in apparently good health, was under the care of Dr. Walshe, in University College Hospital, on account of a tumour in the right side of the abdomen having the following characters. When placed on her back there rose to the right of the umbilicus a very visible prominence, the elevation of which extended transversely four inches, and from above downwards three and a-half. The skin above it was flaccid, loose, and easily pinched up. On applying the hand, a circumscribed tumour was felt, obscurely divided into two large lobes. It seemed to lie close to the abdominal wall, to which, however, it did not adhere. In all parts it was equally firm and inelastic, and nowhere yielded any sense of

fluctuation. Gentle handling gave no pain, and by pressure the mass might be carried either upwards or downwards to the extent of two inches, and across the abdomen, to the extent of at least six. It could not, however, be pressed backwards. In the erect posture it descended considerably lower than in the recumbent. On percussion over it a dull sound was elicited, and its size so defined was six inches by four. Between its upper boundary and the liver was a space in which a finger might be laid, and where the percussion note was moderately clear. In the infra-axillary region no interval could be made out between it and the liver. The iliac fossa and hypogastrium were extra resonant; and posteriorly, over the region of the right kidney, the extent of dullness was not increased, being, if any thing, rather less than on the left side. It did not appear that the functions of any of the abdominal viscera were in any way interfered with. The history given was, that the tumour had existed for seven years, had been almost painless, but during the last ten months had rapidly increased in size. Dr. Walshe inclined to the diagnosis of a fibrous growth in the great omentum. The patient remained under care for about a month only, and then returned to her home in the country, no alteration in the disease having been perceptible. See *Medical Times and Gazette*, for Dec. 18, p. 621.

*Case 35.—Fatty Tumour in the Omentum the Size of a Fist.*—A middle-aged man, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, December, 1852, died after the operation for inguinal hernia. He was moderately stout, but not very fat. At the operation intestine only had been found in the sac. At the *post-mortem* there was found at the free border of the great omentum, near its middle, a well-circumscribed mass of consolidated and firm fat, about the size of a fist. Its neck was somewhat constricted. The explanation which seemed most probable was, that at some former period this portion of the omentum had been incarcerated in the hernial sac, and that subsequent to its return it had been the seat of fatty deposition. It had not any appearance of having been at all recently strangulated; and localisation of the fat, which, in other parts of the omentum, was not very abundant, seemed to show that the form of the tumour did not result merely from compression, but that there had been growth of the fatty tissue. The tumour had not been sought for during life, but had it been discovered, it is evident that it would have afforded a very puzzling example of a freely movable mass in the abdomen. The Hunterian Museum contains specimens of fatty tumours in the omentum of a cat; but we are not aware of any example on record, excepting the above, of the like condition in the human subject. We narrate the case here, not because it is to be supposed that any one of the three preceding ones resembled it in nature, but on account of its important relation to them in respect to its being seated in the omentum, and being freely movable. We will now proceed to the narrative of a case almost the exact counterpart of Case 34, but which not having been before published, must be given in greater detail.

KING'S COLLEGE HOSPITAL.

*Case 36.—LARGE, FIRM, MOVABLE TUMOUR IN THE RIGHT SIDE OF THE ABDOMEN.*

[Under the care of Dr. BUDD.]

ANN MANSFRIED, aged 22, a stout, but pallid young woman, was admitted on January 21, 1853. The following account of her case is in part from the notes taken by Mr. R. T. Marchant, one of Dr. Budd's clinical clerks.

January 21.—She is a married woman, and was confined of her first child in September last. She recovered fairly, and for the first two months suckled her infant. About seven weeks afterwards she had an illness which lasted a week, and of which the most prominent symptom was a tendency to rigors and irritability of the stomach, with occasional vomiting. On becoming convalescent from this, she noticed accidentally that there was in the right side, which had never been the seat of pain, a large, hard lump. The tumour, soon after its discovery, became the seat of uneasy sensations, and, as she thought for the first few weeks, somewhat increased in size. More recently, however, she has not noticed any enlargement of it, but for three weeks past there has been more of pain than there was previously. There is at present, however, no pain, and but very little tenderness in it. It is situate in the right hypochondriac and upper part of right iliac region, and feels as if about the size



of an infant's head, flattened and moulded against the abdominal wall. It is firm and resisting, without the least feeling of fluctuation. Its boundaries are well circumscribed, and its borders feel much thinner than its middle. Percussion over it is quite dull, unless made by a sharp tap, when a clear note from intestine beneath may be elicited. The mass descends and rises with the respiratory movements, and may by manipulation be made to change its position considerably from side to side. Its border on the right side, as well as in other directions, can be plainly felt. The woman has a clean tongue and a quiet pulse; her appetite is good, but she complains of thirst, and of some pain in the right lumbar region. Slight rigors, followed by sweating, occur occasionally. The urine is very acid, and contains, as shown by the microscope, oxalate of lime crystals, and a few pus cells. (?) There is some irritability of the stomach, and vomiting sometimes occurs.

This patient remained under Dr. Budd's care from January 21 to March 2, during which time no change in the character of the tumour took place, nor did it perceptibly increase in size. The urine was frequently examined microscopically, and, in a general way, contained no pus, nor was it in the least albuminous. The treatment was directed to the relief of the tendency to vomiting and to perspiration, which having been achieved, the patient was allowed to return home.

*Comments.*—The last case which we have mentioned very closely resembles Cases 32 and 34, excepting in that a much shorter history was assigned to it, and that there had been and were some constitutional symptoms which might seem to indicate the existence of local inflammation. The characters of the mass, however, were so unlike those of an accumulation of inflammatory product, that it would probably be safer to refer those symptoms to the irritation of some adjacent organ than to the tumour itself. Not improbably, the right kidney was pressed upon,—a conjecture that the presence of pus in the urine, which was at one observation thought to be the case, would go to confirm. As to the date assigned to the tumour, also, it is very possible that the woman was much mistaken, more especially as it had, when first discovered, very nearly, if not quite, attained its ultimate dimensions. If, then, we may venture to regard this as one of similar nature with the three preceding cases, Nos. 32, 33, and 34, we have a series of four cases in which movable tumours existed, superficially placed in the abdominal cavity. In all, the patients were women below middle life, and in three under the age of 28. In three the tumour lay to the right side. In none were there any indications of malignant cachexia; and in three the account of the existence of the tumour for many years quite negated any supposition of its cancerous nature. In but one was there anything in the history of the case suggestive of an inflammatory origin. That the tumours were not of an hydatid nature seemed probable from their not possessing a globular shape, and also from the absence of any degree of fluctuation. In regard to the influence of sex, it is probable the occurrence in females of the whole of those we have been able to adduce from recent hospital experience, is quite accidental. Mr. Paget has mentioned to us a case as being the precise counterpart of the one under his care, excepting that the tumour was not quite so large, and the patient was a man. It came under his notice in private practice, and has been repeatedly seen during several years, the patient, meanwhile, retaining perfect health, and the tumour not altering either in size or other character. Its history extends over a long period of years, during which no growth has been noticed.

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# Medical Times & Gazette.

SATURDAY, NOVEMBER 4.

## ENCOURAGEMENT FOR ARMY AND NAVY SURGEONS.

*Punch*, last week, in a short article entitled "Encouragement for Army Surgeons," remarks upon the clever plan our Allies the French have adopted to insure plenty of good Surgeons for the wounded soldiers and sailors, this plan being—the security of "the same inducement as other Officers to serve their country." The satirist adds :—

"In this country the highest distinction awarded ordinarily to Medical men is no higher than that ordinarily awarded to eminent grocers. Government does not consider a Doctor to be, as such, too much of a philosopher to care about titles. It knights him by way of reward of merit. It thinks his Profession as dignified as that of a tea-dealer, and no more. In these days of degenerate knighthood, a snob, as aristocracy calls a tradesman, may be made a knight of; and aristocracy regards Surgery and Medicine as rather snobbish avocations, and a regimental Surgeon as doing a lowish kind of duty, even when performing a capital operation, with a cool head and a steady hand, amid a shower of bullets, sustaining the highest courage, without the excitement of fighting, under fire."

But we have something more than neglect to complain of. We have to protest against a public insult of the most unwarrantable and unjust character that it is possible to conceive. The following General Order of Lord Raglan has appeared by this time in every newspaper of this country, and in many Continental Journals :—

"Camp before Sebastopol, Oct. 11.

"The Commander of the Forces is sorry to have to animadvert strongly upon the conduct of the Medical department, in an instance which came under his observation yesterday. The sick were sent down from the camp to Balaklava, under charge of a Medical Officer of the division to which they respectively belonged; but on their arrival there it was found that no preparations had been made for their reception. The Commander of the forces is aware that Deputy Inspector-General of Hospitals, Dr. Dumbreck, gave the necessary order verbally to the Staff Medical Officer of Balaklava; but that officer neglected to inform his superior, and the consequence was that the sick, many of them in a very suffering state, remained in the streets for several hours, exposed to very inclement weather. The name of the officer who was guilty of this gross neglect is known to the Commander of the Forces. He will not now publish it, but he warns him to be careful in future, and to be cautious how he again exposes himself to censure. Dr. Dumbreck will, on future occasions of importance, give his orders in writing, addressed to the responsible officer. When a convoy of sick is sent from the camp, either to the Hospital or to be placed on board ship, it is henceforward to be accompanied not only by a Medical Officer, but likewise by a Deputy-Assistant Quartermaster-General of the division, who will precede it to the place of deposit, and take such steps as may insure the due reception and care of the men confided to his charge. RAGLAN."

The utter absurdity of this order is evident at the very first glance. A Medical Officer at Balaklava receives a verbal order from Dr. Dumbreck to prepare for the reception of sick from the camp. The Medical Officer "neglected to inform his superior." The sick necessarily suffer; and Lord Raglan, instead of reprimanding the one offender for neglect of duty, issues a general order, in which he "animadvert strongly upon the conduct of the MEDICAL DEPARTMENT"!! The officers of this Department had not only done their duty nobly in the great conflict on the Alma,—they had not only braved the enemy without the excitement of conflict or the hope of the renown which sustained their warrior comrades; but, after the fight was over, and their more fortunate companions could rest, they toiled day and night in unremitting exertions to save the dying and relieve the



wounded. Yet Lord Raglan ungraciously overlooked all this, although he had enormously increased the difficulties of their position by refusing them a single horse or mule to carry the panniers of medicines, and, instead of an ambulance corps, left them only the drummers and bandsmen to convey the wounded out of fire. Not a word for the Medical Department in his despatches after the battle. But now, probably irritated by the remarks in the English Press, at the want of the ambulances and Medical stores left by his own order at Varna—(and we have been informed that they were left, not only against the advice of his Medical staff, but that Dr. Hall, the Principal Medical Officer himself, had the ambulance wagons brought down to the beach at Varna, in the vain hope that they might be conveyed to the Crimea)—he takes advantage of the asserted neglect of a single officer, to “animadvert strongly,” in a general order, upon the conduct of a whole Department. There are only two words in our language which can correctly designate such conduct, and these are—injustice and ingratitude. Lord Raglan dared not issue such an order against the Quartermaster-General’s Department, because this consists of officers of his own class, who are adequately represented in Parliament; nor would he have done it had he possessed the ordinary feelings towards a body of men who had done their utmost to alleviate the horrors which had been the necessary attendants upon the success won for the General by the dogged courage of his men. So much for Lord Raglan. A word for Dr. Dumbreck and the unnamed Medical Officer. Dr. Dumbreck is blamed for not giving a written instead of a verbal order. As the baggage was left behind, it might have occurred to the General that it was just possible the Doctor might not be very abundantly supplied with pens, ink, and paper, or that, under the unusual press of duty, he thought a written order might be dispensed with. The officer charged with neglect, we sincerely trust, will demand a Court Martial. The task of finding quarters for sick in a small, crowded town could not have been an easy one, and it was one which devolved, not upon the Medical Department, but upon that of the Quartermaster-General. We have been informed that quarters were not required in the town, as one would suppose from the terms of the Order; but that the Medical Officer was required to find boats to transport 300 wounded on board ship! It is quite clear, from the concluding sentence of Lord Raglan’s Order, that he knew the fault had rested upon the Quartermaster. It is no part of a Medical Officer’s duty to procure transport or quarters for wounded. His sole duty is to attend to them in a Medical capacity. We are not to make excuses for any neglect of duty; but that neglect must be proved before it can be admitted; and if proved, the punishment must be borne by the single offender, not by a whole Department which is guiltless.

These are the encouragements offered by the State to Medical men to serve in the Army, at a time when the most urgent need is felt for their services. How stands the case in the Navy? Let us judge by three recent instances. No less than seven surgeons of French ships employed in the Black Sea have lately received decorations in the Legion of Honour for their services during the recent attack of cholera. Our ships passed through the same epidemic, but our Surgeons are too much accustomed to neglect even to expect reward. Dr. Armstrong, the Surgeon of the Investigator, passes five years of his life in the Arctic regions, in a vain search for the lost Franklin. He and his companions are shut out from the world for four entire years, without the possibility of receiving a single letter from their friends. They undergo incredible hardships; they suffer from cold, hunger, and fatigue, to a pitiable degree. Yet, by the incessant care of Dr. Armstrong, the health of the ship’s company is so wonderfully preserved, that out of 66 men and officers only three die, and these not until relief from England had been ob-

tained. Such a result is quite unparalleled in the history of Arctic discovery. The petty officers, seamen, and marines are so impressed by his conduct that they subscribe 70 guineas from their hard-earned savings to present him with a testimonial of their gratitude for his unvarying kindness. But what is the conduct of the Admiralty? Every man and officer in the ship is rewarded, with the exception of Dr. Armstrong. Every man and officer not only receives promotion to the rank next above that he held, but his seniority in that rank is antedated for four years. Dr. Armstrong is neither promoted nor rewarded. Surely no comment is needed here.

In the *Times*, of the 26th of October, the following paragraph appears among the naval and military intelligence:—

“A court martial was held on board the *Victory* in Portsmouth harbour yesterday, to try Mr. David Ormond West, Assistant-Surgeon of M.H.S. *Victory*, on charges of drunkenness and disobedience of orders, which charges were duly proved, and the prisoner was sentenced to receive *three months imprisonment* in the county gaol, and to be dismissed H.M. service.”

We know nothing more of this case; but if anything could be contrived to increase the existing disaffection of the Medical Profession to the Naval Service, it would be a sentence leveling the Surgeon with the lowest seaman, by awarding him the punishment, not of an officer, but of a common criminal.

Such are the facts which accumulate day by day, to teach us that we can hope nothing for our Profession until we are adequately represented in Parliament. Let those who have influence with our constituencies exert it in the right direction.

#### THE SEARCH AFTER FRANKLIN.

THE report of Dr. Rae upon the traces of Franklin’s Expedition furnishes another instance of the sad results of the neglect of the advice of members of our Profession by men in power. Ever since 1847, Dr. King has urged upon successive Governments, with a pertinacity only to be excused by the humane desire to save the devoted band of Arctic heroes, that the Expeditions sent by the Admiralty were sent in a wrong direction, and that they should take the very course which would have led them upon the exact spot where Dr. Rae’s intelligence would lead us to believe the bones of our missing countrymen remain. In 1847 he wrote to Lord Grey that the Great Fish River might be the road to the spot where Franklin was to be found. Two years after, several months before the spring of 1850—the spring when the Esquimaux are said to have seen the forty English—he besieged the Admiralty with applications which proved fruitless. Here is a sentence from one of his appeals:—“It would be the happiest moment of my life if their Lordships would allow me to go by my old route, the Great Fish River, to attempt to save human life a second time on the shores of the Polar Sea.”

Though rather out of the scope of a Medical Journal, the Editor of the *Medical Times* devoted a Leading Article in 1849 to an advocacy of Dr. King’s plan of going down the Fish River in search of Franklin. The time will come when such facts as these will convince even the most obstinate of Government Officials that the advice of Medical men cannot be disregarded without public loss. There is a great deal of truth in the following remarks in the *Examiner*:—

“The French say,” observes the able writer, “that the Medical Profession has achieved for itself no adequate honour or reputation in England. In France, during the last half-century, there is no Council Board, no Administration, no Society, in which the Medical Profession has not found itself represented; whether at the Court of the Sovereign, or among the Peerage, or in the Legislature. Physicians of the Institute take their place naturally among the first of the land. Their views, their discoveries, their cures, their Professional ideas and suggestions, must be listened to, cannot be neglected, and may never be treated as intrusive; nor had Napoleon fewer Physi-



cians and Surgeons for friends, councillors, and dignitaries of State, than he had of any other Profession. But in England, all such interests find themselves either unrepresented, or not represented worthily, and the best of her Physicians is good only to amass money, or at the highest get a baronetcy. What important or salutary Medical influence has made itself felt in the public administration since the wounds of Waterloo were healed? and where, in all those years, except to born lords or baronets, have we had the means of looking for sanitary wisdom or suggestion? For answer, we are referred to the whole history of our sanitary and Medical administration. Provided only a man be born baronet or lord, we are ready to accept him for a born scavenger and born Physician as well; nor can any amount of science or learning be esteemed paramount in our regard, except the science of addressing and managing constituencies, or the knack of palavering either House."

The concluding sentence will be very palatable, no doubt, to those of our Contemporaries who have failed to second our endeavours to have a Board of Medical men at the HEAD of the sanitary administration of the Empire, and have supported the appointment of the present mesmeric-homoeopathic President.

#### THE STOURBRIDGE BOARD OF GUARDIANS AND THE NUISANCES REMOVAL ACT.

It may be recollected, that in our Number of September 30, we drew attention to a correspondence between Mr. Martin, one of the Surgeons of the Stourbridge Union, and the Board of Guardians of the same place, upon the subject of requesting the Medical Officers of Unions to give certificates in cases of alleged nuisances, without at the same time remunerating them for the services so required. In this instance Mr. Martin declined to give the necessary information until the remuneration was fixed; and the Guardians then expressed their *extreme surprise* at Mr. Walker's letter; required him *forthwith* to *obey their orders*, or, in default of his doing so, requested him *to resign his office*.

Mr. Walker then represented the case to the Poor-law Board, treating the request to resign with very proper contempt; and we expressed our own opinion, deduced from a perusal of the precedents of the decisions upon the subject, that Mr. Walker was legally right in the course he adopted, and that the Guardians had exceeded their powers.

We now publish the rest of the correspondence, consisting of letters from Mr. Martin to the Poor-law Board, and from the latter to the Stourbridge Board of Guardians; and it will be seen, notwithstanding the official caution adopted by the legal authorities at Whitehall, that Boards of Guardians have no right to demand such services as those required from Mr. Martin without affording a reasonable remuneration; in other words, the Poor-law Board "do not think that the Guardians are empowered to insist upon their Medical Officer giving such a certificate with respect to any nuisance as is contemplated by the 12th and 13th Vict., etc. *Whether he will give any such certificate or not is a matter which is left by that enactment to the discretion of the Medical Officer himself.*"

It is true that the Poor-law Board instruct the Stourbridge Guardians how they may evade paying the Medical Officer, by not calling him in at all; but still the great fact is proved, that the Board of Guardians had no legal right to demand Mr. Martin's services gratuitously.

We need not express our satisfaction at the decision of the Poor-law Board, or our doubts whether a Relieving Officer can be as good an authority as a Medical Officer upon the effects of a nuisance; but we regret that the letter was not promulgated at an earlier period, when, in consequence of the immediate pressure of the epidemic, services like those demanded from Mr. Martin were frequently required from the Medical Officers of Unions. Now that the disease is abating, the nuisances will pro-

bably be left in undisturbed repose; and neither will the Guardians trouble their heads upon the subject, nor will the Medical Officers be consulted upon such matters until another fatal warning is given to the community.

Mr. Martin is entitled to the thanks of the Profession, and especially of those who hold Union appointments, for his manly conduct.

#### REVIEWS.

*The Progressive Changes which have taken place since the Time of Pinel in the Moral Management of the Insane, etc.* Prize Essay. By DANIEL H. TUKE, M.D. Pp. 119. London. 1854.

THE first steps in the march of improvement in the mode of treating lunatics were taken, as is well known, almost simultaneously in France and England. In the spring of 1792, Pinel performed, in the gloomy wards of the Bicêtre, the ever-memorable deed of unchaining fifty madmen, reputed to be incurable and dangerous; while the same year witnessed, at York, the foundation of the Retreat Asylum, under the auspices of the philanthropic Quaker, William Tuke. The very unostentatious character of the latter Institution must not prevent us from awarding to its practical and enlightened founders their due meed of honour. We have styled its establishment a first step in improvement, but it was in reality a gigantic stride. The York County Asylum, during the last part of the eighteenth century, left, in point of inhumanity of treatment, little that conjecture could add; and the York Retreat, during even the first years of its existence, afforded a model which has, perhaps, never yet been surpassed. In the course of his interesting account of this latter Asylum, Dr. Tuke—who, by the way, is, we believe, a direct descendant of its founder—informs us that, "although the Institution has been since conducted, not only with efficiency and humanity, but also with very much more of Medical treatment, the number of cures has at no time materially exceeded that which occurred during an early period of its history."

The history of the melioration in practices relating to the insane resolves itself naturally into two parts: first, an account of the various stages of progress; and, secondly, an estimate of the actual position in which the question at present stands. The first chapter of the work before us, after a brief allusion to the barbarities in vogue prior to Pinel, is devoted to an exposition of the views and practices introduced by that Physician. The second and third continue the account of Continental progress from the time of Pinel down to the present, and include the narrative of a personal visit by the author to many of the Asylums of France, Germany, and Holland, for the purpose of ascertaining the exact character of the treatment now practised. This narrative is one of the most valuable parts of the book. The fourth, fifth, and sixth chapters are devoted to the history of the treatment of insanity in England from 1792 to 1853; and, in the latter half of the sixth, are to be found also some brief allusions to the Irish and to the American Asylums. In the seventh and concluding chapter is the consideration of the contrivances (direct and indirect) which have been adopted in the place of mechanical restraint. It would be a most grateful task, did our space permit, to follow our author through his account of the triumph of humanity, which forms his theme; but for this we must content ourselves to refer our readers to the work itself.

In drawing a comparison as to the progress of improvement between the Continent and our own country, the author's opinion seems to be strongly in favour of the latter; and the same may be said of the contrast as to the nature of the treatment now actually practised. As there is yet much debate as to matters of detail in respect to what are and what are not improvements, it may be well, before entering upon his criticisms of foreign management, to state, as nearly as may be, what appear to be his own views. The standard which Dr. Tuke seems to have adopted, with which to institute comparisons, appears to us to be a very judicious one. While advocating to the utmost, and with a warmth which does credit to his heart, the propriety of an appeal on all possible occasions to the law of kindness, he yet fully admits that there are circumstances under which the adoption of the so-called non-restraint system may prove "a delusion and a snare." He insists strongly that it is in vain to expect satisfactory results from the abolition of restraint, unless suitable substitutes be provided, and seems to admit that, even under the best management, the resort to it



may in very rare cases be expedient. His chapter on "Substitutes, etc.," is a very instructive one. First in importance under this head is, of course, ranked "the moral character of the government of the Asylum." "With it, the non-restraint system is practicable and beneficial; without it, however high-sounding and grateful to the public ear, the system carries with it a very questionable advantage." An increased proportion of attendants is an absolute necessity. Lastly, an Asylum which would dispense with mechanical restraint must be provided with well-padded seclusion rooms, in which refractory patients may be confined under circumstances where, by the other system, the strait-waistcoat would be called into requisition. It is the want of these rooms which Dr. Tuke notes as the great deficiency in the Continental Institutions, and to which he believes that the yet general employment of restraint must be mainly attributed. Respecting the French, he writes:—"Only one opinion prevailed among the French doctors: they all regarded 'restraint' as necessary and beneficial."

Dr. Tuke appears to have found patients undergoing physical restraint at all the Continental Asylums which he visited, and at several in considerable numbers. At the Berlin La Charité he witnessed, "with feelings of indignation and disgust," the application of the douche "in a manner positively cruel." Speaking of the Paris Asylums generally, he says:—"Making every allowance, however, I candidly confess that I was disappointed in them; and I think any reader of the works of Esquirol, Georget, Scipio Pinel, etc., would be led to form a much higher estimate of the system of treatment pursued by the French than is really the case. Either there has been latterly a retrograde tendency, or the excellent principles enunciated in their writings are not carried out into practice." The new Asylums at Vienna and at Prague are mentioned in terms of very high praise; but the condition of the patients confined in the old tower at Vienna is described as being still far from satisfactory. In one respect, English Asylums compare to great disadvantage with those of Austria; we allude to the deficiency in the Medical Staff. At Colney Hatch and at Hanwell, two Medical Superintendents only are employed, the number of patients being respectively 1200 and 1000; while it appears that at Illenau there are to 450 patients no fewer than four qualified Medical Officers, in addition to Dr. Roller, the Physician-in-chief. On the "miserable arrangements" of our own Asylums in this respect Dr. Tuke has some strong but quite justified comments.

We must here close our notice of this interesting and meritorious little volume. As far as we are aware, it is the only one which contains a connected account of the gradual introduction into insane practice of a treatment "founded on the principles of humanity, religion, and common sense," or gives a practical statement of the best substitutes for the old means of restraint. It is compiled in an unpretentious manner, and displays in every part evidences that the author is writing on a subject on which both head and heart have been employed. To the critical eye there are here and there indications of hasty composition, but such as, when set against its many excellencies, are of little moment. We shall hope before very long to meet Dr. Tuke in some of the higher departments of Psychological Medicine.

*The Relative Merit of the Two Operations for Stone.* Two Lectures delivered at the Royal College of Surgeons, May, 1854. By F. C. SKEY, F.R.S., etc. 8vo. Pp. 55. London. 1854.

Without containing anything particularly novel, and with a very imperfect account of the statistical results of the two operations, these lectures are interesting and practical. The general conclusion of Mr. Skey is, that the *danger* of lithotomy would induce him, were he himself the subject of urinary calculus, to "prefer the protracted trouble, the probable pain, and all the concomitant evils of lithotrity."

*On Syphilitic Eruptions, Ulcerations, and other Secondary Symptoms; with Especial Reference to the Use and Abuse of Mercury.* By T. HUNT, F.R.C.S. Second Edition. London: 1854. 8vo. Pp. 95.

The first edition of this work attracted considerable attention, and Mr. Hunt's plan of giving mercury in "short and vigorous" courses, not pushed far enough to produce soreness of the gums, and only far enough to establish a healthy action in the diseased parts, has been well received. In this edition he gives additional illustrations of the success of the practice. His assertion, that hereditary syphilis had greatly increased of late

years, required support, and he has now endeavoured to establish its truth. The only facts he has supplied in its favour are, that the number of deaths from syphilis in London has increased very rapidly within the last thirteen years, namely, from 20 in 1840, to 165 in 1853; and that, one-half of the whole number of deaths from syphilis in England in 1847, occurred in children under five years of age. This is important as far as it goes, and shows the necessity of a more extended inquiry. Mr. Hunt's pamphlet is well worthy of attention.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### OF PERIODICAL HÆMORRHAGES WHICH COMPLICATE THE RESULTS OF SURGICAL OPERATIONS, AND OF THE UTILITY OF MEDICAL TREATMENT.

By M. BUISSON.

After some general considerations on the various causes of traumatic hæmorrhage, the author comes to the kind which he wishes more particularly to make known, and which he describes under the name of intermittent. Traumatic intermittent hæmorrhages have been studied some time ago. Sanson relates a case in an old thesis, and such instances have for a long time been recorded in the traditions of the Clinique at Montpellier, without any particular account having been published on the point. M. Buisson remarks, with justice, that certain countries should favour the development of the malady, and that it is not astonishing how at Paris, for example, where intermittent fever is extremely rare, periodical hæmorrhages should be almost unknown.

The memoir of M. Buisson contains four observations. In all the cases it was impossible to attribute the hæmorrhage to local causes, such as the premature separation of the ligature, inflammation of the wound, nor to general habitual causes, such as the weakness of the subject, hereditary disposition, fluxional deviation, etc. On the other hand, in every case the hæmorrhage assumed a well-characterised intermittent type, and in some there was a true concomitant febrile access, with shivering and heats. Finally, it must be recorded that sulphate of quinine sufficed in each case to arrest the hæmorrhage.—*Gazette Médicale*, October 14.

#### VARICOCELE IN THE FEMALE, AND ITS TREATMENT.

By M. A. MORPAIN.

In another work, M. Morpain has contributed some interesting anatomical observations on varicocele in the female, a disease little known or even understood in the present day. This second essay has a more practical interest; it contains two observations of patients who have been treated and cured of this affection; one by M. Debout, the other by M. Huguier.

M. Debout's patient was subjected to mercurial frictions, and to compression of the vulva, by means of a tight T bandage. There was great improvement, and the patient, who before found difficulty in walking, was enabled to follow her usual occupations.

In M. Huguier's patient an operation was considered necessary. Upon the first occasion, M. Huguier included in a ligature the varicose veins, which spread out upon the upper part of the right labium. This operation was not followed by any results; the veins shrunk, but the tumour underwent only a slight diminution. A second ligature was applied to the lower part. There ensued œdema of the labium; the skin ulcerated, and the ligature fell out. But these accidents soon passed away, and the labium resumed its normal size.—*Op. cit.*

#### CASE OF NOCTURNAL SEMINAL EMISSIONS SUCCESSFULLY TREATED BY DIGITALINE.

By M. LAROCHE.

Digitaline, of late much extolled and employed with success, according to many practitioners, in cases of nocturnal seminal losses, has yielded, in the hands of Dr. Laroche, a result which deserves to be mentioned. A young man, aged 18, presented himself some months ago to be treated for nocturnal seminal losses. The disease had come upon him about two months previously. For twenty days, the pollutions had not omitted a single night; his strength was gone, the appetite had left him, and his sleep was troubled by unpleasant dreams. M. Laroche prescribed three granules of digitaline (equal to a grain of the



powder of the plant). The night following the administration of the medicine the pollutions intermitted for the first time. In three weeks he was cured.—*Op. Cit.*

#### THE LOCAL APPLICATION OF CHLOROFORM.

By Dr. OD. TURCHETTI.

It is recommended to apply chloroform (7 to 8 hours at a time) in ulceration about the nails; chloroform mixed with belladonna as a salve upon lint in cases of inflamed hæmorrhoids (introduced into the rectum on charpie); in spasmodic dysmenorrhœa, externally upon the abdomen, or internally by means of wool inserted into the vagina; in distortion of joints; in inflammatory spasmodic ischuria; to sympathetic buboes, to prevent suppuration; to cancerous ulcers of the breast or mamma, by which both pain will be prevented and hæmorrhage arrested.—*Ann. Univers. Maggio*, 1854.

#### THE CÆSARIAN SECTION PERFORMED THRICE UPON THE SAME WOMAN.

By Dr. BARJAVEL.

In a Jewess, at Carpentras, of scrofulous habit and rachitic appearance, the child presented by the feet at her first confinement. The midwife and two Surgeons who attended pulled so hard, that in their efforts at delivery they separated the child's body from the head, which remained alone in the uterus. M. Barjavel (the father of the author) found, when called to the case, the cavity of the pelvis narrowed throughout by exostosis, so that no course remained but the Cæsarion section, which he performed, as usual, in the linea alba. In forty days the wound healed. In spite of the danger to which she exposed herself, she became pregnant again in three years, when the operation was again performed, and a living child was extracted. The mother suckled it, and it is now alive. In four years more she became pregnant a third time, when a young Surgeon attempted the same proceeding, but he was not equally fortunate, for the child, a female, was dead, and the mother sank in a few days from hæmorrhage.—*Rev. Ther. du Midi*.

#### UPON RHEUMATIC PERICARDITIS.

By Dr. EUTENBERG, of Coblenz.

From experience collected by the author the following conclusions are deduced. First as to the symptomatology: most authors affirm that there is pain either confined to the region of the heart, or extending from the left side to the shoulder and the mesogastrium. Dr. Eutenberg found it in none of his cases; and he remarks that Laennec, Hope, and Bouillaud, have all remarked upon its occasional absence: hence he infers that it is a sign of complication with pleurisy or pneumonia. At a later period, when abundant exudation is poured forth, a heavy pain is experienced.

Severe feverish symptoms occur only in the very acute cases. Then the thirst is oppressive; but the power of drinking limited on account of the severe dyspnœa. The urine is mostly very red, with a sediment of phosphate of ammonia and uric acid. There are severe night sweats, especially about the head.

At the commencement there is a marked sense of oppression, which becomes worse with the increase of the exudation.

The position of the patient is characteristic, whether the pericarditis be acute or chronic. He avoids lying on the left side. The recumbent posture on the back, or, if there be pleurisy, the sitting posture are most convenient. There is generally cough, at first of catarrhal character. Sickness, as mentioned by Knox, Kreysis, and Bouillaud, Dr. Eutenberg found only once in eight cases. The pulse is very quick, 140—200. The sounds of the heart are mostly clear and defined; but a peculiar fluttering movement accompanies the heart's beat, when the exudation is excessive, and interferes with its action. Hope remarked this in connexion with carditis. The pulse is always small, but not intermitting. Respiration is hurried, but without remission. There is no sign of adhesion of the pericardium to the heart. The author found it twice in bodies where he could not diagnose it during life.

The author did not find Rokitsky's assertion confirmed, that in the neighbourhood of an abscess of the heart the muscular substance is infiltrated with pus, easily lacerated and discoloured. The want of redness in the pericardium he found remarkable.

The treatment must depend upon the form of disease. In acute cases, attacking muscular subjects, a moderate venesection is recommended; but not its repetition, as Bouillaud has advised. In carditis no bleeding, and in endo-carditis very moderate abstraction of blood is recommended. The author makes chief mention among internal medicines of tartarised antimony, combined with sulphate of magnesia, or calomel in

severe cases. Should the pulsations of the heart and shortness of breath be considerable, and combined with hurried pulse, Dr. Eutenberg gives *corro. sublimat.* gr. i., dissolved in *sp. vin. rectific.* ℥iii. Three to five drops to be taken twice daily. Next to corrosive sublimate stand the preparations of gold, but they are less fit for acute cases. In chronic relapsing pericarditis the iodide of iron is recommended.—*Pr. Ver. Zty.* 26—29, 1854.

#### UPON THE ANÆMIA OF INFANCY.

By Professor L. W. RITTER VON MAUTHNER, of Vienna.

The author remarks, that for many years the practice of venesection has been on the decline, and he quotes the words of Professor Richter, of Dresden, "Poverty of blood is, next to tuberculosis and cancer, the increasing evil of our time, which will bring down a gradual deterioration of the race, and therefore merits our most earnest consideration." According to Valentiner, most neuralgic affections are caused by anæmia; and, according to Trousseau, chlorosis now prevails in the general pathology of the female. An anæmic mother will produce anæmic children; anæmia may be congenital, or acquired from too rapid development and quick growth. It is difficult to believe in the disease as congenital, the quantity of blood in the infant's tissues being normal. Valentin has shown that the amount of blood in the newly born is proportionately greater than in later life; for a child of 5 to 6 pounds has nearly 2 pounds of blood; while at the age of 30, it barely attains one-fifth of the weight of the body. But, in infancy, as in old age, the watery constituent is more considerable than in middle life.

The cause of this so often congenital anæmia lies in the general corporeal weakness of the mother, whence also it comes that there are so many abortions and early deaths. Want of proper food during pregnancy exerts a potent influence, too commonly at work among the lower orders, oppressed with want and care; and the younger children are more subject to the disease, because the exhausted mother loses in time the power of nourishing her children by her own milk, and the father has not the means of procuring a wet nurse. A child born of a mother who has suckled another infant during her pregnancy, generally suffers from poverty of blood. Losses of blood, or profuse mucous discharges, by injuring the mother's health, are to be regarded as prejudicial to healthy foetal development. An aged or diseased father commonly begets an anæmic child. Congenital syphilis must also be regarded as a cause. The morbid change in the blood being unknown, we must be content with the term, "anæmia syphilitica." It is not always recognised, but is of most momentous importance as regards the rising generation. Should an infant affected with this disease be vaccinated, a peculiar glandular disease is apt to ensue from this second poisoning of the blood. The author proceeds to enumerate the symptoms of congenital syphilis. The child suffers from excoriations about the mouth and anus, etc.; from roseola, pemphigus, eczema, psoriasis, or from a peculiar tenuity, smoothness, and transparency of the epidermis. They do not possess power to resist external influences; they are long in teething; tuberculosis is apt to ensue in the course of time.

The anæmia of development comes on when growth at any period is very quick. Hence we have the anæmia of dentition, the anæmia of puberty, or chlorosis.

From experiments upon animals Nasse has shown that animal diet renders the blood more coagulable than vegetable diet, and increases the number of the blood-corpuscles. From sugar and starch-meal there is formed a glutinous lymph plasma, but no corpuscles. A purely vegetable diet, therefore, is not suited for infancy; the more so, from the anatomical fact, that the cœcum, that part of the intestinal canal where vegetable digestion goes on, is but imperfectly developed at that period. Anæmic children are very apt to suffer from inflammations. Nature endeavours to excite a re-action from this depressing influence; and stasis of the blood commonly ensues in organs unfitted for active circulation; but the exudations tend only yet more to impoverish the blood; and venesections materially increase the evil. One of the evils of infantile anæmia is hæmorrhage from the congested and delicate vessels of the large intestine. This occurrence is frequently overlooked, or confounded with other disorders, such as convulsions. The Author has verified the fact by dissection.

When the plastic power of the organism, says Canstatt, is exhausted by rapid natural and morbid evolutions, then tuberculosis suddenly forms, and the latent material begins to be deposited upon any excitement in the different viscera. Thus, it is to be feared, during the blood-impoverishment of dentition; and it attacks especially children subject to perspirations, and to excited pulsations of the heart.



The Practitioner should never forget, in considering the diseases of childhood, that sudden attacks, even death itself, may occur just as easily in children from anæmia as from hyperæmia. Thus, cases of convulsions and other attacks, once regarded as inflammatory, require, in the present day, more careful examination and more accurate diagnosis.—*Journal für Kinderkrankheiten*, July and August, 1854.

#### ON THE COMPRESSION OF ARTERIES IN THE TREATMENT OF NEURALGIA.

By M. ALLIER.

An individual, aged 48, of nervous temperament, experienced, during convalescence from a severe malady, the return of a neuralgia of the orbito-frontal nerve, to which he had been subject for some time. It resisted the employment of the usual measures. After seven days of severe pain, M. Allier proceeded to compress the carotid artery of that side, continuing the treatment from one quarter of an hour to another during the whole morning, intervals of five minutes only being allowed. A state of somnolence supervened, during which the pains disappeared; but they soon afterwards attacked, suddenly and with violence, the dorsum of the penis, extending from the pubis to the glans. Pressure upon the abdominal aorta caused their gradual abatement. This case is interesting in a double point of view—first, as a rare instance of neuralgia of the superior branch of the pudic nerve supervening upon a similar affection of the orbito-frontal nerve; and, in the second place, as illustrating the efficacy of compression in causing the cessation of neuralgic pains.—*Gazette Médicale de Paris*, October 21.

### GENERAL CORRESPONDENCE.

#### CONSERVATIVE SURGERY IN JERSEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Twelvemonths ago, partly for the sake of health and recreation, and partly with the view of personally satisfying myself as to the results of an operation about which there had been much controversy in London of late, I paid a short visit to the island of Jersey, made the acquaintance of the enterprising Surgeon whose name in connexion with Conservative Surgery is “familiar in our mouths as household words,” and through his courtesy and kindness had an opportunity of inspecting several patients upon whom the operation in question—viz., excision of the knee-joint—had been performed. The result of this personal inspection was shortly afterwards published to the Profession; and I believe that no little good was produced by the statement of the facts which were observed in the Hospital at Jersey, that stronghold of Conservative Surgery.

With the same combined views as before obtained, I have, at the expiration of another year, paid a second visit; and although I was highly instructed and gratified by what was submitted to my observation on the previous occasion, this other visit has rewarded me more. Conservative Surgery has made such advances there, and so many and such various illustrations of this truth were presented to me, that I have determined to offer a slight sketch of what I saw, hoping that it may not be unacceptable to those of your readers who take an interest in the advance of that kind of Surgery, which, in these days of progress, must be cultivated by all who wish to benefit their Profession, and to administer the resources of their art in its highest and most valuable aspect.

Both in the Jersey Hospital, and in various parts of the Island, are many living instances of the remarkable success which has attended Mr. Jones in his Conservative efforts.

Of the cases of excision of the knee-joint I had an opportunity of seeing three, one of which only is under treatment. The patient being a girl about 15, who had suffered for several years with incurable disease of the joint, which had made serious inroads on her constitution. The operation was performed about three months since, and although recovery had been much retarded by a large abscess which had formed on the back, the case is doing admirably; the line of incision had healed; the patient can move her limb, which was in capital position; and she was anxious to get up, as she thought she would be able to move about. This is the only operation of the kind since my visit last year.

The other two cases are those where operations were done about two years ago. The one is that of the little boy who was brought over to London by Mr. Jones last winter, and whose case excited much interest, in consequence of some morbid con-

dition existing in the hip on the other side. Much difference of opinion was expressed by various eminent surgeons, as to the precise state of that joint—some saying that the head of the thigh bone was dislocated, others that it was not. Now, however, there is no doubt, for the disease is in an advanced stage; and with all the signs of dislocation, the head of the thigh bone can be distinctly felt to be thrown upwards and forwards; the parts about the knee, on the other side, are perfectly healthy, there being a very firm ankylosis, and the limb itself has increased considerably in length, and is perfectly straight.

The third case is that of a boy also, aged about 15, whom I saw last year, then perfectly well. He is now a fine active youth, and has a firmly ankylosed knee; by means of an apparatus which Mr. Jones has contrived for him, he can move about with the greatest agility without any stick. In fact, his activity is so great that he is obliged to be restrained—as illustrations of which I may mention, that on one occasion the young fellow was caught in the topmast of a vessel in the harbour, and another time he was espied in the branches of a mulberry tree in the garden of the hospital. In Park's celebrated case of excision of the knee-joint, the patient could run up aloft, he being a sailor. Mr. Jones's little patient has, it will be seen, accomplished the same feat with his stiff knee.

I had not time to see the other three cases in which Mr. Jones has successfully excised the knee-joint, but I believe they are all well.

More remarkable and perhaps more strikingly illustrative of the benefits of conservative surgery than any other case, is one in which excision of the entire ankle-joint, together with about three inches of the fibula, had been performed by Mr. Jones. It is impossible to describe accurately the extraordinary result which has taken place here. The patient was an adult, who had some six months since received a compound Pott's fracture. Attempts were made to save the entire limb, but so much mischief was produced, both locally and generally, that Mr. Jones determined, against the opinion of all, to excise the ankle-joint. This operation was done, and the man made an excellent recovery.

On looking at the limb, if it were not for the cicatrix across the front of the joint marking the line of incision, it would be not easy to know that any such operation had been done, for the parts look almost natural, and there is a movable joint, and so little shortening that the patient can walk about, with or without his boot, briskly. The wound is perfectly healed; and what is extraordinary is, that in so short a time the portion of the fibula which was removed has become regenerated. The operator is very proud of this case, and well may he be. I have possibly had the opportunity of seeing and being engaged in as many operations upon joints as any other young Surgeon, but I must candidly confess that this ankle-joint case is beyond any thing I have ever seen in that way.

From the ankle we went to the *wrist*; and here Mr. Jones has had splendid success in two cases, where he performed excision of the entire joint. In the one, the patient is a healthy-looking young woman, who had suffered long from strumous disease of the carpus. Excision was performed some twelve months since, and the consequence has been a perfect cure. There is a completely stiff and well-looking joint; the girl has very fair use of the fingers, and she exhibited it to me with a great air of pride and satisfaction, the more especially perhaps, as she recognised in me the same individual who, twelve months ago, saw her completely disabled, she at that time having just undergone the operation.

In the second case, the patient is a woman, about 40. The operation has been done for disease about six months; a complete recovery has taken place, and there is a stiff wrist, but, as yet, there is very little ability to move the fingers; for this, more time is required.

*Of the Elbow.*—Mr. Jones showed me one case where he performed re-section with the most satisfactory results, the patient being a woman, about 50 years of age, and the operation having been executed about two years since for disease. Notwithstanding the patient's age, a capital result has followed, for she has a good moveable joint, and can exercise with facility the not very easy duties of cook at a large house. I may here mention, that it is somewhat rare to see a moveable joint after excision of the elbow; and, moreover, that the operation in question does not generally turn out very well in persons of advancing or advanced life. Therefore, I look upon this case as the more interesting and remarkable.

Among other cases in the Hospital, I saw still under treatment a patient from whose foot Mr. Jones had removed a greater



portion of the os calcis and astragalus for disease of the tarsns. This case is bidding fair to do well.

A case was shown to me presenting an admirable illustration of the result of amputation at the knee-joint, the patient being a little girl, who, some months since, had received a terrible injury of the leg, extending to the knee, and wounding the popliteal artery. Amputation was done through the knee. The result has been a perfect recovery, and the little girl has as good and as long a stump as can be seen in any Hospital.

Among other instances I saw in this little Hospital, was one which may be truly ranked with the best efforts of conservative Surgery. It was that of a poor little boy, about 8 years of age, whose left arm, from the shoulder as far as the lowest point of the elbow, had been completely bound down to the side of the chest by firm adhesions, the result of a burn. By a series of surgical manœuvres, the arm has been completely liberated, and the boy in my presence clasped both hands over his head. The wounds made by the Surgeon are perfectly cicatrised.

I saw also an illustration of the result of resection of the hip-joint; but it was in the form of a pathological preparation in the little Museum attached to the Hospital. It consisted of the parts about the hip, removed after death from a female adult, who had died from disease of some internal organ a year or two after excision of the head of the femur had been effected by Mr. Jones.

This preparation shows the upper end of the thigh-bone resting against the ilium, just above the site of the acetabulum, which has become partially obliterated, and bound down to it by a dense and tough fibrous tissue, forming almost a complete capsular ligament. The patient could, after the operation, make use of this new joint with considerable facility.

The cases above alluded to indicate pretty tolerably the advance which Mr. Jones has made in conservative Surgery during the last two or three years. The success which attends his operations is remarkable. There has been, I believe, only one fatal result after these operations, the case being one where he performed excision of the knee-joint; and here death was due to a violent dysentery, with which the patient was attacked during an epidemic raging in the island. It is evident that the very great success met with here is in a measure due to the salubrious air of the place.

It will be seen, by consulting the records of Surgery during the last one or two years, that the opposition to excision of the knee-joint is not maintained with that violence which formerly held; for the operation in question has been executed by several London and provincial Surgeons, and with such an amount of success, that the mortality arising from it has not been so great as that attending amputations of the thigh; and there are doubtless many who will not allow their minds to be prejudiced by incautious critics against this proceeding, but will test this operation in well selected cases of disease of the joint, when such opportunities occur.

It is not, however, to be expected, that in London such success should be met with as has attended Mr. Jones in Jersey, where everything so favourable to the recovery of patients obtains—cheap and wholesome diet, and, above all, pure air; nevertheless, the very excellent results which have followed these efforts in conservative Surgery in the hitherto (professionally speaking) obscure island of Jersey, have doubtless induced many to cultivate that branch of their art with more assiduity; and possibly this brief sketch of what I have lately witnessed there, may stimulate others to inquire into fairly, and investigate in all its aspects, a subject which is worthy of the best attention of every Surgeon.

I am, &c. HENRY SMITH, F.R.C.S.

14, Caroline-street, Bedford-square, Oct. 14, 1854.

#### PROFESSOR KÖLLIKER'S VIEWS OF THE SPLENIC TRABECULÆ.

[To the Editor of the Medical Times and Gazette.]

SIR,—It may possibly be remembered by some of the numerous readers of the *Medical Times and Gazette*, that in a communication which appeared in its columns upwards of two years since, (July 3, 1852,) I ventured to question the peculiar views of the trabecular structure of the spleen, as set forth by Professor Kölliker, in the "Cyclopædia of Anatomy," (Part XXXVI., P. 773.)

In opposition to his conclusions, I combated the idea of the existence of any "trabeculae," "balks," or "joists" of the human spleen, other than those formed by the blood-vessels and their membranous sheaths. Moreover, I stated, that the un-

dulating, and sometimes decussating lines of the longitudinal fibrils, as seen under the microscope, running along the parietes of the minute blood-vessels, and the occasional entanglement of fat granules therein, might have given rise to the idea of "muscular fibre cells," described by him as entering into the formation of the trabecular structure; and further, that I could not satisfy myself of the presence of the "nuclei," either in them, or in the capillary vessels.

These observations were accompanied by two wood-cuts, (P. 10.) One after Kölliker, copied from the "Cyclopædia of Anatomy," showing the so-called "muscular fibre cells" in the trabeculae of the pigs' spleen; the other from a preparation of my own, showing the longitudinal fibrils, etc., of the minute blood-vessels of this organ in the same animal. In the *British and Foreign Medical and Chirurgical Review*, No. 26, April, 1854, under the head of "Annals of Micrology," (P. 545,) I find the following:—

"*Spleen*.—In the case of snicide above alluded to, Kölliker was able to confirm his former observations with regard to the presence of blood-vessels within the Malpighian vesicles. Gerlach had also, by independent investigations, confirmed this view. He found within the vesicles very evident capillaries, and even small veins, which branched off, not from the vessels which bore the vesicles, but from those of the pulp. Kölliker failed to find lymphatics in the spleen, and still doubts the recently-stated connexion between the Malpighian vesicles and the lymphatics. The pulp of the perfectly-fresh spleen exhibited no trace of the spindle-shaped cells compared by Kölliker, who first observed them to be muscular fibres; these cells became visible only after the spleen had lain twenty-four hours, and then in greater quantity the more the organ became decomposed; he is, therefore, now of opinion that they belong to the epithelium of the vessels."

From the concluding sentence of the preceding extract, it would appear that Professor Kölliker has abandoned the idea of the "muscular fibre cells," heretofore described by him as specially pertaining to the splenic trabeculae, and now believes "that they," i.e., the microscopic appearances, are due to the epithelial cells of the vessels; by which admission it is scarce necessary to add, that he has virtually set aside the description he formerly gave of the structural characteristics of the splenic trabeculae. I may also take this opportunity for remarking, that it is incorrect to say that he first "observed," and only "compared" the spindle-shaped cells to "muscular fibres;" in proof of which I transcribe his own words:—"Many anatomists," he observes, (Page 773, *op. cit.*) "with Malpighi, had spoken of muscular fibres in the partitions of the spleen, although none had succeeded in demonstrating them either with the scalpel or microscope, or chemically; but in 1846 I discovered them, by the aid of the microscope, in the spleen of the pig, etc., etc." Thus, he not only first "observed" and compared," but, as he then thought, actually discovered the muscular fibre cells and their nuclei, and, as already stated, illustrated his discovery by a drawing of them.

Since publicity was given to my observations on the splenic blood-vessels and trabeculae in 1852, I have had various opportunities of testing, and as I think of confirming the views I then advanced; but I cannot say that they coincide with those now promulgated by Professor Kölliker, with this exception, by no means an unimportant one, that it is from the minute blood-vessels that the microscopic appearances are derived, whatever they may be, and not from the so-called trabecular tissue. With regard to the assertion that "the cells" become more visible after the spleen has lain for twenty-four hours, and the more it is decomposed, I can bear corroborative testimony, for under these circumstances the minute vessels are emptied by exudation, their microscopic examination becoming more easy from the greater transparency induced by the exudative process. But in other respects my experience differs; for it has always seemed to me, that the fresher the organ the better, provided the minute blood-vessels are previously emptied of their contents by forcibly directing a stream of water on a portion of it from which the outer tunics have been previously removed. By this process the longitudinal fibrillae and granules are exceedingly well displayed under the microscope, after the yellow elastic fibrils have been removed by dissection, in the pigs' spleen especially, with a sharpness and distinctness not attainable when decomposition has gone on to any great extent.

Dr. Gray, in his recent Prize Essay (page 97), denies the existence of the "muscular fibre cells" in the trabeculae of the human spleen. He describes the microscopic trabeculae as being chiefly composed of "elongated, nucleated, spindle-shaped fibres," differing in structure from, and bearing no resemblance to,



"muscular-fibre cells." The structure and development of the former are illustrated by Fig. 17. One of the "cells," however, there depicted, bears, according to my ideas, a great similitude to those figured by Kölliker in the trabeculae of the pig's spleen. At page 101, Dr. Gray follows out the views formerly entertained by this distinguished physiologist, in 1846, relative to the existence of the "muscular fibre cells and their nuclei" in the spleens of the ox, ass, pig, sheep, etc. A drawing from the splenic trabeculae of the animal last named, showing these cells, is given at page 100, fig. 18.

To me it seems almost beyond a doubt, that "the muscular fibre cells and their nuclei,"—"the elongated, nucleated, spindle-shaped fibres,"—"the fusiform bodies with nuclei of fibro-plastic tissue," described by Lebert and others (See his *Physiol. Pathol.*, fig. 12, pl. 14) as belonging to cancerous formations, as also the "cellular fibres with granular nuclei, in Gerber's *General Anatomy*, (fig. 102, pl. 19,) are all derivable from the same source, viz., from the longitudinal fibrillae of the minute blood-vessels, with granules occasionally interspersed in their meshes.

A microscopist of considerable celebrity, Dr. Louis Mandl, has recently asserted, that the "cellules mères" of cancer, with their "nuclei and nucleoli," figured by M. Lebert, the "plagues a noyaux multiples" described by Messrs. Robin and Kölliker in the medulla of foetal bone, as fibrous tissue in the course of development, (the so-called fibro-plastic tissue of Lebert,) and the "cells" mentioned by Schwann as ultimately forming the "fibro-plastic cells," are "simply artificial formations derived from numberless fragments of the most diverse shapes, which the slightest manipulation suffices to produce," etc. (See note, page 409, *Archives Gen. de Med.*, Avril, 1854. Article, *Tubercle*.) Should Dr. L. Mandl's assertions prove correct, and hereafter capable of demonstration, then have we much to unlearn before we can arrive at a correct microscopical appreciation either of healthy or morbid structures. In the opinion of some it may seem a matter of small importance, whether the microscopic appearances in the spleen are those derived from the "muscular fibre cells," or, as Kölliker now thinks, from the epithelial cells of the vessels, or from the "elongated, nucleated, spindle-shaped cells" of Dr. Gray, or, as I have asserted, from the "longitudinal fibrillae and fat granules" of the blood-vessels, and that they, with their membranes, form the constituents of the splenic trabeculae, and belong equally to other structures than the spleen itself; but, to the histologist, when called on to examine microscopically the characteristics of minute normal or abnormal tissues, such questions assume a degree of importance. Besides, no one can say to what practical results the correction of an anatomical error, however slight, may ultimately lead, especially when it concerns an organ such as the spleen, the functions of which are still involved in obscurity.

In conclusion, I will merely add, that as the existence of the "muscular fibre cells and their nuclei," heretofore maintained by Professor Kölliker has again found a supporter in Dr. Gray; and having in the preceding observations endeavoured to show that the more recent views of the former are not in accordance with his original notions, or with those I formerly advocated, and still entertain, I have availed myself of the present occasion to revert to them, hoping that in an anatomical point of view the questions at issue may not be deemed altogether devoid of interest.

I am, &c. WM. OLIVER CHALK.

October 23, 1854.

#### ON THE TREATMENT OF CLUB-FOOT.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been drawn to this subject by the introduction of a new mode of curing club-foot, by excising the cuboid bone. The case is referred to by Mr. Solly, of St. Thomas's Hospital, in his introductory address delivered at the opening of that school on the 2nd October, 1854. Mr. Solly says:—"There are cases in which the deformity is so great, the bones, as well as the tendons and muscles, being at fault, that it has occurred to Dr. Little and myself, that the removal of one of these bones of the foot would expedite a cure. This operation, the removal of the cuboid bone, I performed with the advice, and in the presence, of Dr. Little, and my colleague, Mr. Wm. Adams, of the Orthopaedic Hospital, during the course of the past summer. The result has been most satisfactory. The entire case shall be published; but I am glad to have the opportunity of putting the fact first on record within the walls of my *alma mater*."

Of such a curative means, I beg respectfully to urge my

humble disapproval, both as an uncalled for operation, opposed to the results of my own experience, and as one accompanied with no inconsiderable share of danger to the patient, by inducing inflammation of the tarsal joints, which may terminate in suppuration or ankylosis. I object the more to the removal of the cuboid bone, if that operation is proposed to effect a cure, and to supersede two very important adjuncts for the successful termination of Surgical assistance in the treatment of club-foot,—I mean the division of the inner portion of the fascia plantaris, and the long continued and necessary apparatus after efficient tenotomy. These most necessary measures are at least not enforced by Mr. Solly with the attention and earnestness which their great importance seems to demand. I shall conclude these few observations, which I shall feel obliged to you to bring under professional notice through your widely-circulated Journal, by two quotations from my "Practical Observations on Club-Foot," expressive of my views on these points.

"The fascia plantaris has been involved in every case which has come under my sole care in a very numerous range; and, even in those cases previously operated upon by other Surgeons, had been overlooked." "The practice of some Surgeons of considerable notoriety cannot be too severely censured: they divide the tendons, put the foot in a stiff leather boot, or apply a fracture-splint to the leg, and then dismiss the case."

While the claims of Stromeyer and Little are so prominently brought forward in Orthopaedic Surgery, it appears to me a most unaccountable anomaly, that in the great search for surgical improvement, the invaluable contributions of Delpech should be so much overlooked.

I am, Sir, &c.

JOHN LIZARS,

Late Professor of Surgery to the Royal College of Surgeons, and Senior Operating Surgeon in the Royal Infirmary of Edinburgh.

Edinburgh, 15, S. Charlotte Street, Oct. 27, 1854.

[Mr. W. Adams has already written to say, that Mr. Solly's operation was not performed by his *advice*.—ED.]

#### TREATMENT OF PHTHISIS BY FLUORIC ACID.

[To the Editor of the Medical Times and Gazette.]

SIR,—I think it my duty to inform you, that I employed fluoric acid, as recommended by Dr. Hastings, in phthisis. I gave the thirty-sixth part of a drop only for a dose, (Dr. Hastings gives the twelfth of a drop;) and, in each case, its administration nearly caused the death of my patients, being followed by violent vomiting, headache, fever, and, in one case, dangerous hæmoptysis.

I am, &c.

J. T. FENTON, M.D.

Tufnell, Nov. 1.

### REPORTS OF SOCIETIES.

#### MEDICAL SOCIETY OF LONDON.

SATURDAY, October 28.

E. HEADLAND, Esq., President, in the Chair.

MR. ROGERS exhibited a pathological preparation, of which he gave the following explanation:—

It contained a nodule of flesh, about the size and shape of a nut, firmly adherent to the posterior wall of the uterus. The female from whom it was taken had had nine children; the three last prematurely born about the sixth and a-half month, and were accompanied with great hæmorrhage; before the last accouchement, which appears to have been brought on by bodily fatigue, she caught a violent cold, which assumed the form of a severe attack of bronchitis, subsequent to her delivery, which took place the 31st of August. The labour was natural and favourable, the placenta being discharged of itself half an hour after. On examination it was found very small sized, perfectly rounded—a fissure through its centre, but without any apparent loss of substance. The uterus contracted well, and for eight days, Mrs. G. appeared progressing favourably, excepting the danger she was in from the bronchitis. On the 8th of September, while sitting up reading the newspaper, and listening to alarming accounts of cholera, violent hæmorrhage came on, which was subdued by tincture of the ergot. This again occurred on the 14th, and was arrested



by matico and gallic acid. The cough was most incessant and violent, and to it was attributed the hæmorrhage especially, as, upon examination, no cause was discovered, excepting a small coagulum in the neck, which was then removed. On the 22nd it suddenly returned, with great violence, producing extreme prostration, from the combined effects of which, and effusion into both lungs, she gradually sank three days after. On this third and last return of hæmorrhage, the uterus seemed forced down very low, and, upon examination, a small fleshy nodule high up towards the fundus could be felt. During all this period no fetid or disagreeable discharges ever took place. Having been the only case of the kind that ever fell under Dr. Rogers' notice, he thought it not undeserving the attention of the Society, and desired their opinion of the fleshy nodule in the interior.

In answer to inquiries from the President and other gentlemen, Mr. Rogers stated that there was no fetid discharge, and that the pulse became very rapid before death. He was doubtful whether the substance was a portion of the placenta, or some morbid growth.

The President thought it was not placenta, but one of those growths which came under the denomination of fleshy tubercles. The woman died three weeks after the expulsion of the placenta, and there appeared to be none of that character of discharge which occurred when a portion of the placenta remained. The woman gave birth prematurely to three children before the present delivery; and it was usual, when such tubercles existed in the uterus, for premature birth to take place. That the woman died of hæmorrhage, seemed evident from the character of the pulse.

Mr. W. Adams concurred in the opinion of the Chairman. The specimen exhibited had an almost pedunculated connexion with the uterus, which was opposed to the idea of its being placental. The uterus was a common locality for such fleshy tubercles to arise.

Dr. Chowne said, that the use of a microscope would settle the question at once.

Mr. Hancock exhibited a patient, a lad about 10 years old, from whom, three years ago, he removed the lower end of the tibia and fibula, and the upper half of the astragalus. There was considerable motion in the joint, with scarcely any shortening; and the President said there could be but one opinion as to the success of the operation.

Mr. Milton then read a paper on

#### THE TREATMENT OF INVETERATE GONORRHOEA AND GLEET,

of which the following is an abstract:—

He divided the disease, for the sake of explaining his views, into four classes: 1, Neglected gonorrhœa, in which a cure is generally effected by mild aperients and injections; 2, Inveterate gonorrhœa, in which there are severe symptoms, as great pain and chordee, a free purulent discharge; 3, Mucopurulent, long-standing, slight discharges often the sign of stricture; 4, Mild chronic gonorrhœa, owing to some peculiar disposition in the urethra, not curable either by ordinary treatment or blisters. Only three of these cases were met with; one was cured by caustic; 5, Pure mucous gleet; *a*, from the urethra, was rather rare; it was unaffected by remedies. Various astringent injections were tried without success, green tea among the number; *b*, prostatic and vesical gleet were passed over. Mr. Milton totally disbelieved in the influence of diathesis, and he could not trace the peculiarity of these discharges remaining uncured to the habits of the patient; he thought it resulted from an inborn infirmity of the secreting apparatus of the urethra, where alone inflammation could go on for years without producing structural change. Every case was essentially curable; and, if uncomplicated, curable by blistering. In twenty-one cases, blistering had effected a perfect cure; in nineteen of these all other treatment had failed; one relapsed from fresh infection; one lived at a distance, and, when last seen, was cured, but could not be traced. In seven of these, the disease had lasted from one to six years and a-half. Mr. Hall, of Leeds, and Mr. Acton, had tried the plan with success. There were ten cases in which blistering had failed; in seven of them (further examination by bougie or otherwise being only submitted to in some cases after failure of blisters), stricture or abscess of the perinæum was detected either then or afterwards. One of the remaining three was cured by the application of the caustic; one left uncured, but relieved; one was pure mucous urethral gleet, which, like all such cases, was unaffected by any remedies.

Mr. J. F. Clarke thought there was nothing new in the

author's suggestions, similar views having been advanced by Henry James Johnson, twenty years ago. He remembered one case of blistering, but that treatment proved unsuccessful.

The President said, it was certain that the ordinary remedies for gonorrhœa often failed, and the subject, therefore, deserved great attention. A great deal of irritation and disturbance was, he believed, often caused by the indiscriminate use of copaiba, the poisonous effects of which were sometimes very remarkable. There was one form of gleet which was much overlooked, namely, that attended with a discharge of mucus resulting from congested prostate gland, and often occurring after a relief of the bowels. For such cases the ordinary gonorrhœa remedies signally failed; but the patients generally recovered by the use of aperients.

Mr. Hancock believed the mucous gleet to be a subacute inflammation of the prostate gland, and that it frequently resulted from masturbation. Many chronic cases of gonorrhœa, he thought, arose from too early an exhibition of copaiba. There was a particular form of gonorrhœa, not mentioned by Mr. Milton, which depended upon a gouty condition of the blood, and which should be treated accordingly, and not by the ordinary remedies.

Dr. Chowne alluded to the occurrence of purulent discharges having no impure origin. Married men, he said, having such discharges, had often been rendered miserable from the belief, encouraged, perhaps, by the Medical Adviser, that they must have taken gonorrhœa from their wives. He had often met with cases having no venereal origin, and in which the ordinary medicines would keep up, rather than allay, the irritation.

Mr. Weedon Cooke said, he had not found gonorrhœa so difficult to treat as Mr. Milton appeared to have done. The mucous discharges would often continue for a long time after gonorrhœa had disappeared, arising from constitutional, and not local, causes. This often happened in scrofulous patients, who could do nothing better than take a change of air, which was usually much better than any injections. Blistering the penis appeared to him a barbarous mode of treatment, and one likely to produce erysipelatous inflammation.

Mr. Hunt asked, if Mr. Milton's cases had occurred after the exhibition of copaiba or cubebs, as these stimulants sometimes laid the foundation for future disease. He treated gonorrhœa with saline aperients and gum arabic as successfully as in any other way; and, indeed, he sometimes thought that the cases would have been cured about as soon if they had been left alone. He had seen several cases in which the administration of arsenic had produced discharges very much resembling those of gonorrhœa. Iodide of potassium, which was sometimes given for gleet, might, he feared, have the effect of irritating the mucous membranes.

Mr. Rogers said, he had successfully treated several cases of gleet, arising from debility, with iodide of potassium.

Mr. Clarke believed that neglected gonorrhœa often produced gleet.

Dr. Tyler Smith said, he had found that it was an epithelial discharge from the vagina in women which had the property of producing the discharges apparently gonorrhœal in men. In a case of epithelial desquamation, the discharge was very acid and irritating; hence the results produced on the man, which usually, he thought, appeared a few hours after intercourse. He had known ophthalmia in new-born children produced rather by irritating discharges from the vagina than from the glands of the cervix uteri.

The President wished to ask Dr. Smith what he thought of the purulent discharges in young children. He himself thought that such discharges, both in children and in women, arose, in nineteen cases out of twenty, from a neglected state of the bowels, for he had cured them rapidly by a few doses of aperient medicine.

Dr. Smith said he believed the purulent discharges in young children depended rather upon the state of the vulva than of the vagina or uterus, and often arose from irritation by worms, fecal accumulations, dirt, and the like. Aperients were useful for children, but other treatment was required for desquamation of the vagina. Epithelial discharges were usually indicated by the presence of flakes.

Mr. Hunt asked if the so-called spurious gonorrhœa and gonorrhœa proper were not the same disease, differing only in degree.

Dr. Smith would not enter into that recondite matter. He said he had known one case in which an epithelial discharge occurred after each catamenial period, always communicating a spurious gonorrhœa to the husband if intercourse immediately followed. Such discharge occasionally occurred during preg-



nancy, and he knew a case in which a woman was in that state twice, and both her children were born blind.

The author having replied, the meeting adjourned.

## NORTH LONDON MEDICAL SOCIETY.

WEDNESDAY, OCTOBER 25.

MR. QUAIN placed before the Society a piece, about three inches long, of a gum elastic bougie, which he had removed from the urinary bladder of a young man. The patient had suffered about three years from a narrowing of the urethra, which originated in gonorrhœa, and had been in the habit of passing a bougie himself; at length it broke in the canal, and he felt the fragment slip into the bladder. Three days elapsed before he arrived in London and placed himself under Mr. Quain's care. An attempt was made to remove the body by means of a slender forceps, but it was soon abandoned, the sooner because of pain, etc., indicating an inflammatory state of the left kidney. The operation as for the removal of a calculus was decided on, and, after two days, during which the suffering in the renal regions had been relieved, it was performed on the sixth day after the accident. The incision through the integument was a short one; the prostate was left untouched; the bougie was found lying transversely upon the orifice of the urethra towards the pubes: it was hooked down with the finger, and seized with straight forceps, made for lithotomy in children. The patient got well rapidly. The urethra was so completely restored to a healthy condition, that a bougie (No. 11) passed easily in a short time.

Mr. Quain added, that as, from the nature of the foreign body, there is a want of the clear sound given out when a stone is struck, as well as a want of the aid afforded by the feel of a firm body, the removal through the urethra must be matter of chance. He regarded it as important that the prostate should not be incised in any degree.

Mr. Alford narrated a case of Peritonitis, caused by the impaction of hardened scybala in the vermiform appendage. A little boy, aged 3½ years, had been ill four days. When first seen, he had recently been taken from a bath, and plied with sinapisms; he was cold and pulseless, his breathing hurried, his manner wild and restless, and shortly afterwards he vomited, sunk back, and died. Mr. Alford learned that he had complained throughout of pain in his bowels, and vomited frequently; was feverish and languid, and had no appetite.

At the *post-mortem* the whole surface of the omentum, stomach, and large intestines, and margin of the liver, was covered with recently-deposited lymph. The source of the peritonitis was soon found. In the vermiform appendix an ulceration and perforation had opened a communication with the abdomen. Three small scybala were found between the perforation and the cœcum, of about the colour and consistence of half-dried clay.

Mr. Ward, of Bodmin, exhibited a calculus extracted from the scrotum of a seaman, aged 64. Three years previously he had undergone lithotomy at a Naval Hospital, when a large calculus was extracted from the bladder. No serious or unusual symptom followed. Six months later, pains occurred in the scrotum; they recurred with varying frequency, but not at first with much severity. After two years he first sought relief. Mr. Ward now found at the seat of pain a hard, roundish tumour, in size and appearance simulating a third testicle; closer examination detected a body of stony hardness in the scrotal cellular tissue. The pain and inconvenience became severe; an incision was made, and a calculus extracted with forceps. It was oval in size, 1 inch by 1½ inch. The case went on favourably to recovery, and there has been no return of calculous disease.

After an animated discussion, this case was referred to a Committee.

Mr. Cousins brought forward a case of painless labour.

Oct. 13.—A lady, in the eighth month of her first pregnancy, after much previous exertion, at half-past five p.m., going up stairs, was surprised by a sudden gush of liquor amnii, carrying before it the funis of a child. Upon his arrival he replaced the funis, which presently redescended; and as its pulsations soon ceased, the os uteri being readily dilatable, Mr. Cousins turned the child. No painful sensation had occurred until the operation of turning, which occasioned some little suffering. The child, a small one, was easily expelled. Now, there was throughout all this, no pain; and as the child was still, the mother did not know of its birth. During the uterine contractions I asked her frequently, and she averred, without any falter in her voice, that she felt no pain. She gave directions to her attendant, and sustained an easy flow of conversation. After asking her several

times during "pains," she at length said that she recognised at those times "the sensation of a band pressing round her," but nothing more. A second child now descended, a strong, healthy boy, the passage of whose shoulders alone gave rise to pain. My patient did well. Subsequently, upon close questioning, she recollected having more than once, during the previous twelve hours, remarked to a servant, that she felt "as a belt tightening round her." Throughout the day the characteristic mucus had been abundant, "she did not know why."

Mr. Cousins related a case of prolapsus ani, caused by renal disease in a child aged 8½ months, which died of dysentery after an illness of eight days. It had been born in India, and brought up by hand—had been in England two months—had been free from all ailment until the present illness—never had medicine of any kind—never had had looseness of the bowels till eight days ago; nevertheless, from the age of one month, had suffered from a remarkable tenesmus when micturating, accompanied latterly with transient prolapsus; this had become permanent since the dysentery had set in. In the distinctly-proved absence of the usual cause of prolapsus in children, irritation of the urinary organs was suspected. The child died a few hours after it was first seen; the bowel was found much prolapsed, and extensively ulcerated; the mucous membrane of the colon and rectum softened to a greyish pulp, with numerous abraded patches and general vascular redness; the prepuce was very long, and abraded at its extremity; the testicles were both in the inguinal canals; the bladder was empty; its wall peculiarly muscular and thick; the right kidney contained much sabulous matter; the left kidney a yet larger quantity; its texture was remarkably firm, and the capsule adherent; at one extremity the incision laid open a small cavity containing pus, and two or three small calculi were found in its neighbourhood in the pelvis; they consisted of urate of ammonia.

Mr. Hainworth exhibited a catheter constructed for the removal of coagula from the urinary bladder, which he had made use of with good effect since the year 1840.

Mr. Baly read a communication upon the subject of Habitual Constipation and Torpor of the Intestines.

After reciting cases in which for many years the action of the bowels had to be excited by purgatives and enemata, which frequently required a repetition to prove effective, occurring chiefly in persons of feeble constitution, frequently with anæmia, disinclination to bodily and mental exertion, temper irritable, spirits much depressed; the alvine evacuations were followed by a state of prostration, from which recovery may not occur for some hours; he stated that he had read a paper published in 1842, by Dr. Strong, advocating the use of sulphate of zinc and other astringents, in flatulent colic and constipation. In the first case it was evident to him that any aperient would aggravate the disorder; he had recourse to a mode of treatment, the success of which was so complete that he begged to draw the attention of the members to it. Having previously cleared out the canal with a dose of blue pill and ext. col. co. and an enema, he ordered—

R̄ Zinci sulphatis gr. v., micæ panis gr. v. Ft. pil ter die post cibum sumend.

This was continued regularly for ten days without causing sickness. The abdominal distention was thoroughly relieved—the appetite improved, there was more power to make exertion. At the expiration of this time, an aperient was exhibited. On the second day after this medicinal evacuation, the bowels acted spontaneously, and from that time to the present date (twelve months), they have been daily relieved without recourse being had to medicinal agents of any kind. The use of the sulphate of zinc was continued about three weeks, and then withdrawn gradually, while sulphate of quinine was substituted for it. A curious fact was this, that for some time after the enemata were discontinued, this patient was not sensible of the action of the rectum during the passage of fæces, and it was several months before the sensibility of the part was recovered. Throughout, Mr. Baly enforced the observance of a stated period for a daily effort to be made to procure an evacuation.

## UNIVERSITY OF LONDON.

B.A. EXAMINATION.—1854.

THE following is a list of the candidates who passed the late B.A. examination, and on whom the degree has since been conferred by the Senate:—

*First Division.*—Anthony, Frederic Evans, Western, Plymouth; Anthony, Thomas, Spring-hill; Bache, Alfred, Queen's,



Birmingham; Baines, Thomas Blackburn, University; Bensly, William Thomas, King's; Black, John Rankine, University; Boardman, Charles, Stonyhurst; Boulton, Swinton Henry, Manchester New, and University; Burgett, Frederic Augustus, King's; Chapman, Charles, Western, Plymouth; Clark, James Paine, Stepney; Collier, James, University; Dale, Bryan, Western, Plymouth; Dennehy, George, St. Patrick's, Carlow; Evans, John Lane, University; Foster, Michael, University; Grabham, John, King's; Guy, Robert Edwards, St. Gregory's, Downside; Hose, John Christian, King's; Johnson, William, Airedale; Jones, William Brittain, University; Littler, Daniel Makinson, University; Marsden, John, Airedale; Martineau, John, University; Millar, Frederick Charles James, University; Miller, William John Clarke, West of England Dissenters' Proprietary School; Moulton, William Fiddian, Wesley, Sheffield; Oughton, Burchell, Stepney; Paddison, Howard, University; Patterson, Edward, St. Patrick's, Carlow; Picton, James Allanson, Lancashire Independent and Owens; Pratten, Rev. Benjamin Plummer, Baptist, Bristol; Prout, Ebenezer, University; Rule, Martin Luther, Wesley, Sheffield; Savage, Thomas, University; Temple, Rev. Joseph Abbott, King's; Thornton, James Howard, King's; Wainwright, Robert Ernest, University; White, Esmonde, St. Patrick's, Carlow; Williams, Hugh John Marcus, University; Williams, James, St. Paul's, Prior Park; Wilson, Charles, Spring Hill; Woodward, James, Stonyhurst.

*Second Division.*—Barford, Alfred Henry, University; Barker, John Spencer, Spring Hill; Barker, Johnson, New; Berger, Theodore Thomas, King's; Bradshaw, Richard Charles, St. Patrick's, Carlow; Buchanan, Albert, University; Bull, William Thomas, Cheshunt; Daldy, Frederick Richard, University; Devonshire, Charles James, King's; Fox, Joseph, New; Horne, Charles, Spring Hill; Howell, Thomas, University; Hyde, William Henry, King's; Inglis, Arthur, King's; Leonard, Henry Charles, University; Martineau, William Vernon, University; Noall, John, Cheshunt; Pershouse, John, Owen's; Philip, Wilberforce Buxton, Cheshunt; Pugh, Rev. John, University; Regalia, Victor, Stonyhurst; Robinson, Charles Robinson, University; Smale, John Jackson, University; Sturman, Mark Cephas Tutet, University; Thomas Barnard, University; Thomas, John, Cheshunt; Tidman, Robert Vaughan, New; Troy, John Henry, University; Whatton, Rev. Arundell Blount, King's; Wolston, Christopher, Queen's, Birmingham.

## CORRESPONDENCE BETWEEN THE POOR-LAW BOARD

AND THE

## BOARD OF GUARDIANS OF STOURBRIDGE.

No. I.

Brierly Hill, Staffordshire, September 2, 1854.

GENTLEMEN,—I beg to enclose a correspondence with the Guardians of this Union, and a Resolution passed at the meeting of the Board yesterday, and to request your opinion on the following questions:—

Can the Board require a Medical Officer of the Union to inspect, report, and grant certificates for the removal of nuisances, by reason of any duty imposed upon such officer?

Can a Medical Officer recover remuneration for certificates and attendance before the magistrates without a special contract with the Guardians?

Requesting the favour of an early answer,

I am, Gentlemen, your obedient Servant,

The Poor-law Board.

H. WALKER, M.D.

No. II. is a letter from the Poor-law Board to Mr. Walker, enclosing him a copy of No. III. :—

Poor-law Board, Whitehall, October 19, 1854.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 15th ult., enclosing a copy of a Resolution passed at a meeting of the Board of Guardians of the Stourbridge Union, in reference to Mr. Walker's refusal to comply with their directions to inspect and give certificates as to the necessity for removing the nuisances in the district of which he is the Medical Officer.

The Board desire me to inform you that they do not think that the Guardians are empowered to insist upon their Medical Officer giving such a certificate with respect to any nuisance as is contemplated by Vict. 12 and 13, cc. xxiii., sec. 6. Whether he will give any such certificate or not is a matter which is left by that enactment to the discretion of the Medical Officer himself.

The Board think it right, however, to refer the Guardians to the directions of the General Board of Health, dated the 8th ult., Articles 1 and 2, which authorise the Guardians to call upon their Medical Officers to visit the places where cases of cholera, diarrhoea, or any epidemic or endemic disease may have lately been frequent, and to examine the houses as to any predisposing and removable causes of disease likely to affect the inmates, and under which the Guardians can also require their Medical Officers to give them written lists of places in a state dangerous to health or needing cleansing, of filthy and unwholesome dwelling-houses, and of nuisances that may be abated, cleansed, or removed.

These provisions will not, however, be available for proceedings under 11 and 12 Vic. c. cxxiii., sec. 1; but the Board desire to point out, that those proceedings may be taken upon the certificate of the Relieving Officer, as well as of the Medical Officer, upon the notice of two inhabitant householders.

The Board desire me to express their regret, that the pressure of business in their offices has prevented them from earlier communicating with the Guardians on this subject.

I am, &c. (Signed) COURTENAY, Secretary.

W. B. Collis, Esq., Clerk to the Guardians  
of the Stourbridge Union, Stourbridge.

## QUARTERLY REPORT OF BIRTHS AND DEATHS IN ENGLAND—JULY TO SEPT., 1854.

THE births have been 154,735, or at the rate of 3·294 per cent. The deaths have been 113,939, or 2·425 per cent.; thus, the natural increase of the population in the quarter was 40,796, which is below the average, having been in the same quarter of 1853, 55,249; but the cholera in this period has carried off in England, 15,587 persons, which more than accounts for this decrement. The mortality has been higher than in any previous years, with the exception of 1849, when it was 3·057 per cent.

In LONDON the deaths in the 13 weeks ending September 30th amounted to 24,870, or to 11,952 more than the deaths (12,918) in the summer quarter of 1853. This excess exceeds slightly the deaths from epidemic cholera (9708), and diarrhoea (2069), which make 11,777 in the aggregate. In the summer quarter of 1849 the deaths from cholera were 12,847, from diarrhoea 2457, or from both causes 15,304; and the deaths from all causes were 27,100. Small-pox and erysipelas prevailed to some extent. Scarletina was epidemic, and was fatal to 978 persons, typhus or fever to 678, ague to 11. 96 mothers died in childbirth, 38 in metria or childbirth fever, and 58 in other ways. Epilepsy was fatal in an unusual number of cases (97).

In every county of the SOUTH EASTERN DIVISION the deaths exceeded the average. The deaths in Gravesend were 206, of which 81 were caused by cholera, and 43 came from vessels on the river. In nearly all the Kentish districts the mortality was high, and cholera was in many localities fatal. Sussex and Hampshire, with the exception of Portsea Island and Southampton, scarcely exhibited an increase.

Brentford, Edmonton, and other districts near London, in the SOUTH MIDLAND COUNTIES suffered severely from cholera. The sanitary arrangements are generally faulty. Up the valley of the Thames, the mortality rose from the same causes; the deaths from all causes in the districts of Oxford and Headington rose from 159 to 283. In Wisbeach, at the bottom of the Nene Valley, where malarious disease still prevails, the deaths rose from the average of 187 to 331. Cholera was exceedingly fatal.

In the EASTERN COUNTIES, West Ham, Romford, and the marshy districts of Essex on the north bank of the Thames, experienced a high mortality, chiefly from cholera; so did Ipswich, which was the only district of Suffolk that suffered considerably. The mortality was high in Yarmouth, on the sea coast of Norfolk; and the deaths in Norwich were 370 and 643 in the quarters ending September 1853 and 1854.

In the SOUTH WESTERN COUNTIES the mortality was near the average.

In the WEST MIDLAND DIVISION the mortality was below, or about the average, in the counties of Gloucester, Hereford, and Salop; in Cheadle, Wolverhampton, Walsall, West Bromwich, Dudley, and Stourbridge, or on the Wolverhampton cholera field, as it was called in the Report for 1849, the mortality was about one-third part higher than usual; but cholera was much less fatal than it was in 1849. The deaths in Birmingham rose from 1087 to 1464, from the prevalence of *diarrhoea*. (?)

In the NORTH MIDLAND DIVISION the counties of Leicester, Rutland, Nottingham, and Derby exhibited a mortality below the average; in the low districts of Lincolnshire the mortality ex-



ceeded the average, so that the deaths in the county rose from 1581 to 2092.

Cheshire, except in Runcorn and Wirrall, experienced less than the average mortality. In Lancashire, the deaths in Liverpool and West Derby, in the three summer quarters of 1852, 1853, 1854, were 3537, 2701, and 4563; and the increase is referable to the epidemic cholera. The deaths from all causes in the summer quarter of 1849, when cholera was epidemic, were 8021 in the two districts. The population of Liverpool and West Derby in 1851 was 411,515. The deaths in Manchester and Salford during the last quarter were 2789; the population was 315,956 in 1851. Diarrhoea has been the prevailing form of disease in Manchester; the mortality not considerable.

In YORKSHIRE the mortality is not above the average. Sheffield has suffered to a certain extent from the epidemic.

In the NORTHERN COUNTIES, Stockton, Auckland, Durham, Sunderland, Cockermouth, and Whitehaven, exhibit a high mortality, referable chiefly to cholera. The deaths in Newcastle were 587; in the summer quarter of 1853, when the cholera epidemic broke out, 2085 of the 89,156 inhabitants died.

Monmouth, Newport, Pontypool, in Monmouthshire, Cardiff and Merthyr Tydfil, in Wales, exhibit an increase in the mortality, and the returns show that cholera has been, and is there still prevailing.

## CHOLERA.

The cholera epidemic in London, for this season at least, is quickly passing away. The following are the particulars for the past week:—

DISTRICTS AND SUB-DISTRICTS.	Elevation above Trinity High- water Mark.	Popula- tion in 1851.	Deaths from Cholera registered			Total of 16 Weeks ending Oct. 27, 1849.
			in the Sixteen Weeks ending Oct. 28.	in the Week ending Oct. 28.	in the Week ending Oct. 27, 1849.	
LONDON .....	feet 39	2,362,236	10,596	66	25	1459
WEST DISTRICTS....	28	376,527	2038	10	1	1135
NORTH DISTRICTS..	135	490,396	755	3	4	854
CENTRAL DISTRICTS	49	393,256	630	11	1	1607
EAST DISTRICTS....	26	485,522	1493	12	15	2886
SOUTH DISTRICTS ..	6	616,635	5690	30	4	6686

The deaths according to age are—

From 0 to 15	...	...	...	...	25
„ 15 to 60	...	...	...	...	32
„ 60 and upwards	...	...	...	...	9

In the same week of 1849, the number of deaths were 41, and the ages—

From 0 to 15	...	...	...	...	9
„ 15 to 60	...	...	...	...	13
„ 60 and upwards	...	...	...	...	3

Rate of Increase and Decrease in same Ten Weeks of 1849 and 1854.

	1	2	3	4	5	6	7	8	9	10
1849										
Incr.	43	391	363	..	..	..	..	..	..	..
Decr.	..	..	..	344	843	405	146	178	69	16
1854										
Incr.	118	440	763	..	..	..	..	..	..	..
Decr.	..	..	..	501	265	530	343	162	86	97

Difference between Mean Temperature of Air on an average of 38 years in same Ten weeks of 1849 and 1854.

1849	+ 2.6	+ 3.7	+ 5.8	— 3.2	— 1.2	+ 5.4	— 1.8	— 4.7	+ 3.6	+ 9.6
1854	+ 1.1	+ 5.9	+ 1.1	+ 3.8	+ 1.5	+ 1.0	+ 1.0	— 0.1	— 3.0	— 3.1

Temperature in same Ten Weeks of 1849 and 1854.

1849	62.9	64.0	64.1	56.5	55.7	58.4	51.2	46.7	52.4	55.0
1854	61.2	65.1	59.2	60.7	57.1	55.2	53.6	50.9	46.5	44.9

Mean Readings of Barometer.

1849	30.076	29.772	29.834	29.464	30.155	29.680	29.374	29.540	29.893	29.865
1854	29.915	30.212	30.166	29.857	29.972	30.076	29.710	30.036	29.504	29.517

DEATHS over BIRTHS from Week ending August 26, compared with same Weeks of 1849.

	1	2	3	4	5	6	7	8	9	10
1849	1140	1569	1882	1563	581	85	108	— 196	— 335	— 426
1854	401	890	1807	1331	876	447	130	— 148	— 87	— 219

BIRTHS above the average of 8 years from the Week ending August 26, 1854, compared with the same Weeks of 1853.

1853	134	204	342	196	232	256	99	12	63	217
1854	271	258	205	140	297	349	5	255	19	40

The following have been the number of deaths from all causes in the General Hospitals of London for the week:—

Deaths.			Deaths.		
St. Mary's	...	...	King's College	...	...
St. George's	...	13	St. Bartholomew's	...	12
Westminster	...	3	London	...	17
Charing Cross	...	3	Guy's	...	3
Middlesex	...	2	St. Thomas's	...	5
University College	...	5			
Royal Free Hospital	...	...	Total	...	63

The following is a complete return of the number of deaths from cholera in England and Wales, for the months of July, August, and September. The deaths in the districts that have suffered most are separately returned; and the deaths from cholera in the weeks of September are also distinguished.

The deaths by cholera in the three months were 15,587; by diarrhoea, 11,135; or 26,722 by the two forms of disease. The epidemic has exhibited less intensity than it did in 1849; and although diarrhoea has been apparently as prevalent, or at least as fatal, the deaths by cholera have been less by 28,234 than the deaths by the same disease in the three summer months of that year. The mortality from cholera and diarrhoea is less by one-half than it was in 1849.

The districts in what was called the London cholera field have suffered most severely; and there it is known, that, though some sanitary improvements have been projected, they have only in a few instances been carried out.

Return of the Number of Deaths from Cholera, Registered in the Months of July, August, and September, 1854, in England and Wales:—

		DEATHS FROM CHOLERA.						
		1854.						
		Population, 1851.	July.	August.	Sept. 1 to 16.	Sept. 17 to 23.	Sept. 24 to 30.	TOTAL.
	ENGLAND .. ..	17927609	324	5246	5648	2586	1783	15587
	DIVISIONS.							
1	LONDON .. ..	2362236	165	3906	3599	1284	754	9708
2	SOUTH EASTERN ..	1628386	25	454	510	185	129	1303
3	SOUTH MIDLAND ..	1234332	18	169	308	196	152	843
4	EASTERN .. ..	1113982	7	206	294	159	135	801
5	SOUTH WESTERN ..	1803291	6	35	79	26	18	164
6	WEST MIDLAND ..	2132930	7	26	74	82	97	286
7	NORTH MIDLAND ..	1214538	2	30	70	26	29	157
8	NORTH WESTERN ..	2490827	58	207	409	357	258	1289
9	YORK .. ..	1789047	10	46	100	92	57	305
10	NORTHERN .. ..	969126	24	127	155	87	61	454
11	WELCH .. ..	1188914	2	40	50	92	93	277

Liverpool has been attacked by the epidemic; but the deaths by cholera in that town and its suburbs (the districts of Liverpool and West Derby) have hitherto been 953; whereas, the deaths by cholera in the corresponding period of 1849 were 4,545. Liverpool has a Health Officer; and certain sanitary measures have been carried into effect. The authorities of the town deserve great credit for their successful efforts in the improvement of the health of Liverpool. In Tables appended the con-



trast is remarkable between London and Liverpool and West Derby.

Deaths by the epidemic cholera have, during the three months, occurred in every county except Herefordshire, Rutlandshire, and Westmoreland; but many districts have escaped hitherto, and a few, such as Merthyr Tydfil, have suffered, or are still suffering, severely.

The diarrhoea which is so fatal in Birmingham, Manchester, and other districts, where few deaths are referred to cholera, requires investigation; it is, undoubtedly, in the majority of instances, a modification of choleraic disease.

#### DEATHS FROM CHOLERA IN ENGLAND IN THREE EPIDEMICS.

	1831-2(a)	1849.	1854.
July .....	4816	7570	324
August .....	8875	15872	5246
September .....	5479	20379	10017
Total in 3 months...	19,170	43,821	15,587

#### DEATHS IN LONDON FROM CHOLERA IN TWO EPIDEMICS.

	1849.	1854.
July ... ..	2555	165
August ... ..	5368	3906
September ... ..	5031	5637
Total ... ..	12,954	9708

#### DEATHS IN LIVERPOOL AND WEST DERBY FROM CHOLERA IN TWO EPIDEMICS.

	1849.	1854.
July ... ..	1330	28
August ... ..	1984	155
September ... ..	1231	770
	4545	953

(a) Registers did not exist, and the Returns were imperfect.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Oct. 26, 1854:—

BENNETT, EDWIN, Dorchester.

HALSE, CHARLES SMITH, London.

MARSTON, JEFFERY ALLEN, Newcastle-on-Tyne.

SHARPLEY, THOMAS, Louth, Lincolnshire.

SMITH, MATTHEW BASS, Louth, Lincolnshire.

The following gentleman was admitted a Member on the 20th ult.:—

HOFFMAN, OCTAVIUS WILLIAM, Queen Street, Ipswich.

#### APPOINTMENTS.

**I. B. BROWN, Esq.,** has been appointed an Honorary Fellow of the General Association of Surgeons of Northern Germany.

**WEST HERTS INFIRMARY.**—A. Fernie, Esq., has been appointed House-Surgeon to this Institution.

#### VACANCIES.

**DOVER HOSPITAL AND DISPENSARY.**—A Resident Medical Officer is required. Election, Nov. 20.

**LONDON FEVER HOSPITAL.**—A Resident Medical Officer and House Steward is required. Election, Nov. 8.

#### DEATHS.

**BIRD.**—Oct. 27, at Camden Park, Tunbridge Wells, Golding Bird, Esq., M.D., aged 39; A.M. and M.D. St. Andrew's, 1838; L.R.C.P. Lond. 1840; F.R.C.P. 1845; Prof. Materia Medica at, and Assist.-Phys. to, Guy's Hosp.; Lect. on Materia Medica at the Roy. Coll. Phys. 1847-49; one of the Curators; Lect. on Practice of Physic, late Aldersgate School; F.R.S., F.L.S.; Fell. Med. Chir. Soc.; Corr. Mem. Philosophical Inst. of Basle, of the Med. Soc. Hamburg; of the Phil. Soc. St. Andrew's; Mem. Prov. Med. and Surg. Assoc.; Author of "Elements of Natural Philosophy," 4th edit. 1854; "Urinary Deposits," 4th edit. 1853; "Lectures on Electricity and Galvanism, in their Physiological Relations," 1849; "On the Influence of Organic Chemistry," "On Therapeutics," delivered at the Coll. Phys.; "Researches on Poisoning by Charcoal Vapour," 1839; "Reports on Diseases of Children," 1845, "Guy's Hospital Reports." (A full notice will be given in our next.)

**BOYD.**—Oct. 25, at 26, Drummond Place, Edinburgh, David Boyd, Esq., Surgeon, aged 61, late Surgeon-General of the Madras Army, sincerely and deservedly regretted.

**COLBORNE.**—Oct. 28, at Brentwood, aged 67, Thomas Colborne, Esq., Surgeon, M.R.C.S.E. 1809.

**GOULD.**—Oct. 27, at Islington, George Gould, Esq., Surgeon, late of Kingsland Crescent and West Brompton, Middlesex, aged 39 years, sincerely regretted. M.R.C.S.E. 1837; L.S.A. 1836.

**HUTHWAITE.**—Sept. 30, on board H.M.S. Apollo, on his passage from Balbek to Balaklava, of cholera, induced by excessive fatigue in the discharge of his duties after the battle of the Alma, Francis Cor. Huthwaite, Esq., Surgeon of 3rd Battalion of Grenadier Guards. (Feb. 7, 1845.)

**THE LATE DR. THOMSON.**—We find from a letter in the *Morning Advertiser* of Thursday, that a jealous Scotchman has taken umbrage at our notice of Dr. Thomson, whom we mentioned in our article, "Medical Heroes and Martyrs," as an *English Physician*. He was from Cromarty, in Scotland, and was in his 30th year.

**GUY'S HOSPITAL.**—The appointment of Assistant-Surgeon in the East India Company's Service, placed by W. Masterman, Esq., M.P., at the disposal of Guy's Hospital, has this year been awarded, by examination, to Mr. R. H. Bartrum.

**CHANGES IN THE LONDON HOSPITALS.**—Dr. West has resigned the office of Physician to the Hospital for Sick Children. Dr. Kirkes is a candidate for the post. Dr. Martin is a candidate for the Assistant-Physicianship of St. Bartholomew's, vacant by the death of Dr. Roupell. Mr. Harvey Ludlow's absence with the British forces in Turkey leads to a vacancy in the Metropolitan Free Hospital for a Surgeon. Mr. Hutchinson is a candidate for the appointment.

**MEDICAL BENEVOLENT FUND.**—At the last Monthly Meeting of this Society, the excellent Treasurer, Mr. Newnham, read a letter which gratified all present. The writer was a gentleman who had been assisted by the Society to emigrate to Australia; and, having succeeded in his Profession, he now, with a hearty appreciation of the assistance rendered him, remitted the full amount advanced to him in the day of his trouble and adversity. The amount of good rendered by this Society gives it strong claims on the sympathy of all those members of our Profession who can afford to subscribe their guinea annually.

**SURGERY OF THE WAR.**—The following is an extract from the letter of an officer. It shows that the Surgeons did not keep out of fire:—"The 30th Regiment was on the extreme right of the whole English force, and next to the French. We advanced in line under a most galling fire, and succeeded in passing a village which the enemy had set on fire to prevent our seeing his position on the heights in front of us. We were crossing a meadow close to the bank of the river Alma, when your son (who was in command of the second company from the right of the regiment) fell. He had received a grapeshot on his right temple, which caused instantaneous death. One of our Surgeons instantly ran up to him, but he was beyond human aid." The next, from the *Times'* Correspondent at Constantinople, will give some idea of the work gone through by our brethren:—"The deadly effects of the gallant affair off the Alma are becoming more and more apparent, and numerous are the arrivals of the wounded. A few days ago, one of the Peninsular and Oriental Company's steam-ships arrived with 600 wounded, under the care of two Army and one Navy Surgeons, assisted by the Medical Officer attached to the ship. An idea of the desperate nature of the wounds received may be collected from the fact, that, on the passage, one of the Medical Officers performed the operation of amputating the legs of twenty of the sufferers. Here is an extract from a Surgeon's letter. It shows the material the Medical men had to deal with:—"You know what is called 'field-day' at the hospitals in town,—perhaps an amputation or two, with half-a-dozen Surgeons to assist, if necessary, and a hundred surgical eyes looking on. Can you imagine our field-day on the banks of the little river Alma? If God spares me again to see Old England, I shall probably never more witness as much practice in my whole lifetime as I saw there in two hours. The pluck of a soldier no one has yet truly described. They laugh at pain, and will scarcely submit to die. It is perfectly marvellous, this triumph of mind over body. If a limb were torn off or crushed at home, you would have them brought in fainting, and in a state of dreadful collapse. Here they come with a dangling arm or a riddled elbow, and it's 'Now, doctor, be quick, if you please; I'm not done for so bad,



but I can get away back and see!’ And many of these brave fellows, with a lump of tow wrung out of cold waier, wrapped round their stumps, crawled to the rear of the fight, and, with shells bursting round them, and balls tearing up the sods at their feet, watched the progress of the battle. I tell you, as a solemn truth, that I took off the foot of an officer, Captain —, who insisted upon being helped on his horse again, and declared that he could fight, now that his ‘foot was dressed.’ Surgeon — told him, that if he mounted he would burst the ligatures and die on the spot; but, for all that, he would have returned to the hill if he could have prevailed on anybody to help him to mount.”

**HEALTH OF THE BRITISH FORCES IN THE CRIMEA.**—Letters have been received this week from Dr. Hall, the principal Medical Officer in the Crimea, stating that the sick and wounded at Scutari are going on most satisfactorily; that every man is provided with all that is necessary for his comfort and accommodation; and that, although 2103 beds are occupied, there are 1100 more in readiness to receive any wounded that may arrive from the Crimea. We have also seen a letter from the Medical Officer in charge of the 3rd Division, dated Oct. 11, Camp before Sebastopol, containing the following sentence:—“There has been no case of cholera in the 3rd division for the last eight days, and no death from any cause.” Another Medical Officer in the Light Division writes, on Oct. 7, that cholera has again appeared in the division. There were 213 sick on that day; 23 being cases of cholera. Two deaths occurred on the 6th, and three on the 5th. The tents had just arrived, and a divisional Hospital was being raised.

**ARMY, NAVY, AND POPULATION.**—The number of men in Great Britain of the age of 15-45 is 4,801,900; one-tenth of whom would form an army of 480,190. One soldier to every hundred people in the entire population supplies 211,850 men. The same levy on the population of the United Kingdom would return about 277,000 men. Hume has remarked, that, among people entirely employed in the creation of necessary subsistence, men can less readily be spared for war than in nations that are supplied with such subsistence by the labours of a portion of their number; as the men working in the production of luxuries may, without any great disadvantage, be employed in warfare. Thus much is certain, that if the people advanced in civilization wisely apply the arts and sciences of life to the improvement of their health, vigour, energy, and military institutions, they must enjoy as great advantages as they enjoy in peace, over barbarians in war.—*Census Report.*

**THE WORKING OF THE VACCINATION ACT.**—The Registrars in England complain generally of the working of the Vaccination Act, both as it affects the Medical Profession, the Registrars themselves, and the public. The following are some extracts from their reports:—*Brighton.*—Vaccination seems very little cared for or attended to, although notices are delivered by me to every parent, agreeably to the recent Act of Parliament. The Act is imperfect, and is negligently carried out by the parents and some Medical practitioners. *Henley.*—Vaccination is not sufficiently attended to by parents of children born since the passing of the compulsory Vaccination Act; some are negligent, and others are prejudiced against vaccination, and some of the Medical practitioners are irregular in giving certificates of successful vaccination. *Ipswich.*—The Act for compulsory vaccination has not at present the desired effect; among the labouring classes it is very unpopular, owing to the mistaken notion that other diseases are produced by vaccination. Some are very violent when served with the notice requiring them to have their children vaccinated.—*Mitford.*—I am sorry to state that the new Vaccination Act appears to be a total failure in my district, for although I have registered 224 births within the last 13 months, only 81 children appear to have been vaccinated.—*Wells.*—The Vaccination Act works very badly, few successful cases being returned in proportion to the number of children registered, say one in five. The lower orders are prejudiced against it in many instances, and the Profession careless in their certificates.—*Wrexham.*—I have given to parents since October 1853, 550 notice papers, and have only received from the public Vaccinators and other Medical men 115 certificates of successful vaccination. Though the people speak well of the Act, it appears there is a lock in the working of it.

**MEDICAL MEN FOR EMIGRANT SHIPS.**—By the 15th and 16th Vic. cap. xlv. sec. 38, every passenger ship is bound to carry a *duly qualified* Medical Practitioner in the following cases:—

1. When the duration of a voyage exceeds in a sailer 80 days, and in a steamer 45 days, and the number of persons on board (including crew) exceeds 50.

2. When the voyage is to North America, and the passengers exceed 100 adults, and the space for each is less than 14 feet.

3. When, whatever the destination or the space, the number of persons on board exceeds 500.

Penalty, 50*l.*

But by the Merchant Shipping Act (1854), clause 219, to come into operation 1st of January, 1855, it is provided that the following ships shall carry on board, as part of their complement, *some person duly authorised by law to practise as Physician, Surgeon, or Apothecary:—*

1. Every foreign-going ship having 100 persons or upwards on board.

2. Every ship having 50 persons or upwards on board, which is bound on a voyage from the United Kingdom to the eastward of the Cape of Good Hope, or to the westward of Cape Horn, or to any place on the West coast of Africa or the East coast of Central or South America, or to the Falkland Islands.

Penalty, 100*l.*

**DEAF AND DUMB OF BOTH SEXES.**—The relative numbers of the sexes are in all countries much more disproportionate among the deaf and dumb than among the blind. In Great Britain, and in England and Wales, there are 121 male deaf-mutes to 100 females; in Scotland the inequality is somewhat greater—namely, 125 males to 100 females; in the islands in the British Seas there are 121 males to 100 females. The Irish Returns give the reversed proportion of 111 females to 100 males. In every 10,000 of the general population of each sex in Great Britain, 6·7 males and 5·3 females are deaf and dumb. But, while the returns for the whole country exhibit a larger proportion of males, the reverse obtains in some localities; thus, in Berks, Bedford, Salop, Derby, and Monmouth, more females are returned than males relatively to the numbers living of each sex.—*Census Report.*

**POISONOUS ANCHOVIES.**—A young woman has died from the effects of eating some putrid preparation called “anchovies.” Dr. Letheby, in his evidence at the inquest, thus describes the delicacy:—“He had made an analysis of the contents of the bottle, supposed to be preserved anchovies, but which he found to consist of a very indifferent sort of fish, that, he thought, had been preserved when in a putrid state, in a liquid with which common bay salt and common raddal, or oxide, had been mixed. This would cause a very great irritation of the stomach. 160 grains of salt and 60 grains of the oxide were mixed with an ounce of water. The fish, (one of which he produced,) which was like anchovy in size, but which had not its red colour, was caught extensively on the coast of Holland, and “anchovy” sauce was sold cheap on that account. A juror said the bottles were sold all over the kingdom.

DEATHS REGISTERED in the Metropolis for the Week ending Saturday, October 28, 1854.

CAUSES OF DEATH.	Oct. 28.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	615	402	197	1228	9515
SPECIFIED CAUSES .. .. .	614	402	197	1213	9481
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	254	91	26	371	2622
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	5	21	21	47	415
3. Tubercular Diseases .. .. .	73	123	3	199	1593
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	56	20	29	105	1059
5. Diseases of the Heart and Blood-vessels .. .. .	..	23	19	42	369
6. Diseases of the Lungs and of the other Organs of Respiration ..	132	41	33	206	1344
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	21	29	11	61	553
8. Diseases of the Kidneys, etc. ..	1	9	4	14	125
9. Childbirth, Diseases of the Uterus ..	..	6	2	8	102
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	..	7	1	8	68
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	1	1	1	3	21
12. Malformations .. .. .	1	..	..	1	34
13. Premature Birth and Debility ..	22	3	..	25	241
14. Atrophy .. .. .	23	..	5	33	224
15. Age .. .. .	..	..	39	39	396
16. Sudden .. .. .	6	4	..	10	70
17. Violence, Privation, Cold, and Intemperance .. .. .	14	24	3	41	235
CAUSES NOT SPECIFIED .. .. .	1	..	..	15	34



**MORTALITY NOTABILIA.**—The total mortality has nearly resumed its former position. In the week that ended on Saturday the number of deaths registered from all causes was 1228. In the ten corresponding weeks of the years 1844-53 the average number of deaths was 952, and with a correction for increase of population 1047. The excess of last week is 181. Scarletina is on the increase.

**Births.**—733 boys, and 714 girls—1447 children were registered; average 1407.

**Meteorology.**—The mean height of the barometer in the week was 29.517 in. On Friday and Saturday the mean reading was above 30 in. The reading of the barometer increased to 30.23 in. by 9 h. p.m. on Friday. The mean temperature of the week was 44.9°, which is 3.1° below the average of the same week in 38 years. The mean temperature was below the average on every day except Sunday and Saturday. The highest temperature in the week was 58.3° on Sunday, and the lowest 31.3° on Friday. The mean dew-point temperature was 39.1°; and the difference between this and the mean air temperature was 5.8°. Wind, south-west. Rain, 0.62 in., all of which fell on Tuesday and Wednesday. Horizontal movement of air 470 miles. Electricity variable.

**MORTALITY IN PUBLIC INSTITUTIONS for the week ending Oct. 28:—**

	Males.	Females.	Total.
Workhouses...	40	51	91
Military and Naval Asylums	10	...	10
General Hospitals	45	18	63
Hospitals for Special Diseases	4	1	5
Lying-in Hospitals	...	1	1
Lunatic Asylums	4	3	7
Military and Naval Hospitals	4	...	4
Hospitals for Foreigners, etc.	...	...	...
Prisons	1	...	1
	108	74	182

**TO CORRESPONDENTS.**

**AN IMPOSTOR.**

[To the Editor of the Medical Times and Gazette.]

SIR,—As some of my London brethren may have a similar trick tried on them, perhaps you will allow me, through the medium of your columns, to warn them against a manoeuvre that was attempted to be played on me. Saturday last, about eleven a.m., my servant informed me that a man, who said his name was Jones, and that he was well known to me, desired to see me on important business. On going forth, I found a fellow dressed in dirty fustian or moleskin, apparently about 30 years of age, who said, that some six months since he had been a patient of mine, for "something bad," and that he had brought me a present. He had been, he said, since he was under my care, to St. John's, Newfoundland, as cook in the bark Eliza, and had arrived only the previous night. I was to send on Monday to the London Docks, to the said bark Eliza, for the present. Not having the slightest knowledge of the man, and my books showing he had not been under my care, I questioned him somewhat closely, knowing, too, that the trick he was attempting was nothing novel in the annals of rognery. After a time, he showed his object; for, with much beating about the bush, and many attempts to induce me to promise to grant him a 'little favour'—without his previously disclosing

what that favour might be, he asked me plainly for the loan of a trifle, promising to return it on Monday, when the present arrived.

I presume I need hardly say, that my previous suspicions were confirmed, or rather, that they became certainties. I told the fellow that the trick was too stale for me, that he had never been my patient, and that I felt certain there was not any present in the case, the whole affair being got up to swindle me. He pretended to be very indignant, and, on being assured that I should not take the trouble to send to the Docks, went off, declaring that he himself would bring it me on the Monday, if not that very day. Of course he never came again, nor did I receive the present.

The trick thus attempted to be played on me is not distinguishable for its novelty; but our police reports from time to time show, that even those tricks that have been most frequently exposed, occasionally find victims. I therefore request that you will draw the attention of my brethren to this attempt at swindling, as it would be unreasonable to suppose that I alone should be attempted to be imposed upon.

I am, &c.

JOHN FOOTE.

36, Tavistock-street, Covent-garden, Oct. 30, 1854.

**MEDICAL SOCIETY OF LONDON.—ERRATA.**

We have received a letter from Dr. Cogswell, stating that in the discussion on Cholera at the Medical Society, he argued that cholera *was* contagious, adducing as a proof the fact, that, after leaving India, the disease had never shown itself in places insulated by water from those where it previously existed, without being preceded by the arrival of a vessel having the disease on board; and referred to the circumstances attending the recent outbreak of cholera at Dorchester, as affording a similar kind of proof. Dr. Lankester, also, says he did not state that the drain which passed near the Broad-street pump, "communicated by a hole with the well;" but that if such had been the fact, and the first case of cholera had occurred in the house with the drain, the evidence would have been much more confirmatory of Dr. Snow's theory. Dr. Lankester, at the request of the parish authorities, examined the water from the Broad-street pump, and found in it a considerable amount of organic impurities, such, probably, as to produce a predisposition to cholera in those who partook of it.

**Dr. H. Hastings.**—The paper has been left at the Office. We are so firmly convinced of the utter absurdity of the principles of homœopathy, that we cannot open our pages to the advocates of its practice.

**Mr. Bulley's cases** shall be inserted next week.

**Mr. Kite, West Bromwich.**—We are quite convinced of the respectability of the Company. It has recently purchased the business of "another and recent Company."

**F. C.**—The words of the Statute are:—"Engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh, or in some other University where the degree of M.D. is given," which is the case with respect to the University named.

COMMUNICATIONS have been received from—

EDITOR OF "CARLISLE PATRIOT"; Mr. J. HOGG; Dr. J. ARNOTT; Mr. A. HILL; Mr. BULLEY; Dr. LANKESTER; Dr. COGSWELL; Mr. REED; Dr. ROGERS; Dr. STOKES; Dr. LYONS; Dr. KINGSLEY; Mr. MILLER; Mr. MILTON; Mr. LIZARS; Dr. SCOTT; Dr. BLUNDELL; Mr. H. BRACE; HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. FOOTE; Dr. H. HASTINGS; Mr. BULLEY; Mr. KITE; Dr. WILMOT; Dr. GIBBON; Mr. M'WHINNIE; Mr. HOLTHOUSE; Mr. WATERS, Liverpool Royal Infirmary; Mr. LEVISON; Mr. LAWRENCE; SECRETARY OF THE ROYAL INSTITUTION; Mr. TUCKER; Mr. SADLER; F. C.; Mr. THOMSON; &c.

**APPOINTMENTS FOR THE WEEK.**

NOVEMBER.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
6. MONDAY ....	Operations at Charing-cross, 2 p.m. 2nd Exam. B.M. deg. commences, Univ. of London.	Royal Institution, 2 p.m. General Monthly Meeting. <i>Epidemiological Society</i> , 8½ p.m., 37, Soho Square. Introductory Address by Dr. Babington.
7. TUESDAY ....	Operations at Guy's, 1 p.m. 2nd Exam. B.M. deg., Univ. of London. B.A. Exam. for Honours, do.	
8. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m. 2nd Exam. B.M. deg., Univ. of London. B.A. Exam. for Honours, do.	<i>North London Medical Society</i> , 7½ p.m.
9. THURSDAY ....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m. 3rd Ann. Exam. for B.A. deg., Cambridge. B.A. Exam. for Honours, Univ. of London.	<i>Abernethian Society</i> , 8 p.m.
10. FRIDAY .....	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m. Address to Metropolitan Students, at Exeter Hall, 8 p.m., by Mr. Grainger. 2nd M.B. Exam. Univ. of London.	
11. SATURDAY ....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	<i>Medical Society of London</i> , 8 p.m.: Mr. Hancock, "On Tumours in the Upper Jaw."



## ORIGINAL LECTURES.

## CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

St. Mary's Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

## LECTURE XI.

IN speaking of the affections of the mucous membranes in fever, we said nothing with respect to lesions of the larynx or trachea as a result of the essential disease. Taken as a localised disease, I would say, that this lesion is not very commonly met with; and we may safely hold, that it is by no means so frequent in the petechial fever of these countries as it appears to be in the so-called typhoid fevers of the Continent. This is the condition to which Rokitsansky has given the name of the laryngo-typhus, by which he means a secondary lesion of the mucous membrane of the larynx and trachea, analogous to that of the bronchial membrane. It is, then, a secondary affection of the fever developed in the windpipe, and either confined to that part, or, at all events, predominating in it. I think it highly probable, that, in most cases of this disease, there is more or less of an associated affection of the bronchial membrane. But, so far as the fever of this country is concerned, the converse of the proposition does not hold good; for we constantly see the most profound bronchial affection without tracheal or laryngeal symptoms. We have met a few cases which would answer to the description of Rokitsansky's laryngo-typhus. A more proper name for this disease would clearly be, a typhous affection of the larynx. In those cases which we have seen, the symptoms were, loss of voice, or a certain degree of hoarseness; the cough very rarely, indeed, had the laryngeal character, and I do not remember any instance of stridor in connexion with the other laryngeal symptoms. In some cases, the weakness or hoarseness of voice continued for a considerable time, and did not disappear until convalescence was far advanced. I have often thought, that, in these cases, the lesion of voice was to be attributed more to the weakness or paralysis of the laryngeal muscles than to any form of irritation or inflammation of the mucous surface. For, although we cannot bring any observations from dissection to throw light on this point, we may fairly believe that the laryngeal muscles are liable to be affected in typhus, just as the muscular fibres of the heart are found to be; and that the same process which causes a typhous deposit in the mucous surface may be repeated in the vocal muscles; and that a certain time must elapse before these organs recover their healthy condition. They may also be weakened quite independently of any structural change, just as we see to occur in the heart; for in this latter organ there are doubtless two forms of debility in connexion with typhus fever,—in the one we have weakness with distinct softening of structure; in the other, a debility which appears to be purely nervous. This leads me further to draw your attention to the probable existence of similar conditions in the circular, and perhaps, also, in the longitudinal fibres of the bronchial tubes in the secondary disease of typhus. I have little doubt that such a condition exists in many instances, and that a weakness, with or without softening of these structures, becomes an important element in the bronchial disease of fever. If, as some modern authorities have lately urged, these circular fibres are really the expectorating muscles, we can readily see how any weakness or paralysis affecting them would greatly increase the danger of a patient in fever, already suffering under copious secretion into the bronchial tubes. We can further understand, not only how this condition would superinduce what is termed effusion into the chest in fever, but also why it is that in the treatment of the bronchial disease of typhus there is such danger from the employment of the antiphlogistic method, and how, on the other hand, such admirable results follow from the bold use of tonics and stimulants. I have before drawn your attention to the fact, that, in many of our

most remarkable examples of typhous softening of the heart, there was a great amount of the secondary bronchial disease. In such cases you will constantly see the associated disease of the heart and the lung, progressing or retrograding simultaneously, the treatment adapted to the one being also adapted to the other. In the heart, so far as we know, we have only to do with the affection of the muscular structure; in the lung we have at least two different forms of anatomical structure affected—the muscular and the mucous tissues. But the existence of the essential typhous state so far assimilates them that the vital condition of both is depressed in a somewhat similar manner; and it happens, that whatever is tonic and stimulant to the one is equally so to the other, and that to support and augment the vital energy of both structures, is the only means by which we can add the assistance of art to the efforts of nature in throwing off the disease.

I am particularly anxious to direct your attention to the study of the effects of the typhous state upon the involuntary muscles generally considered; the subject has been by no means sufficiently examined; but I am satisfied, that even independent of all we know concerning the pathology of the heart in typhus, there is still much important matter to be worked out with reference to other internal muscular structures. A very common symptom, as you all know, in our typhus fever, is that of deafness. Now, although I cannot give you any anatomical observations upon this point, yet I think I am justified in suggesting to you, that this symptom may proceed from a condition which is one of the secondary affections of fever, and that it is either a simple alteration of the power of the auditory muscles, or that this lesion is combined with structural softening, or, again, that it is a combination of a muscular with a mucous disease, both under the influence of the typhous state. Of one thing, at all events, we may be certain, that this symptom in typhus is not to be taken as a sign of inflammation either of the brain or its membrane, or of the ear itself. Like the other secondary affections of typhus, it supervenes in the course of the disease, spontaneously and silently. I have used this phrase before, and you understand what I mean by it. It usually comes on in persons who have had no predominance of nervous symptoms, in patients in whom we have had no occasion to direct attention to the head; it is rarely, if ever, preceded by, or accompanied by pain in the ear; it almost always affects both ears, though, in some cases, one organ is more affected than the other; it subsides without treatment, and I do not remember a case in which otorrhœa occurred as a symptom of the affection. You may meet cases of purulent discharges from the ears, especially in young persons of a strumous habit, who have been attacked with ear-ache during their imperfect convalescence; but such cases have no relation to the true typhous deafness with which we are now occupied. As I have said before, I have only clinical observation to bring to bear on this matter; we have no dissections to throw light upon it. One of the traditional prognostics in our fever hospitals is, that this deafness may be regarded as a favourable sign. However this may be, we have rarely, if ever, seen a case in which it occurred prove fatal. A French author has lately published a memoir on the subject of deafness in connexion with the fever of Paris, and he refers to the results of several dissections, to show that it is a symptom of internal otitis. We can only say, that, whatever may be the case in the typhoid fever of the Continent, such a view is quite inconsistent with our experience; and, even though we have no dissections to guide us, we may yet safely believe, that the deafness which occurs in the typhus of this country, is no proof of the existence of a local inflammation; and that in its rise, progress, and spontaneous subsidence, it is perfectly analogous to those varied affections which belong to the group of secondary effects of the one essential disease. We have, I repeat, only clinical observation to guide us here; but this is, in itself, a source of knowledge which cannot be too highly prized; one which, under favourable circumstances, gives us more trustworthy results than the most careful *post-mortem* examination. It is often more valuable to determine the state of the living organ, though we cannot see it, than to minutely scrutinize the dead parts. What would Medicine be, if its great principles, maxims, and rules were founded solely upon what we see in the dead body.

You must not suppose that I undervalue pathological anatomy; but let me warn you against the error of considering it as a guide in medicine superior to the study of the living man, or as I might say, the living disease. The study of vital conditions is often found to excel *post-mortem* investigations in the evolution of useful results; and there is no class of cases in which this superiority comes out more clearly than in the essential diseases, and



ly fevers; no matter whether we seek for a theory of MORTALITY, or for rules of treatment. If we could infer the resemblance of fever from dissection of the bodies of its victims; day the could say that in this case there must have been one class of symptoms, and in another a different order and nature of symptoms; if we could, as it were, mentally re-construct the fever from its organic remains, then, indeed, what I have said would be an unsafe and hurtful doctrine. But it is not so; and the truth appears to be, whether we consider fever in its totality, or having reference to particular symptoms, that the worse fevers are those which produce the least organic change, and that when these changes are to be found, they are, as I have so often urged upon you, inconstant, unnecessary, and altogether incompetent to explain the nature or character of the disease.

Bear in mind, that medicine had attained a great value before pathological anatomy was cultivated. Its rise and progress were solely due to clinical observation; or, in other words, to the study of the vital conditions in disease, and the effects of remedies upon them. And admitting to the fullest extent the importance of the most minute study of the dead structures, especially when connected with the symptoms and history of disease, we must still, I believe, place pathological anatomy in the second rank, as a means of extending our Medical knowledge.

On the other hand, to hold that Pathological Anatomy has not advanced our knowledge of fever would be an error. If it has not told us what fever is, it has shown us what it is not; and this alone is a great boon. But it has done much more. It has taught us to know the singular though varying phenomena of the secondary diseases; it has shown them in their rise, progress, and spontaneous retrocession; it has taught us the re-action of new local organic disease upon them, and also their influence in modifying the laws of periodicity. It has not, however, enabled us to say when we find an organ free from change—that it was not functionally affected during life; nor, again, that where we do find structural alteration—that the disease may not have been latent, that is, unattended by any special or distinctive symptoms.

But let us return to the pulmonary conditions in fever. I have spoken of the bronchial affections, and of the development of tubercle either in the course of a fever, or as succeeding to it in a short space of time. Now, I have a few more observations to make on this subject.

I shall not apologise to you for returning to the consideration of the pulmonary affections in typhus fever. The truth is, that this is a subject on which but little information is afforded by systematic works. We have examined the principal symptoms of the bronchial affections in typhus; and also the history of the tubercular deposits which appear as secondary phenomena of typhus fever.

I suggested to you, that tubercular matter might be considered as one of the secondary deposits of typhus; and that we are justified in believing that, under certain circumstances, there may, with the same original or essential disease, be a variety in the nature of its secondary deposits. You will remember, that we examined two cases of tubercle in connexion with typhus; in one, the deposit occurred at the height of the fever, at the time when all its characteristic phenomena were best developed; in another, there was an interval of apyrexia between the subsidence of the typhus state and the appearance of the tubercular disease. Some might suppose, then, that there was no connexion between the second set of symptoms and the first; but is it not more probable, or, at least, is it not possible that the interval of apyrexia was analogous to the intermissions of an ague, and that the deposits in the second attack were still the result of the original disease; or, again, that the first attack had, as it were, prepared the entire organism for the elaboration of another form of deposit. I have before alluded to the fact, that, in the epidemic in which these accidents were most frequently observed, there was a strong tendency to relapse. And, from all these circumstances, I conclude, that the tubercular disease, in the second attack, may still be considered as the result of the typhus poison.

There are other points which this study of the connexion between typhus fever and tubercle helps to illustrate. One of the most important is, that we are led to look at tuberculosis under the aspect of an acute disease. Our views of it are, therefore, enlarged; for, although what has been termed (though often improperly) acute phthisis has been described in books,—yet, in the minds of most men, the idea of chronicity is attached to tubercular disease. But we have seen, that a patient may die with typhus fever and its consequent tubercular deposit within fourteen days. And again,—we find, that in the case of the consequent tubercle, that is

where the disease has exploded after an apyrexial period, the patient may die with tuberculation of all his organs, and without suppuration of the tubercle; or he may actually have innumerable softened tubercles in the lung and die of the disease within a fortnight after the commencement of the new attack. Such a patient may be said to have died from acute tubercle; but the term acute phthisis is improper, for the symptoms of consumption are by no means necessarily present.

In speaking of the case in which we made the diagnosis of the formation of tubercular deposits during the course of a petechial fever, I believe that I forgot to mention one remarkable symptom, namely, the extraordinary sweating to which the patient was liable. He had several paroxysms of sweating in the course of each day, and to such an extent, that when we removed the bedclothes clouds of vapour rose from the surface.

It is of importance that you should not allow erroneous ideas as to the constant chronicity of these affections to take possession of your minds. Even cancer, in some of its forms, may be a singularly rapid disease. I have observed large cancerous tumours to form under the integuments within a very few days before death. They were filled with the soft encephaloid matter. In this case, however, the patient had long laboured under a vast cancerous deposit within the chest. But I well remember another case which still better illustrates the occurrence of cancer as an acute disease. The patient was under the care of my friend the late Dr. Little, of Sligo. The case is an example of the rapidity with which organs may become cancerous, such as few persons who have not studied Medicine at the bedside could have any idea of. It was that of a lad, aged about 18. He had long suffered from neglected ulcer of the leg. On admission into Hospital, he had a vast corroding ulceration, engaging the whole leg from the knee downwards; and so extensive had been the destructive process, and so greatly had the system been exhausted by the suppuration and irritation of the enormous ulcer, that it was determined to remove the limb. For a certain time everything went on well, the wound healed kindly, and the patient not only recovered his appearance, but actually became fat. He was soon to be dismissed from the Hospital, when he was attacked with pain of the right side, and symptoms of intense pulmonary irritation. The disease resisted all treatment, and he died within a fortnight from the period of the attack of the pain of the side.

On dissection the lungs were found almost completely filled with masses of the soft white cancer. These masses varied in size from that of a pea to that of a large walnut. I presented the parts to the Pathological Society. Now, all this singular formation, or at least a very large portion of it, must have occurred in the short time that elapsed between the invasion of the pain and his death; for no one could suppose that with such an amount of disease there could have been perfect freedom from cough or difficulty of breathing.

Before we leave this subject, let me present it to you in another point of view. In these cases we see tubercular disease occurring as a general affection, and not merely as a disease of the lung. In these instances the affection of the lung was simply the production in that organ of a pathological state which engaged other viscera often equally and simultaneously. Now, although we do not say that there is no difference except as to rapidity and extent of deposit between these cases and those of ordinary phthisis, yet it is useful to bear them in mind in all our dealings with that fell disease. The progress of Medical opinion is every day tending to the doctrine, that to consider consumption, as the word is usually understood, as an original disease of the lungs, is an error. Why it is that in so many cases the deposit appears to be first formed in the lungs, we do not know; nor why an attack of pulmonary irritation appears so often to be its exciting cause. Perhaps, as in the long, silent periods of an intermittent fever, the disease, even though it be a pure neurosis, still exists, there may be conditions in which the system is ready for the production of organic disease for an indefinite time. This may be true, not only with respect to tubercular disease, but also in many other essential affections, including a variety of fevers. And this disposition, this silent state of the malady, may itself pass away, and none may ever know how near the individual was to the invasion of a dangerous or fatal disease. I do not allude to what is called the latent periods of fever, but to a condition in which the occurrence of a fever or other essential disease is a possible or even probable, but not a necessary consequence. Be this as it may, of one thing we may be sure, that the less we consider phthisis as a pure disease of the lung, the better we shall treat it, and the less, day by day, will it be ranked among the opprobria of Medicine. If consumption be not, strictly speaking, a disease



of the lungs, but a morbid state affecting the whole economy, you can understand one cause, at least, for the too frequent failures of the attempts to cure it. If the pulmonary lesion be but the second step in the morbid process, or if not only the lung, but other organs are engaged,—what are you to expect from adopting the absurd, and often cruel, treatment so commonly used in cases of the disease? The blisterings, the leechings, the setons, issues, and eruptions by tartar emetic ointment, which still disgrace the practice of Medicine, will be soon unknown among our more enlightened brethren. You cannot conceive the amount of suffering inflicted, and of positive mischief done, by the adoption of the doctrine that phthisis is to be treated as a localized, original, and irritative disease of the lung. Ask a practical Physician as to his experience of phthisis, and he will often tell you, that, among the few cases in which a recovery took place, there were certain instances in which the patients had, either from despair or some other cause, pursued a course very different from that which is so often advised. I have known myself several most remarkable instances in which a temporary, or even a permanent, cure had taken place, yet in which the patients had acted in every way contrary to rules. They had exposed themselves to all vicissitudes of weather; they had taken violent exercise, lived freely, and even drank hard. They recovered; and it is still a question whether this result was owing to the invigoration of the system by the return to their former habits, or to the escape from the enervating effects of warm rooms, relaxing climates, cough mixtures, sedatives, and slop diet; to say nothing of the barbarous issue or seton.

You will, perhaps, say, that this is too long a digression; but, gentlemen, the study of fever furnishes many a text for useful instruction; and I believe that I am not misusing our time. Let me, before we conclude, give you an illustrative case. Some years ago I saw a gentleman, who came to town labouring under all the symptoms of well-marked phthisis. The disease had been of some months' standing, and the patient was a perfect picture of consumption. He had a rapid pulse, hectic sweating, purulent expectoration, and all the usual physical signs of tubercular deposit, and of a cavity under the right clavicle. I may also state, that the history of the disease was in accordance, in all particulars, with this opinion. I saw this patient in consultation with a gentleman of the highest station in the Profession, and we both agreed that there was nothing to be done. This opinion was communicated to the patient's friends, and he was advised to return to the country. In about eighteen months afterwards a tall and healthy-looking man, weighing at least twelve stone, entered my study, with a very comical expression of countenance:—"You don't know me, Doctor," he said. I apologised, pleading an inaptitude that belongs to me for recollecting faces. "I am," he said, "the person whom you and Dr. — sent home to die last year. I am quite well, and I thought I would come and show myself to you." I examined him with great interest, and found every sign of disease had disappeared, except that there was a slight flattening under the clavicle. "Tell me," said I, "what you have been doing?" "Oh!" he replied, "I found out from the mistress what your opinion was, and I thought as I was to die I might as well enjoy myself while I lasted, and so I just went back to my old ways." "What was your system of living?" said I. "Nothing particular," he said, "I just took whatever was going." "Did you take wine?" "Not a drop," he replied; "but I had my glass of punch, as usual." "Did you ever take more than the one tumbler?" "Indeed, I often did." "How many? Three or four?" "Aye, and more than that,—I seldom went to bed under seven!" "What was your exercise?" "Shooting," he said, "every day that I could go out." "And what kind of shooting?" "Oh, I would not give you a farthing for any shooting but the one!" "What is that?" "Duck shooting." "But you must have often wetted your feet?" "I was not very particular about the feet," says he, "for I had to stand up to my hips in the Shannon for four and five hours of a winter's day, following the birds."

So, gentlemen, this patient spent his day standing in the river, and went to bed after drinking seven tumblers of punch every night; and if ever a man recovered from phthisis he had done so when I saw him on that occasion. Suppose, now, that he had been confined to an equable temperature, and a regulated diet, and had been treated in all respects *secundum artem*, what would have been the result? Any of you can answer the question. In point of fact, this very treatment had been adopted during the first three months of his illness, and his recovery may be fairly attributed not so much to the duck-shooting and whiskey-punch, but to the general tonic and undepressing treatment which he adopted for himself, and which his system so much required to enable him to throw off the disease.

## ORIGINAL COMMUNICATIONS.

## NAVY MEDICAL REPORTS,

No. XXV.

## SOME ACCOUNT OF CASUALTIES IN THE NAVAL ATTACK ON SEBASTOPOL.

By GEORGE MACKAY, M.D.

Surgeon of H.M.S. Agamemnon.

IN the recent Naval attack upon Sebastopol the Agamemnon was first engaged with the Wasp Battery, afterwards with the Constantine Fort. The action had scarcely commenced before the ship was struck repeatedly. In my description of the cockpit arrangements of H.M.S. Bellerophon, published in the *Medical Times and Gazette* (see Vol. X, p. 5), I alluded to the possibility of shot penetrating to the cockpit. A more destructive projectile than a round shot—namely, a shell—entered the after cockpit of H.M.S. Albion. It lodged in the First Lieutenant's cabin, burst there, destroying everything in that cabin and in the Surgeon's cabin on one side, and another officer's on the other. A portion of this shell lodged in one of the midshipmen's chests in the cockpit, and the splinters killed a wounded man lying on it. Other splinters flew all about the cockpit, and struck several of the wounded. Mr. Mason, the Surgeon, was himself so much bruised in the arm by one of these splinters that he was disabled, and could not operate. A similar splinter from another shell struck the Paymaster, who was acting as assistant to the Medical officers, and bruised him severely.

This shows the necessity of finding some more secure place for the performance of operations on board ship, as it is evident, from the injuries sustained by the Albion, both in her after cockpit and fore cockpit (especially the carpenter's store-room, where two shells entered and burst, setting fire to certain articles) that neither Surgeons nor patients can be free from danger, or the apprehension of immediate danger. We enjoyed a greater immunity in this ship while performing our operations, as we were stationed in the fore store rooms, under the orlop deck, and completely under the water line. We were not without fear, on one or two occasions, that the ship was struck, from a considerable shaking and starting of small things out of their places; but no accident occurred among my party, and we were enabled to devote the whole of our attention to the wounded men, all of whom came down very quickly, one after another. The fact is, that the majority of the wounds and of the fatal cases occurred from the bursting of the enemy's shells on board—one shell in our ship killing three men, and wounding four others. A round shot carried off the right fore-arm of the Admiral's domestic—a brave young fellow who was in attendance on the Admiral, and who bore his loss and the subsequent amputation with astonishing firmness. The Admiral had just ordered him below, out of the way of the shot, when his accident occurred. He is doing well. We performed another amputation during the action: that under the knee, in the case of one of the men, who had his right leg shattered by the bursting of a shell near his quarters. A round shot, entering one of the ports, killed the powder boy, by taking away half his head as he was standing at his quarters and looking up the hatchway near him. Two men, who were handling up shell to the deck above, had their fingers shattered by the splinters of a shell, which also wounded one in two places in the abdomen, causing a large hernia into the scrotum; and in the other, small punctured wounds of face and breast. One of the cases removed on the 18th to the Vulcan, for a passage to Therapia Hospital, was wounded in the head—a puncture of one side of skull, with effusion of blood, and great swelling of head and face; there was stertorous breathing, which lasted some time; but a constant oozing of blood from the wound appeared to relieve the bad symptoms, and, although he was unconscious, his breathing became easy, and pulse regular, and he rose and stood upon his feet for a few seconds, when he was taken hold of, and again placed in bed.

In the Bellerophon, the chief accidents were also from the enemy's shells bursting on board—one brave and much-esteemed midshipman, named Forster, being the first victim of a shell that entered a quarter-deck port, and then shattered the ship's wheel, and dangerously wounded, in the arm, the Quarter-master, who was stationed there. Other shells burst in her side, some passing through, and killing and wounding several. In this ship the after cockpit and amputation-table were not disturbed; and, although she was struck by several shot low down, none penetrated as they did in the Albion. Annexed is a list of the casualties which oc-



curred on the 17th inst.; and I believe it is pretty near the truth, though it is probable that several of the wounded will not recover:—

	OFFICERS.		SEAMEN MARINES, & BOYS.	
	Killed.	Wounded.	Killed.	Wounded.
Britannia .....	...	...	...	8
Agamemnon .....	...	2	4	23
Albion .....	1	3	9	67
Bellerophon .....	1	...	4	15
Sanspareil .....	1	...	10	51
London .....	...	...	4	18
Arethusa .....	...	...	4	14
Trafalgar .....	...	...	...	2
Rodney .....	...	...	...	2
Vengeance .....	...	...	...	2
Queenj. ....	...	...	1	7
Retribution .....	...	...	...	2
Firebrand .....	...	1	...	4
Terrible .....	...	...	1	8
Sampson .....	...	...	1	2
Furious .....	...	...	...	3
Niger .....	...	...	1	4
Spiteful .....	...	2	2	7
Cyclops .....	...	...	...	1
Triton .....	...	1	...	4
Sphinx .....	...	...	1	...
Highflyer .....	...	...	...	...
Lynx .....	...	...	...	...
	3	9	42	246

Sanspareil's first lieutenant is severely wounded.

The enemy's shells burst into large and small pieces, some as small as an ounce bullet; a piece of rather less size than that, and ragged, I removed from the elbow of one of our men. Many of these shell splinters were very sharp and pointed on their edges. Several of our men had their faces and breasts covered with small scratches from the minute splinters of wood, etc.; two had their eyes slightly injured, I presume, from sand or lime flying about the decks when struck; and one or two were slightly scorched from the explosion of balls. In the Sanspareil there are several severe scalds and burns from explosions of shells.

We did not use chloroform in our first two operations; in one case it was not called for, the patient bearing his sufferings with heroic coolness. We had so much smoke and heated atmosphere from our lamps and candles, and the smoke occasionally after gunpowder, that we did not deem it advisable to employ it until the action was nearly over, and we were engaged with the minor cases; and, in re-dressing the leg case of amputation, we administered it with good effect, the patient being very irritable, and loud in his outcries. The temporary tourniquets answered very well, and were readily applied by the men. One broke in the application, but that was the fault of the material. It was soon remedied by the use of another.

H.M.S. Agamemnon, Oct. 23.

## INSTRUCTIONS FOR USING BENUMBING COLD IN OPERATIONS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have on more than one occasion of late, requested permission for the publication of remarks on local anæsthesia; but there still remains what perhaps should have been my first communication,—I mean, minute directions for the preparation and application of a frigorific mixture as an anæsthetic and anti-phlogistic in operations. Others have used cold with this view, differently from myself, and it may be they have used it better; but I can only assure the reader, that he will not fail in attaining his object if it be employed in the mode now to be described; and he will find this mode as easy as it is certain.

I am, &c.

JAMES ARNOTT.

October 30, 1854.

Complete insensibility may be produced by cold in that large majority of operations which only implicate the skin and cellular membrane beneath it; and in those deeper-seated operations that remain, the more acute portion of pain, or that proceeding from the incision of the sensitive skin, may be more certainly obviated in this manner than by chloroform. As this mode of producing anæsthesia is not only perfectly safe, but has the additional advantage of preventing that inflammation which so often proves fatal after operations, the only reason that can be

assigned for its not being yet universally adopted, is the uncertainty about the proper mode of applying it, and the fear of failure in the attempt. But for this, the frequent occurrence of death from chloroform would have long ere now produced a general change of practice. In the Hospitals of London alone, four sudden deaths from this cause have happened during the last six months, and in three of these anæsthesia might have been produced by cold. Were the deaths and other evils from chloroform, happening elsewhere in this short period, to be fairly set before the Surgeon, he would require no other argument to determine his choice between general and local anæsthesia. He is impelled by humanity and the best interests of his patient to prefer that which is safe if equally effectual, and is only withheld by an erroneous idea of trouble and difficulty, and that weakness of human nature which disinclines us to lay aside old practices, however objectionable, in favour of new.

The following are among the operations which may be rendered completely painless by employing cold in the way which will be described.

One of the severest operations in surgery, and one which has proved fatal from chloroform in four cases, is the evulsion of the nail in onychia. M. Velpeau, Dr. Wood, Dr. Berry, and others have employed congelation in this operation with perfect success. "I have," says Dr. Wood, "repeatedly witnessed the most perfect composure of countenance in my patients while a nail of the toe or finger was rudely torn with a strong forceps from its matrix."—*Western Lancet*, April, 1854, and *Medical Times and Gazette*, Aug. 19.

Small tumours have been excised under anæsthesia from cold by several Surgeons, who have favoured the Profession by a report of the operations. M. Velpeau speaks of his having successfully employed cold for this purpose in his recent work on diseases of the breast; an account of Mr. Paget's operations of this description is given in the *Medical Times and Gazette*, July 1, 1854—"although the incision required (in one case) was four inches long, yet no pain was complained of, and a considerable part of the wound healed by the first intention;" and Mr. Ward, in the same Journal, Sept. 2, relates the performance of the excision of a tumour under cold, "without the slightest sensation of pain." In large tumours, particularly when the adhesion of their inner surface is close, there must be a certain amount of pain after cold, though probably not more, if we may judge from the struggles and cries of the patient, than is often felt from the incision of the sensitive skin under an ordinary dose of chloroform.

The first report of the use of benumbing cold, in the Hôpital la Charité, in Paris, (*Union Médicale*, No. XLII., 1850,) mentions its employment in the opening of a large abscess, "without the patient's being sensible of pain." M. Richet has, in the *Bulletin de Therapeutique*, of the 15th of May, related fifteen operations under cold, produced by the evaporation of ether, some of which were of this description.

Cold has been used with success to produce anæsthesia, previously to operating on the eye by Mr. Critchett. (See *Lancet*, Sept. 23.) He states, that, judging from his experience, "if the operation had been performed without local anæsthesia, there would have been severe pain at the time, extensive bleeding, consequent painful distension of the globe, and a tedious recovery."

Professor Hargrave has, in the *Dublin Medical Press*, Sept. 27, recorded his use of it in extracting a needle imbedded in the foot of a girl. He made "a free and deep incision" without pain or hæmorrhage.

Professor Nelaton, of Paris, is spoken of in the *Union Médicale*, Nov. 13, 1850, as employing ice and salt daily to prevent the pain of cauterization. A report of its employment for this purpose at St. Bartholomew's Hospital is contained in the *Medical Times and Gazette*, June, 1853.

Although cold, as usually applied, can only prevent the pain from the incision of the exterior and more sensitive tissues in amputation of the limbs, it will, if properly used, render the removal of the toes or fingers completely painless. In the *Gazette des Hôpitaux*, Sept. 23, there is a report of its employment for this purpose by M. Richard, of the Hôpital Saint Antoine, in Paris. "During the whole time occupied in the dissection of two semilunar flaps, as also during the amputation of the two extremities of the fingers, about one inch from the metacarpal joint, there was no sensation of any kind." "*Le malade ne sentit absolument rien.*"

In addition to these, and without entering into further particulars, or referring to reports, it may be briefly stated, that anæsthesia from cold has been, or may probably be, employed with perfect success in the formation of setons and issues, in



paracentesis, scarification, bleeding, cutting down on arteries, tying or cutting varicose veins, phymosis, strangulated hernia, paronychia, carbuncle, and in ophthalmic, dental, plastic, and orthopædic operations.

Although there are several modes of employing intense cold as an anæsthetic, I shall here confine myself to the most simple and generally applicable of these, viz., the placing a frigorific mixture immediately on the part, or with the interposition only of a piece of thin gauze or tulle containing it.

This piece of gauze (formed, for the sake of convenience, into a small net or bag,) the components of the frigorific mixture, a canvas bag or coarse cloth, a mallet or flat iron, a large sheet of paper, a paper-folder, and a sponge, constitute all the articles required for congelation. (a) The common frigorific of ice and salt will generally possess sufficient power; when greater is required, saltpetre or an ammoniacal salt may be added. Every systematic work on chemistry contains tables of frigorific mixtures, as well as instructions for making ice, which, when but a small quantity is required, may be thus artificially procured almost at as little expense as from the fishmonger.

A piece of ice the size of an orange, or weighing about a quarter of a pound, will be sufficient for most operations. It is put into a small canvass bag or a coarse cloth, and beaten, by the quickly-repeated strokes of a mallet or flat iron, into a fine powder. As it is important that the powder should be fine, it is not ridiculously minute to state, that the bag should be turned in various directions during the pounding, and that the pounded ice, squeezed into a cake by the iron, should have its particles again separated by rubbing the bag between the hands. Instead of pounding it, the ice may be pulverized by the ice-plane.

The pounded ice having been placed on a large sheet of paper, any loosely-cohering particles may be separated by a paper-folder, and the unreduced larger bits removed. Beside it, on the paper, about half the quantity of powdered common salt is placed, and they are then quickly and thoroughly mixed together, either by the ivory folder while on the paper, or by stirring them in a gutta-percha or other non-conducting vessel. If the mixture be not quickly made, the extreme cold of one part of it may again freeze other parts into lumps.

The mixture is now put into the net (which may be conveniently supported and preserved from contact by placing it in the mouth of a jar or ewer), and as soon as the action of the salt on the ice appears established by the dropping of the brine, it is ready for use.

In applying the net, the part which is to be benumbed should be placed in as horizontal a position as possible; and it is well to raise the net for a moment every three or four seconds, in order to secure the equal application of the frigorific, and watch its effect. If the part be not horizontal, it may be necessary to hold the gauze bag containing the frigorific against it by the hand covered with a cloth; and if the net does not cover the whole of the surface to be benumbed, it must be passed to and fro over it. A moistened sponge placed lower than the net will absorb the fluid escaping from it, or this, on some occasions, may be allowed to drop into a basin placed underneath.

The procedure, as now described, may appear not only troublesome, but as requiring much time. The truth, however, is, that after one or two trials it is unlikely that any mistake will be committed, and the time occupied by the preparation of the mixture and its application should rarely exceed five minutes. (b) So simple is the apparatus required, that, in cases of emergency, I have frequently procured everything but the ice at the house of the patient. The application of a solid brass ball which has been immersed in a freezing mixture, or a thin metallic spoon or tube containing this, (with or without ice,) is quite as easy.

The effects of this mode of applying intense cold are various, and their succession is as follows:—

When a well-prepared frigorific mixture is brought in contact with the skin, a certain degree of numbness is immediately produced. The skin is rendered paler than natural, but there is hardly any disagreeable sensation produced, not even of cold.

(a) Most of these, with a refrigerating ball and spoon, neatly packed in a case, may be had of Mr. Ferguson, Giltspur-street.

(b) This short period contrasts strongly with the time often occupied both in inducing anesthesia by chloroform, and in removing its evil effects afterwards. In a case which proved fatal at Sheffield in March last, forty minutes were expended before insensibility was produced; and, in the *Gazette des Hôpitaux* of the 17th inst., there is an interesting detail of the measures adopted by two Physicians, during seven hours, to recover a lady from the dangerous state she was thrown into by a very small dose of chloroform. To the ordinary measure of artificial respiration was added, and apparently with advantage, the heat of burning spirits applied to the chest. The respiration continued suspended for an hour and a-half.

In about half a minute, the whole of the surface in contact with the frigorific becomes suddenly blanched, evidently in consequence of the constriction of its blood-vessels. This change is accompanied with a feeling of pricking or tingling, such as that produced by mustard. If the application be continued, a third effect is produced; the adipose matter under the skin is solidified, and the part becomes hard as well as white. The tingling is increased by this; but, unless in the most sensitive parts of the body, as the hand or lower part and front of the forearm, it is rarely noticed or complained of. Although this uneasy sensation soon subsides, there will, if the temperature of the part be not allowed gradually to return, and if the cold has reached the stage of congelation, be a renewal of it on the adipose matter again becoming fluid. This gradual return of the natural heat is insured by placing a little powdered ice on the part, or a thin bladder containing ice and water.

The question how far the refrigeration should be allowed to proceed, or which of the three stages just described should be reached, has been answered differently by different operators. In many of the slighter operations, either of the first stages will be sufficient, and the measure just mentioned for effecting a gradual return of heat will then be unnecessary. If congelation of the fat is produced, and the operation is proceeded with before it returns to its fluid state, (which is of advantage when it is important to prevent bleeding,) there may be required, as Mr. Paget has observed, a modification in the handling of the scalpel; not only, however, is there a certainty that the insensibility both in degree and continuance will be then sufficient, whether the incision is made before or after the fat again becomes fluid, but (what is of equal importance) that antiphlogistic effect is secured, which prevents those consequences which so often prove fatal under common circumstances. On other points there have been great differences of opinion, though probably the results have not been so different as might have been expected. Dr. Wood, of Cincinnati, and M. Richard, of Paris, use frigorifics differing from each other in power, as much as 30° Fahr.; and Mr. Ward applies the frigorific for only one minute, while Dr. Hargrave applies it for five. Perhaps the longer congelation is continued (and it may be safely continued for double this period) the deeper and the longer continued the produced anæsthesia may be; but it were unreasonable to prolong an operation inconveniently in order that there shall be absolutely no feeling. In exhibiting chloroform the Surgeon is not authorised to give a very large and very dangerous dose in order that the insensibility shall be absolute. But if it should appear that a certain continuance of congelation is necessary to insure its antiphlogistic power, this would be a sufficient reason for always so continuing it.

As respects the credit of the two anæsthetics in the deeper operations, not their real character or merit, chloroform has this advantage over cold, that whereas, from the obscure expression of pain during the patient's unconsciousness from chloroform, and his forgetfulness of it afterwards, it is generally supposed that he suffers none; so, on the other hand, there may be greater complaint made in such operations under cold than is justified by the degree of pain felt, owing to the patient's disappointment (if the matter has not been explained to him beforehand) in experiencing any degree. It is certain that in the majority of operations, or those only involving the skin, the insensibility produced by cold is greater than that produced by the ordinary dose of chloroform; and on this account Dr. Wood thinks that it ought, in all suitable cases, to be preferred; but this is a small advantage compared with its perfect safety, and the power it possesses of preventing dangerous inflammation. To its superiority in these important respects must be added the facility with which it may be administered, the retention of the patient's consciousness, and the absence of his dread of sudden death, as well as of the sickness and headache that generally follow chloroform, the freedom from embarrassing hæmorrhage, and the assistance which the patient may give to the operator in assuming convenient postures, instead of its being necessary, as in using chloroform, to have an assistant to repress his involuntary movements and struggles.

A few words may be added, in conclusion, on certain misapprehensions that have existed in relation to the use of cold as an anæsthetic.

Dr. Wood states, that although congelation has, in most instances, fully answered his expectations, it has at other times disappointed them. If it be expected that the whole of the pain of a deep operation, as the amputation of a limb, or the excision of a large tumour, is to be thus prevented, the expectation is unreasonable. Unless the frigorific were applied after, as well as before, the incision of the skin (and it often may be so with ad-



vantage), or unless it were employed of much greater strength, or for a longer time, than has been usual, and after measures have been taken to suspend the circulation through the part, this could not be effected; and the patient ought himself to decide whether, in such an operation, he shall endure the comparatively slight degree of pain caused by cutting the deeper parts, for the advantage of perfect safety, or undergo the risk of chloroform in order to have the benefit of that degree of insensibility (for it is seldom complete) which the ordinary dose of this substance is capable of producing. This risk might indeed be lessened were he to have such a moderate dose exhibited as is usually given in midwifery, after the severe pain from the cutaneous incision has been prevented by cold; and this would probably be adequate to the purpose; but as fatty degeneration or idiosyncrasy cannot be foretold, there is danger in every dose. A death from chloroform in midwifery was lately reported in an American Journal; and in the early fatal case, occurring in France, alluded to in a preceding note, the dose was small, and was intended, as in midwifery practice, to produce partial insensibility without suspending the consciousness.

Whether chloroform is used or not, I am confident congelation will soon be considered indispensable in every important operation, as a preventive of erysipelas and phlebitis. The fact ascertained by Dr. Fenwick and other statistical inquirers, that one-third of the amputations of the limbs prove fatal from inflammation, leaves no doubt on this point.

Others of Dr. Wood's failures can be differently accounted for. When the part to be operated upon is inflamed, or the circulation through it is vigorous, "a degree of cold only a little above the freezing point of water" is far from being sufficient. A frigorific of greater strength than 5° below Zero (the strength of ice and salt) may then be required, and it must be kept in contact with the skin until the desired effect is produced. There ought to be no failures in this respect, as there are in the use of chloroform. If the part be sufficiently refrigerated, insensibility of adequate degree and continuance is certainly produced.

It has been mentioned as a disadvantage of cold, that its application is painful. In parts which are naturally very sensitive, or have become so from disease, there may be considerable smarting when the third effect, or actual congelation, is suddenly produced; although even then what the patient feels is little when compared with the headache and sickness often caused by chloroform. Under these circumstances, congelation should be gradually produced; but, ordinarily, there is no occasion for graduation of temperature.

It is unnecessary to refer again to the notion, at first entertained by some, that the redness produced by congelation is symptomatic of inflammation (see *Medical Times and Gazette* for March 25). It arises from a state of the blood-vessels incompatible with inflammation. So far from causing this condition, there is little doubt that, however valuable intense cold may be as an anæsthetic, it is as an antiphlogistic that it will be chiefly prized, or as a means of preventing or immediately subduing, with perfect safety to the patient, every inflammation within its reach.

## ON THE MANNER OF FINDING AND EXPOSING THE ARTERIES

WHEN THEY ARE TO BE TIED IN A HEALTHY PART OF THEIR COURSE.

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WHEN an artery is to be tied in a healthy part of its course, the Surgeon proceeds to the operation by three distinct steps or periods,—first, exposing the artery; secondly, isolating it; thirdly, passing the thread or ligature around the vessel, and tying it.

The third step of the operation is almost always now performed according to well-known and settled rules, to which very little indeed could be added.

The second step (isolating the artery) has but rarely been properly terminated whenever the Surgeon has either attempted to perform the whole operation (or almost the whole) with the knife, or endeavoured to complete it by pushing the blunt needle straight behind the artery. Of both these proceedings the first is too bold, the second too violent and insecure. Though this is not our chief object, I think it will not be useless to detail, in a

few words, *en passant*, the proceedings by which an artery may generally be isolated with safety.

An artery being exposed, the object is to isolate it from all the surrounding structures, veins, nerves, fasciæ, which are intimately connected with it, and must not be included within the ligature. Two instruments are required for that purpose, the dissecting-forceps and a grooved director. The forceps is held, as usual, by the thumb and fingers of the left hand, like a pen, and the director is taken in a like position in the right hand, as close to its blunt extremity as the depth of the wound will allow.

The cellular tissue lying upon the anterior surface of the artery is pinched up by the forceps, precisely on the point corresponding to the middle breadth of the vessel; and henceforth the operator must take care to work both his instruments on the same side of the vessel, the director being worked up and down on the outside of the vessel when the forceps draws outwards the cellular tissue; and the same inwardly. As to the side on which it is more proper to begin, there is no useful rule, except, when a single collateral large vein is on one side of the artery, it affords rather more rapidity to the performance of the whole operation by beginning to isolate the side of the artery opposite to the vein; but this is a mere trifle. The cellular tissue, being firmly pinched up by the forceps, is drawn forwards, and a little towards the side on which the operator wishes to begin (suppose outwards), in which direction the forceps is now to be maintained still and steady. Then the extremity of the director is brought to that raised part of the tissue, and, by a gentle but firm movement, alternately up and down, the tissue is torn asunder to the extent of two or three lines at most, so that the external coat of the artery should be exactly exposed to view. The forceps, still retaining hold of the part first pinched up, draws it a little more outwards to the vessel; the extremity of the director is then conducted, still by means of gentle motions up and down, successively along the anterior, the lateral external, and the posterior surfaces of the artery, working closely to the outer coat of the vessel, by which means alone the performance is very easy. Thus the artery is isolated in the half of its circumference. Now, the operator leaves the director, the extremity of which has reached the posterior surface of the artery, at rest behind the vessel; that is to say, not yet withdrawing it; the forceps, which has from the beginning kept hold of the cellular tissue, lets it go, and, with this instrument now free, the operator pinches up the same cellular tissue surrounding the artery, but on the inner edge of the division made by tearing it asunder at the beginning. Then, and only then, the director is withdrawn, and the operator performs the same proceeding on the inner side of the artery as he has done on the external one. This being completed, the artery is necessarily and entirely isolated from the surrounding structures, whatever they may be.

There are some exceptional cases, in which some modifications are required in the preceding description, such as drawing aside with blunt hooks some collateral organs, the use of the top of the forefinger of the left hand, etc. However, from a pretty long experience, I may assert, that the described process is applicable to the large majority of cases. But, leaving this for the present, I now proceed to the chief purpose of this publication—viz., the description of the first step of the operation.

Some Surgeons are not sufficiently aware of the necessity of minute and special rules for the performance of that important step, exposing the artery; and they often satisfy themselves by saying only, that the operator must be guided by his anatomical knowledge. To this erroneous idea, I beg leave to oppose three reasons, among many others. 1st. The most accurate anatomical knowledge is not quite sufficient to entitle an anatomist to venture on the attempt of tying an artery. It would be easy to quote many instances of cases in which very good anatomists were obliged to give up such operations on the living body without completing them. But the least inquiry will prove that it is quite another thing to dissect the parts as is required for anatomical purposes; and another to cut through them with safety in the performance of an operation. Indeed, a Surgeon is not worthy of the name of operator if he does not possess the most intimate anatomical knowledge; this is quite obvious. But a perfect anatomist will frequently fail in his operations if he has not considered the anatomical dispositions under another point of view, depending on rules which do not belong to anatomy, and are a component part of Operative Surgery. 2nd. Even now, the Surgical anatomy of the arteries has never been described so accurately as to remove every obstacle connected with it from the operator. 3rd. And were this anatomy accurately described, it would not exempt the operator from some peculiar rules, as I shall further explain in Note 9.

Besides, these rules, as they are hereafter explained, are at the



same time of great simplicity, and include, as it was proved by a pretty long experience, everything requisite to direct with precision through all the particulars of the operations.

Many years ago I endeavoured to simplify these rules, as well as to describe them at the same time in all their details; and, let me be allowed to say, that I succeeded to a great degree. The rules laid down were brief, concise, and simple, and included, notwithstanding their shortness, every necessary indication. This was not yet sufficient; in such a matter nobody ought to be seduced by appearances, and nothing is to be accepted but what is proved useful by the test of experience. Even that I can now produce to a great extent. After a satisfactory trial with my private pupils, I have publicly professed that simple method to the pupils of the Ecole Pratique, a great number of whom were entrusted to me for teaching them Surgical operations, in my quality of Aide d'Anatomie of the Faculty of Paris, during the years 1844 and 1845; then during four years to the pupils of the Hospitals of Paris, as Prosector of the Anatomical Theatre; I was able to teach them the following rules in a very short time:—

I am obliged to give previous explanations, as far as they are indispensably useful, under the form of notes after each rule; these notes are preceded by figures within parentheses, and need only to be perused; while the rules should be committed to memory.

*Division of the Arteries in Two Classes, Superficial and Deep-Seated.*—All arteries that are to be exposed according to the special rules of operative surgery, must be divided into two classes, viz., superficial and deep-seated arteries. An artery is superficial when it is covered only by the skin, subcutaneous cellular tissue, and fascia. An artery will be deep-seated, whenever it is sheltered not only by these three layers, skin, cellular tissue, and general fascia, but also by other organs lying beneath the general fascia, between it and this fascia, and which we call the rallying points, according to a very good expression, often used in operative surgery, to designate the most apparent organs, to which the Surgeon ought always to refer for finding a less apparent one.

The whole of the rules may now be reduced to two precepts, one relating to the proceeding required for exposing a superficial artery; the other to the proceeding required for exposing a deep-seated vessel; as every superficial artery is exposed exactly in the same way, and every deep-seated artery very nearly in the same way as another of the same class. When these two general rules are well understood and committed to memory, it becomes necessary for each artery, to add only some peculiarities very simple and easily included in two or three lines of explanation.

*Superficial Arteries.*—According to the above definition, three layers only are to be divided, to expose a superficial artery. The operation, then, is performed as follows:—

I. The place and direction (1) being previously determined with great exactness, (2) the operator makes a simple (3) incision of the skin alone, (4) with the knife held (5) as a carving knife. (6)

(1) Some Surgeons have attempted to lay down certain general rules about the direction of the incision. Lisfranc generally insisted upon the supposed utility of an incision oblique to the direction of the artery; and his example has been followed by some operators. But I am of opinion, with all deference due to that illustrious operator, that Lisfranc attached too great an importance to this rule, which I cannot accept for two additional reasons. First, the incision is by far more convenient if it runs parallel or nearly so to the direction of the vessel, when the artery is a superficial one. And next, when the artery is deep-seated, everything connected with the incision must be calculated at once in the manner best suited for finding either the rallying points or the artery itself. Therefore, the direction being different for each artery, no general rule can be usefully laid down respecting it.

(2) The place and direction in which the incision is to be made being a capital point, and subject to variation, as we have just now alluded to in the preceding note, ought to be laid down with great accuracy, for each artery in particular, as we shall see afterwards.

(3) The general rule, beyond all doubt, is to make only a simple incision, the direction of which is generally quite straight, and occasionally curved. Like all general rules for operations, this may require modification in some difficult cases; and then a second incision, forming with the former one an L, or a V, or even a T, may be not only useful, but necessary. However, when the operator is well acquainted with the general rule,

the cases in which he will be obliged to have recourse to a second incision will become more and more rare.

(4) The skin alone must be divided in the first incision. This precept is extremely important; and it is to be regretted that the contrary is laid down in many excellent works, in which it is common to read the following phrase, or its equivalent:—"The first incision exposes the fascia, . . . extends to the fascia." No Surgeon in regular practice would run the chance of cutting down thus into the fascia by the first incision. Among many other reasons against such proceeding, I select the two following. First, it is not possible to know beforehand the positive depth of the subcutaneous layers, and the operator would be frequently exposed to outrun his aim, to divide at the same moment the fascia itself, and to reach more deeply than the seat of the artery, even if the artery was not cut across, as it so often happens under the hands of inexperienced beginners: the radial artery, for instance. Next, the subcutaneous cellular tissue usually includes, precisely in the spot generally chosen for tying arteries, some organs, veins, nerves, lymphatic glands, even small arteries, that must be spared, or divided only on a convenient opportunity, all which could not be done if the operator were blindly dividing the subcutaneous cellular tissue, together with the skin, by the first incision.

But, if the skin ought to be divided alone by the first incision, it must be completely cut, or nearly so, by the first sweep of the knife, in order to avoid the pain and inconvenience of a second incision or further dissection. This requires an exact knowledge of the thinness of the skin, according to the regions and other causes, a little practice, and chiefly putting the skin on the stretch. Two fingers of the left hand, when the right one holds the knife, viz., the thumb and either the forefinger or the middle finger nearly half bent, execute the stretching of the skin. The operator places them firmly (by their pulp) upon the skin, both fingers being at the same level on each side of the point where the incision shall be commenced; then he, by a gentle pressure, and removing both fingers from each other outwards and a little backwards to the direction of the incision, is enabled to stretch the skin as far as necessary for preventing it from moving or folding upon itself. Any other mode of stretching the skin would be either useless or bad.

(5) For want of regular analysis, the positions of the knife, that is to say, the different modes of holding it, are described in a very different manner by different authors. Some, confounding the accessory with the principal, have described a great number of positions—some, five or six; some, eight or twelve, or even more; and, what is more defective, it is usual in the books of Operative Surgery to designate every position by a special number, with a figure especially affixed to each of them. A simple glance, however, at the subject, is sufficient to show that, besides some irregular positions, there are only three positions of the knife (scalpel), each including some varieties, which do not require to be numbered, because the figures usually employed are not the same for the same position in different books, and, far from affording any help, render oral and written descriptions exceedingly confused. The three positions are better characterised by the comparison with the position of well-known objects; thus we have the knife held as a pen, as a carving-knife, as a fiddle-bow. In my lectures of Operative Surgery, I was in the habit of describing these positions, their varieties, and the mode of changing one to the other without the help of the left hand, elsewhere occupied during an operation, in a very comprehensive and accurate manner, which, however, I cannot explain here, because it requires a written description too long for our present purpose.

(6) The position more or less regular as a carving-knife is instinctively used by the majority of operators in the performance of most of the cutaneous incisions. In fact, it is that alone which allows the operator to master his instrument at once with sufficient accuracy and strength for performing with regularity that delicate part of every operation. The only possible objection, viz., that it exposes us to leave the incision imperfect at both its extremities, is trifling; besides, it is easy to avoid that slight defect by performing the incision according to peculiar rules.

II. The cutaneous incision being once made, gapes of itself, but not sufficiently; and, in order to expose clearly the bottom of the wound, the operator increases its breadth by a lateral traction with the two fingers of the left hand, which had been previously employed in stretching the skin. Then, the operator holding the knife as a pen, (7) dissects through the subcutaneous cellular tissue, layer after layer, exactly in the middle of the



longitudinally gaping wound, until he reaches the superficial surface of the fascia. By means of that kind of careful dissection, the operator is enabled to spare the veins, nerves, or other organs extending into the cellular tissue; and, when those organs are too large or too oblique to the direction of the wound, to cut them only as best suits his purpose. The division of the cellular tissue must be extended to a length equal, or nearly equal, to that of the cutaneous incision.

(7) The position as a pen is generally adopted for dissection, because the knife is then held with firmness, but, at the same time, with the lightness necessary to avoid injuring along the included organs that must not be cut, while the dissection proceeds layer after layer.

III. As soon as the fascia is exposed, the operator pinches it up to a small extent with the dissecting forceps, which he then takes in his left hand, raises a little the pinched part, divides it to a very small extent with the point of the knife, and then introduces the grooved director through this opening. The forceps is put aside, and the fascia is divided along the director (8) nearly to the extent of the outer wound.

(8) In order to perform accurately this part of the operation, it is necessary to remember well some general rules concerning incisions.

The small opening made upon the raised portion of the fascia pinched up by the forceps, is intended only to allow the introduction of the director behind the fascia, and the further division of the fascia, without any risk of injuring the subjacent organs. Therefore, it is easy to understand the utility of raising up first a portion of it with the forceps, and cutting it with the point of the knife, the cutting edge of which is rather inclined towards the forceps than towards the deep-seated organs,—except when a small opening is found already existing in the fascia, large enough to admit, without any obstacle, the introduction of the director.

As to the manner of dividing the fascia along the introduced director, the groove of which receives the point of the knife in order to protect the subjacent organs, these divisions are made with the knife always held the cutting-edge turned upwards, in either of the following two positions; as a bow, when the knife must run to the left or before the operator; as a pen, the wrist being strongly flexed upon the anterior surface of the forearm, when the knife runs to the right or against the operator.

It is also worth notice that the fasciæ are composed of parallel fibres, the greatest number of which generally are more or less transversal to the longitudinal axis of the limbs. A fascia therefore is more easily pinched up, when the branches of the forceps are kept parallel to the longitudinal axis of the limbs, than in another direction, and especially transverse.

It is a general rule to pinch up the fasciæ with the forceps nearly to the middle of the length of the wound, which proceeding renders afterwards two introductions of the director, one downwards, another upwards, and two incisions, necessary for exactly dividing the fascia. Very often, indeed, the division might be reduced to a single incision, by pinching up the fascia towards one extremity of the wound, instead of taking it in the middle of its length, because a single introduction of the director would then be required. But it will generally be useful to perform the operation according to the first-mentioned rule; and every Surgeon a little acquainted with the practice of tying arteries will be convinced of the utility of this rule, by remembering the difficulty sometimes experienced for exactly sliding the director beneath the fascia alone.

Nevertheless, this last difficulty is great in some cases, and requires the most minute care of the operator. Should he not introduce accurately the director in such a manner as its blunt extremity should lift up a little the fascia, while it slides underneath, it might occur that the director should pass also under some organs, vessels, or nerves, which ought only to be exposed; and, being taken upon the director, would then be divided by the knife running along, when the operator imagines he is only cutting the fascia. A very slight modification of the director may prevent this rather serious inconvenience. It consists in curving a little the director, so as to render it somewhat concave towards the grooved surface; thus disposed, the director glides more easily along the fascia, without being endangered to pass under the deeper-seated organs.

Such are the three required steps of the operation. When they are performed, the artery is exposed with its collaterals, organs, veins, and nerves; and it now requires only to be isolated.

Whatever the artery may be, provided it be superficial, the

operator always proceeds in the same way. A student well acquainted with the preceding rules is enabled to expose regularly and safely every superficial artery. For each of them he henceforth only wants to know the exact place and direction in which the incision is to be made.

As to the length of the incision, according to the admitted general rule that an ample incision is more convenient than one too short, it must always be at least two inches long, and often longer, according to the thickness and degree of fatness of the cellular tissue.

[To be continued.]

## CASES OF CHOLERAIC DISEASE TREATED BY HOT-WATER APPLICATIONS.

By J. A. BULLEY, Esq., F.R.C.S.

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*Case 1.*—Intense spasm of the abdominal muscles; diarrhœa; loss of temperature; treated by hot-water applications; recovery.

On Monday, Oct. 3, 1854, I was requested to visit Corporal B., of the Fusilier Guards, who, I understood, was suffering from cholera.

I found him in extreme pain in the abdomen; his face bathed in a cold perspiration, indicating intense agony. He complained of great dizziness in his head, felt cold and shivering, and there was some feeling of coldness of the extremities to the touch, but not to any very great extent.

These feelings of coldness appeared to have been increasing during the last hour or two before I saw him. His abdomen, on examination, was hard and incompressible to the feel, owing to intense spasmodic contraction of the abdominal muscles. He said he had some crampy sensations in his extremities, but without any absolute contraction of the muscles. He had been to the water-closet twelve or fourteen times during the day, the motions having latterly been ejected with great spasmodic force from the intestines, and he was utterly incapable of retaining them when the spasm came on. There had been no sickness. His pulse was tolerably strong.

Being removed to his quarters in another part of the town, I found his sufferings had somewhat increased. He complained of feeling rather colder, and the spasm of the abdominal muscles had become intolerably painful. To take the following draught every hour:—

R Olei caryophyll.  $\mathfrak{m}\mathfrak{i}\mathfrak{j}$ .; olei anisi  $\mathfrak{m}\mathfrak{i}\mathfrak{j}$ .; olei menthæ virid.  $\mathfrak{m}\mathfrak{i}\mathfrak{j}$ .; confect. aromat.  $\mathfrak{z}\mathfrak{s}\mathfrak{s}$ .; tinct. capsici  $\mathfrak{m}\mathfrak{x}$ .; tinct. opii anodyn.  $\mathfrak{m}\mathfrak{x}$ .; aquæ menthæ pip.  $\mathfrak{z}\mathfrak{i}\mathfrak{s}\mathfrak{s}$ . M. ft. haust.

His abdomen having been fomented for about twenty minutes with relief, large thick flannel pads were wrung out of water as hot as he could bear, and laid over the chest and abdomen, so as almost to cover the whole of the anterior part of the body, and he was then carefully enveloped in a number of blankets, in the same manner as was described in the former cases. He expressed himself as feeling greatly relieved by the medicine.

Tuesday, next morning, 11 a.m.—I understood, from the sergeant who had attended him through the night, that, very shortly after the application of the blanket wrappings, the natural temperature of his body had steadily returned, and he had subsequently broken out into a profuse perspiration, in which he was allowed to remain for nearly two hours, when the coverings were carefully removed. In this interval, the cramps and pains in the abdomen had gradually become less and less, until they ceased entirely; he then sank into a comfortable sleep for several hours, during which he had continued in a gentle, modified perspiration. His skin is moist and warm this morning, and the diarrhœa has almost left him. The dejections passed in the early part of the night had been thrown away, but I was informed they were of a lighter colour than natural, and smelt very offensively. From this period he gradually recovered, the evacuations assumed a healthy appearance and consistence, and in two or three days he was well enough to resume his ordinary military duty. I should mention, that, a few days previous to the seizure, he had been an inmate of a Barrack Hospital in London, where the cholera was prevalent, on account of some premonitory symptoms of the disease.

*Case 2.*—Intense choleraic spasm; great loss of temperature; hot-water applications; recovery.

Sept. 13, 1854.—I was requested to visit Mrs. E., aged 35, a delicate-looking person, who had been on a visit in Reading about a fortnight, having left London on account of her health. Has been very subject to spasmodic pains in her stomach, for which she has been frequently under medical treatment. While



at a friend's house this afternoon, she had occasion to go into the garden behind the house, and, when there, was suddenly seized with violent sickness and vomiting, and a most intense and unusual pain at the pit of the stomach. She had not been eating or drinking anything to account for the suddenness and violence of the attack. On coming in-doors again, which she accomplished with difficulty, she threw herself down upon the floor, absolutely writhing with agony, which had continued until I saw her, about an hour afterwards. She had felt very giddy and trembling just before the seizure. There is an appearance of great anguish in her countenance; her hands, feet, and legs are intensely cold, and her pulse is very feeble, and somewhat irregular, at the wrists. The abdominal muscles are drawn up into hard knots or lumps by the constant spasm. There is occasional spasm of the extremities. The sickness had not continued after the first attack; the bowels had not been moved for two or three days previously.

R Tinct. capsici ℥i., olei caryophyll. ℥iv., olei anisi ℥ij., tinct. opii anodyn. ℥40, confect. aromat. ℥ij., aquæ menthæ pip. ad ℥vj. M. ft. mist. A fourth part to be taken every hour.

A hot bottle having been applied to her feet, her abdomen was covered with thick flannel pads wrung out of hot water, and the body carefully enveloped in a number of extra blankets, much in the same manner as in the preceding cases.

In half-an-hour, the heat of her body and extremities had completely returned, and her pulse had recovered its natural freedom and strength. She was in a general perspiration over the body. The pain had gradually left her, and the spasms had ceased. She was continued in the wrappings for about three hours, at the end of which time the perspiration had become somewhat profuse, and, as the object of the process had been obtained, they were then carefully removed.

14th (next morning).—She has passed a comfortable night, having, towards morning, enjoyed some refreshing sleep. Just after the wrappings were removed last night, she was seized with a severe pain in her chest and spine, which was almost immediately relieved by a strong sinapism to the parts. She has remained in a modified perspiration ever since the packing, and she continues gently perspiring this morning. She is quite free from pain and spasm; the abdomen is soft and compressible; she complains only of a sensation of muscular stiffness on the surface; pulse regular and tolerably strong.

R Potassæ chloratis gr. x., sodæ carb. gr. xij., aquæ menthæ virid. ℥iss. M. ft. haust. 4tis quaque horâ sumend.

15th.—She has had no pain or spasm since the removal of the wrappings. She has taken considerable quantities of cold beef-tea without any inconvenience. She is extremely weak, but appears to be quite recovered from the seizure, in fact, well enough to return to her home in London, which she did this afternoon.

Case 3.—Choleraic spasm—Rice-water evacuations—Hot water applications—Recovery.

Thursday, Sept. 14, 1854.—Henry Heritage, a healthy, country-looking recruit, was suddenly seized last night about nine o'clock, with great pain in his bowels, and cramps in his hips and lower part of the abdomen, which shortly afterwards extended to his legs. He was in so much pain that he was obliged to get out of bed and walk about almost the whole of the night. There had been no sickness or vomiting. He had had a great number of rice-coloured evacuations, which he described as being ejected with great spasmodic force from the intestines when the desire occurred. My assistant, who saw him in my absence, found him in great pain, the purging continuing. He was complaining of great giddiness and trembling, and a feeling of coldness of the extremities, and great thirst.

He was ordered to take a grain of calomel every hour, and to be enveloped in the hot-water packing, in the same manner as in the preceding cases.

Evening.—I found that he had perspired a good deal from the packing, which was not entirely removed for three or four hours, during which time he went off into a comfortable sleep. He has entirely lost the pain and the cramps; and the motions, which were this morning perfectly colourless, are now slightly tinged with bile. He feels very weak when he gets out of bed. He had arrived only the day before from Oxford, where the cholera was prevalent.

Saturday morning (next day).—Has passed a comfortable night; the frequency of going to stool has diminished, and the motions are becoming more natural and consistent. His skin is still gently perspiring. He is able to take a tolerable quantity of nourishing food.

From this period he gradually recovered, and in three or four days was well enough to be sent to the dépôt of his regiment.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE LONDON HOSPITAL.

#### FRACTURE OF THE FEMUR, IN A CASE IN WHICH THERE WAS ANCHYLOSIS OF THE KNEE, WITH DISPLACEMENT.

[Under the care of Mr. CURLING.]

Robert Collingworth, a cigar-maker, of delicate appearance, aged 19, was admitted on February 12th. He had been lame since three years of age, and a short time before his admission had, in consequence of a fall in the street, sustained a fracture of the femur of the damaged limb. He was extremely nervous, and appeared to be suffering much pain, so much indeed, that after removing his clothes, it was necessary to place the limb in pillows, and defer any complete examination. An opiate was given at night, but it procured but little rest.

On the morning of the following day some futile attempts were made to effect reduction, and at noon Mr. Curling saw the patient, and entered into the particulars of the case. It appeared that the right femur was broken in its lower third, the ends of both fragments being displaced so as to be just beneath the skin; the upper being thrown forwards into the front of the thigh, the lower backwards into the popliteal space. There appeared to be at least an inch and a-half between the fragments, and the spasmodic rigidity of the muscles was very great. The knee-joint was firmly ankylosed, the tibia being dislocated backwards. It appeared from his account, that the limb had for long been all but useless from the displacement of the leg, the ankylosis having resulted in a half flexed position. He had been obliged always to walk with a stick just pointing the toes, and he considered that the limb had generally been an impediment rather than a help. The femur itself was bent in a direction forwards and outwards, and the whole limb was shortened and much wasted. The condition of the whole was such as strongly to suggest the propriety of an immediate amputation, and Mr. Curling accordingly requested his surgical colleagues to meet him in consultation respecting it. The risk attending an operation, and the possibility that, by careful treatment, some improvement on the original condition of the limb might be obtained, having been allowed their weight in the consideration, it was determined not to amputate. The limb was accordingly placed on a double inclined plane, in a position as much extended as could be borne, and the thigh was secured by side splints. No reduction had been effected, the ends of the fractured bone remaining in the position at first assumed.

The putting the limb in splints gave much relief to the pain which the patient had previously suffered, and by degrees, in the course of a few days, he became comparatively comfortable. It was not, however, found practicable to make any extension, mere adjustment being all that could be accomplished by the splint. Not even a bandage could be borne, and the splints were kept in place by strips of plaister only.

On March 18, Mr. Poole, the dresser of the patient, examined the limb, and found that union had taken place, the patient being able, with some little difficulty, to raise the whole limb. Mr. Curling now directed, that while the uniting medium was yet soft, a process of straightening of the limb should be commenced, the foot being raised and the knee pressed back. This plan succeeded to a very considerable extent, and without any great difficulty the limb was got much straighter than it had originally been, though of course somewhat additionally shortened. Subsequently, as the lad got to bear pressure, a straight splint was secured pretty tightly to the back of the limb, and by its means the remaining flexion was quite removed.

Remarks.—This case well illustrates the advantage which may sometimes be obtained from the judicious treatment of a fracture, in rectifying the deformity resulting from former disease. By allowing the broken femur to unite obliquely, and in a position in which, had the knee-joint been sound, would have been fatal to progression, the limb, from having been distorted by angular contraction, was restored to a straight line. Thus the only remaining inconvenience would be the shortening, a deficiency easily supplied by a high-heeled boot. The above is a case in which the deformity was severe and the success more than usual; but instances more or less similar are not very rare. Those who are lame are very liable to falls and to consequent fractures; and instances, therefore, occur not unfrequently, in which in the treatment of a



broken bone the Surgeon's ingenuity is taxed how best to rectify or counteract the previously existing deformity. Bones bent by rickets, ankylosed joints, badly-united fractures, etc., often come under care under such circumstances, and by clever management the accident may be made a source of great gain to the patient. Two cases, nearly the reverse of each other, were treated rather more than a year ago, by Mr. Hilton, in Guy's Hospital, which well exemplified these remarks. In the one, a man, whose left thigh had many years been broken, and allowed to set with more than an inch shortening, was admitted with a fracture of the opposite thigh. The extension was intentionally made inefficient, the thigh was allowed to unite with overlapping, and the two limbs were thus restored to as nearly as possible an equal length. In the second, a man, whose left thigh, in consequence of a former fracture, was shorter than the other, was admitted with an oblique fracture of both bones of the left leg. By a very firm extension, the leg was stretched until it equalised the loss from shortening of the thigh, and in this position it was kept until union was complete. It is not, as all Surgeons are aware, very easy to make the thigh of an adult unite so as to give increase of length; one such instance has, however, been related to us by Mr. Wordsworth, of the London Hospital. A muscular drover was admitted with a fractured femur. It was treated by means of a long splint, and to secure it of an equal length with the other leg was found to be a matter of extreme difficulty. The House-Surgeon and his dressers were, however, determined not to be foiled, and after many repeated very forcible extensions the end was achieved, and the bone set at a proper length. Recovery being complete, the man got up, and to his great joy and surprise found his legs of equal length, which he said had never been the case before. It then came out, that, from some injury in infancy, the leg which had been the subject of the recent accident had been prevented acquiring its due length, no other perceptible deformity remaining. The man had, as he stated, always since walked with a limp, but not knowing that this would make any difference in the treatment, he had not thought it worth while to mention it. Several cases of fractured bones in legs much distorted by rickets have recently been treated in St. Bartholomew's Hospital, in which more or less of benefit to the original deformity accrued during the treatment.

### ST. BARTHOLOMEW'S AND ST. MARY'S HOSPITALS.

#### FRACTURES OF BONES AFFECTED BY RICKETS.

HAVING just, in speaking of the remedy of previous deformities during the treatment of fractures, had occasion to mention deformities the result of rickets, it may, perhaps, not be uninteresting to some of our readers if we allude to the question of union of rickety bones generally. Do bones softened by rickets unite well? A general impression appears to prevail that they do not. The opinion is, however, not very well grounded on facts, and we have sought carefully for any evidence respecting it in books, but without success. During the last few years, in the different London Hospitals, at least twenty cases must have come under our notice in which fractures occurred to bones severely distorted by this disease, and in no single one of these was the process of union in any degree delayed. Children who in early life have been the subjects of rickets do, indeed, not unfrequently afterwards attain considerable vital vigour. The following case, taken almost at random from our Hospital notebook, is in point:—George Capp, aged 8, was admitted into St. Bartholomew's, under Mr. Lloyd's care, having sustained, by the fall of some timber on to him, a fracture of his left leg. Both his tibiae were found to be very much curved, as were also, to a slight degree, his thigh-bones; and, on inquiry, it was ascertained that in infancy he had worn splints for upwards of four years. He was a stout, florid, very robust-looking lad, and appeared in perfect health. He was admitted on January 20, and discharged March 28, only a little more than a month having been necessary for perfect union. At the bedside of this patient Mr. Lloyd made, in reply to a question from the writer, an observation which probably expresses pretty nearly the truth on this subject. He stated that the rapidity of union in rickety bones depended entirely upon the stage of the disease. If a fracture occurred in a bone in which the disease was advancing, or in an early stage, very likely non-union would result; but if at a period when the bone was recovering and becoming consolidated, no difficulty would occur. The theory of this is evident. Practically it reduces the question into very small compass. In bones which are softening, and in fact little more than cartilage, bend-

ing so easily takes place that fractures occur with extreme rarity. What are spoken of as fractures during rickets are really almost invariably fractures after rickets; and it is only after the deposition of earthy matter has proceeded to a considerable extent that the bone becomes brittle enough to break. Possibly the idea of the non-union of rickety bones may have been derived from some confusion between true mollities ossium and rickets—diseases, it is needless to say, totally distinct. The two following cases occurred in St. Mary's, some little time ago, under the care of Mr. Coulson:—

Eliza S—, a good-looking child, aged 4, had for about two years worn irons on account of bent legs, and one day, having laid them aside, she fell down, and fractured the right thigh. Treatment by means of the long splint was adopted, and, in a little more than a month, union was complete.

Isabella H—, a little, ill-grown, very rickety child, aged 5, was admitted on account of fracture of the right thigh from a fall. The long splint was employed, and she was discharged, with the bone soundly united, five weeks after admission.

In both these cases, the disease had existed for a long time, and repair was probably taking place at the time of the accident.

### WESTMINSTER HOSPITAL.

#### LARGE STONE IN THE BLADDER OF A FEMALE CHILD.—EXTRACTION BY MEANS OF A VERTICAL INCISION IN THE URETHRA.—RECOVERY WITHOUT INCONTINENCE.

[Under the care of Mr. HILLMAN.]

THE following case has already been alluded to in our Statistics of Operations, but its interest demands for it a more detailed notice. The notes have been kindly furnished to us by Mr. Rollaston, the House-Surgeon of the Hospital:—

Mary Ann D., aged 5½, was admitted, in the beginning of July last, under Mr. Hillman's care, with the account, that she had for three years been liable to much suffering connected with her bladder. She had been under treatment at a Provincial Hospital, and subsequently at a Metropolitan one, but nothing effective in the way of relief had been afforded. Her mother stated, that, since the age of 15 months, the child had not been able to hold her water well, and that, for the last three years, she had regularly wet the bed at night. For about the latter period, she had suffered much pain during micturition, the vesical irritability having at times been so much increased, that she would have to pass water every few minutes. Blood had been frequently observed in the water, and for some years there had been prolapse of the rectum.

The child was much out of health, and had the appearance of having been badly fed and ill cared for. On inspection, the vulva was found swollen and excoriated, and there was much purulent discharge from the vagina. Micturition at this time was almost constant, and was attended by great suffering. The symptoms were so strongly suggestive of stone, that but little doubt was entertained of its existence, and the wonder was that the bladder had as yet never been examined. After a few days' preparatory treatment, directed to getting the bladder into a less extreme state of irritation, Mr. Hillman made an examination with the sound, and confirmed his suspicion by ascertaining the presence of a large calculus.

On July 19, early in the morning, a conical sponge tent was introduced into the urethra, and allowed to remain as a dilator for about five hours. On the removal of the sponge, chloroform was administered, and the extraction attempted. The stone having been grasped in the blades of a pair of slightly-curved forceps, was drawn forwards. It became evident, however, that its size was much too great to admit of its extraction without incision, and the operator accordingly incised the front of the urethra, in a direction upwards towards the symphysis pubis, and to the extent of nearly a quarter of an inch. The additional room afforded by this incision was sufficient to allow of the extraction being accomplished by means of slow and steady traction; a considerable amount of force was, however, necessary. The bleeding was very trifling. The calculus proved of an oval, roundish form, and in its widest part measured three inches in circumference, its smallest being two and three-quarters. On section, it was seen to consist of concentric laminae of lithate of ammonia.

The child was removed to bed after the operation, and the effects of the chloroform having passed off, a dose of tincture of hyoscyamus was given. The free use of barley-water was subsequently allowed. Much pain in the flow of urine was com-



plained of for the two following days, but no serious symptoms occurred. The child made a rapid convalescence, and was discharged well about a month after the operation. She had much improved in general appearance, and had the power of retaining her urine comfortably for upwards of three hours or more, the capability being steadily increasing.

## THE HOSPITAL FOR SICK CHILDREN.

### EFFUSION OF BLOOD BENEATH THE SCALP IN CONSEQUENCE OF A BRUISE.—EFFUSION CONTINUED FOR EIGHT DAYS.—LIGATURE OF THE TEMPORAL ARTERY.—RECOVERY.

[Under the care of Mr. ATHOL JOHNSON.]

INSTANCES of what is termed cephalæmatoma, or extensive effusion of blood beneath the scalp are not very infrequent as results of long-continued pressure on a particular part during birth; and sometimes the amount of effusion is alarmingly great. The old-fashioned practice of laying open these collections has been now discarded, as have also, indeed, all violent measures of treatment, since it is known that nature is, with the rarest exceptions, competent of herself to the cure. These cases differ materially from those of which the one we are about to relate is an example. In the congenital ones, the effusion is between the pericranium and the bone, and results from the rupture of many small vessels; while in those produced by the blows or bruises so often received on the head in early life, the effusion is between the pericranium and occipito-frontalis tendon, and may depend on the laceration of a vessel of some size. The last-mentioned condition is perhaps rather exceptional, but at any rate it is probably not very unusual. These swellings, the results of bruising, may, however, notwithstanding the size they often attain, be very safely left to nature in a vast majority of instances. There will occasionally, however, occur cases in which interference is demanded, and then the important question as to what measure is the safest for adoption will arise. Shall the Surgeon lay open the swelling freely, turn out the coagula, and secure the mouths of any bleeding vessels, or shall he prefer to content himself by placing a ligature on the trunk of the artery supposed to be injured? Let us glance at the particulars of the following instructive case.

Alfred Glading, aged 4, a delicate-looking boy who had previously been an inmate of the Hospital for strumous disease of the knee and phagedænic ulcers, was brought as an out-patient on July 5, 1854, with a large swelling on the right side of his head. It appeared that three days previously he had fallen down some steps, striking his head against the wall, and that on the following day the swelling had been noticed, which had since gradually increased. From the mother's account, it seemed that the swelling had first formed over the course of the temporal artery. The boy was feverish, and was stated to be very restless, having vomited several times, and been troubled by startings in his sleep. The swelling fluctuated, and evidently consisted of effused blood. It was not so large as to create any alarm, and a cold lotion was accordingly ordered for local use, and a purgative dose of calomel was directed to be given.

July 8.—The swelling has increased considerably in size, being now four inches in length by three in breadth. It is soft and fluctuating in the centre, with an irregular boundary, presenting in some parts a hard and well-defined margin. The child is now to be admitted as an in-patient, and kept in bed with the head raised, and an iced lotion constantly applied.

9th.—The tumour has further increased, and now occupies nearly the entire length of the cranium, producing somewhat the appearance of a double head. The pulse is very rapid. There is no vomiting, but the child is very restless, especially at night. Pressure is to be applied to the right temporal artery. The iced lotion is continued.

10th.—Owing to the restlessness of the child, the pressure could not be efficiently kept up, and the swelling has further increased in size. Mr. Johnson now determined to tie the superficial temporal artery where it passes over the zygoma. The operation was very easily performed.

11th.—The swelling has slightly decreased, and its margins are more defined and harder. The child is relieved.

13th.—Steady improvement. The ligature has come away this morning, and the tumour is fast diminishing.

16th.—The child is allowed to get up. The wound is healed. The swelling is fast disappearing.

20th.—In the middle of the tumour over a space about the

size of a crown piece, there is still a little fluid blood remaining. The boy is permitted to play about in the garden.

29th.—The blood has for some days been quite absorbed. He is regaining strength gradually. Discharged.

Of the fitness of the measure adopted by Mr. Johnson in this case there can be no doubt. If the more usual practice of laying open the swelling and tying the exposed vessels had been adopted, the child, originally of very feeble power, and now much reduced by hæmorrhage, might, not improbably, have sunk. At any rate, a troublesome and exhaustive suppuration would have ensued. It must not be forgotten, either, that the blood left to be absorbed was no doubt very useful to the system in the way of direct nutriment. The question, however, arises, would it in the generality of instances be possible to diagnose the wounded artery with sufficient accuracy to make resort to the practice here pursued feasible. On this point something might doubtless be said; but then, on the other hand, the ligature of a vessel is a matter so trivial, that even if it did not succeed, and the more severe measures had ultimately to be resorted to, there would be no reason to feel disappointed, and no real harm would have been done.

The case is a good instance of the very rapid absorption of a large quantity of blood; but in this respect it is not unusual.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### MANCHESTER ROYAL INFIRMARY.

#### HERNIA REDUCED EN MASSE.—OPERATION.—RECOVERY.

[Under the care of Mr. JORDAN.]

JAMES M'GORNALL, draper, married, rather intemperate habits, living freely, not used to violent exercises, except occasional quick walking. Up to 26th of September last in good general health, only subject to constipation. On the 25th, he made a hearty dinner of meat and cabbage. At half-past ten a.m. on the following day, while walking quickly in the street, he was suddenly seized with violent pain in the abdomen, particularly on the right side.

He immediately went home, and there, for the first time, perceived a tumour in the right iliac region,—fancies he noticed a swelling there a day or two previously. On reaching home, he took ol. ricini ʒss., soon after which he fell asleep. All through this day he had violent pain in the belly; no motions; and in the evening vomiting commenced, which continued without intermission till the period of the operation.

27th.—At two p.m. was visited by a Surgeon, the same symptoms continuing, and no évacuation from the bowels. The Surgeon declared it a case of inguinal hernia, and proceeded to the taxis, after ordering doses of castor oil and turpentine enema ineffectually. After three or four minutes employing the taxis, the tumour disappeared, but without the usual gurgling, etc. About fifteen minutes from this time, the symptoms not having in the slightest degree abated, but rather increasing in violence, the Surgeon recommended his immediate removal to the Hospital, where the patient arrived at six p.m. He was immediately put into a warm bath, and had an opiate, which procured some sleep.

11 p.m.—Mr. Jordan was summoned to the Hospital, and, finding all the symptoms of strangulated hernia present and urgent, he at once decided on an operation, though, on examination, there was no hernial tumour to be found externally, and the chord was clearly and distinctly felt.

The first incision was made in the usual way for the inguinal hernia operation,—the parts very carefully dissected to the ring; and, on passing the finger deeply inwards to its full extent, the fundus of the tumour could just be felt; the sac was carefully, though with much difficulty, brought down from its lodgment and *in situ*. This was opened, the stricture divided, and the intestine returned.

The patient was instantly relieved, the symptoms immediately subsided, and the man has been progressing most favourably, and will be discharged from the Hospital in a few days.



## DONCASTER UNION INFIRMARY.

## POPLITEAL ANEURISM.—UNSUCCESSFUL TRIAL OF COMPRESSION TREATMENT.—LIGATURE OF THE FEMORAL.—AMPUTATION.—DEATH.—AUTOPSY.

[Under the care of Mr. MOORE.]

Our pages have contained the record of many successes in the treatment of aneurism by compression, and of but few in which, even if the compression failed, any other than a favourable result ultimately ensued. Cases of difficulty and of failure are, however, often the most instructive, and as such we are glad of the opportunity of bringing before the Profession the particulars of the following. The narrative has been kindly communicated to us by Dr. Gibbon, of the London Hospital.

Lawrence Hyland, aged 36, an Irishman, but has lived in England some years; a navigator, and accustomed to wheel great weights up inclines; a strong, well-made man; middle height; weight twelve stones.

General health always good; never recollects having had a fall or sprain; of sober habits.

About thirteen months ago he felt pain behind the right knee, which used to come and go; and he perceived a small swelling behind the knee the size of a marble.

About four months ago the pain became more settled and continuous, and the lump began gradually to increase, but did not prevent him following his usual avocations until five weeks ago, when the pain became excessive, and the swelling, from its increased size, prevented the bending of the knee.

Admitted August 9, into the Infirmary of the Doncaster Union. Present State.—A large aneurismal swelling occupies the lower and outer side of the right thigh, extending from the upper part of the popliteal space downwards and outwards to near the head of the fibula. Strong pulsation is distinctly felt along its whole course, and a very loud rasping murmur heard over every part of the tumour. Pressure on the femoral stops both the pulsation and murmur. It is compressible, but cannot be obliterated. The leg is very œdematous, and its veins turgid. Temperature the same as that of its fellow. Sensibility to external impressions is lessened, but he complains of most severe pain along the inner and front part of the leg, from the knee to the foot, and this is much increased by exposure to cold. There is no discoloration over the aneurism. Heart's action healthy. No signs of aneurism elsewhere. Countenance expressive of great suffering; pulse regular; general health in other respects good.

Ordered to remain in bed; to have an aperient; low diet; and, as he complains of sleepless nights, five grains of pil. sapon. c. opio.

Upon consultation, it was determined—although, from its great size, and thinness of its walls, it was not a promising case—to try compression, which was commenced.

August 18.—He is much lower than on admission. Nights sleepless from severe pain. The œdema of the leg is very much less. There is an erythematous blush over the lower part of the aneurism, and here it is most tender.

Ordered house diet. To drink as little as possible, and take potass. acetatis ʒss. ter quotidie.

In commencing the compression plan, much attention was paid to details. The sheets and blankets were sewn to a firm mattress, which again was secured to the bed-stocks. A foot-board, with a pillow, were added as a support for the left foot, and a firm cushion fixed for the right leg to rest upon.

The thigh and pubes were shaved, and well sprinkled with flour; this last was done several times each day. Ward's aneurismal compressor was applied to the femoral, about five inches below the pubis. This to be alternated with pressure, made by means of a four-pound weight on a tourniquet pad, applied to the groin. A large cradle was placed over him, and he was instructed how to govern the pressure, which was not to be carried to the extent of wholly stopping pulsation in the aneurism.

Seven hours after its application the limb was œdematous. He had kept the pressure up nearly the whole of the time, but the instrument had repeatedly slipped. He expressed himself as feeling much easier when the pressure was over the artery, and is most anxious to carry out the instructions given. The compressor was re-applied; the four-pound weight to the groin to be substituted for it at bed-time. At his request an opiate was given.

19th.—Has slept about four hours, and had the four-pound weight on at intervals to about the extent of half the night. Complains of pain down the shin-bone, and a sensation of pins

and needles in the foot. Says he has less pain than when admitted. Pulse strong; there is some febrile excitement. He wore the instrument about nine hours during the day, changing it for the weight, the thigh being rather tender from the pressure of the clamp.

20th.—Rested badly, but kept the weight on most of the night, as it does not give him much pain. He cannot bear the clamp, the thigh being so tender. There is a good deal of œdema of the leg. Pulsation in the aneurism not quite so strong. Pulse quick and irritable; urine scanty; bowels constipated.

Ordered a dose of calomel and colocynth, with an aperient draught four hours after; only to wear the weight, and that at intervals of an hour.

21st.—Passed a restless night. There is œdema of the leg, and much pain; and a swelling is seen on the inner side of the knee, which pulsates. Wore the weight most of the night. Pulse 100, irritable.

Compression to be stopped until night, and the leg bandaged. R Sodæ. tart. ʒss., tinct. digitalis, sp. æth. nitrici aa. mxxv., aquæ ʒj. Ft. haust. 3tiis horis sumend.

22nd.—No sleep. Had the weight on for an hour at a time, with intervals of half-an-hour. Œdema of leg less, but the swelling on the inside of the knee much increased; pulsates strongly; is painful and tender.

There is diminished sensibility of the foot. He describes a burning feeling from the knee to the foot, and thought in the night he had lost part of his leg. Pulse quick and irritable; tongue furred; great restlessness. It was now feared that the aneurism would run on to suppuration. Compression to be given up, and the artery tied on the 24th, if the irritative fever be less.

R Hydrarg. chlor. gr. iij., pulv. opii gr. iss. Ft. pil. h. s. sumend.

23rd.—Has rested better, and is more easy; pulse not so quick, and less irritable; œdema of the leg less. The tumour, however, seems to increase in size; there is general condensation of the tissues around, so that the knee is immovable.

To have an opiate at bed-time.

24th.—Rested fairly; less febrile excitement; still a good deal of œdema; is willing to have anything done for the best. The femoral artery was tied just where it is beginning to be covered by the sartorius. He bore the operation well, and did not lose above two teaspoonsful of blood. Temperature of the limb lower after the operation. The leg to be raised, and wrapped in flannel. Says he feels easy. Milk diet.

Vespere.—Tolerably easy; skin moist; has passed water freely; slept at intervals during the afternoon; pulse 100; had a darting pain once or twice in the foot. Temperature of lower third of leg, 96° Fahr.

To have an opiate at bed-time.

25th.—Was much troubled with flatulence up to twelve last night, after which he slept well until morning. Aspect good; pulse 105; leg feels easy; complains of fulness in head and noise in ears; no pulsation in the tumour; temperature of the leg 96°.

To have an aperient draught directly.

26th.—Passed a comfortable night; pulse 100; countenance cheerful; skin moist; complains of a "jumping" occasionally in the wound, which looks healthy; œdema of leg less; aneurismal swelling smaller, and does not pulsate; sensation in the foot, but not in the toes; temperature of leg, 97½°.

27th.—Pulse 104; aspect good; tongue moist; aneurism less; suppuration established at the ligature; pus healthy; the greater part of wound healed; temperature between first and second toes, 81½°; lower third of leg, 97°; popliteal space, 100°.

28th.—Night good; pulse 100, feeble; leg warm, one-half of foot cold and insensible; no discoloration; bowels confined. To have beef-tea, and castor oil ʒss.

7 p.m.—Foot cold; at the lower third of leg a mottled appearance is seen, encircling the limb; complains of a burning sensation in leg, as if immersed in hot water.

To have an opiate.

29th.—Slept fairly; pulse 100, small and feeble; wound looks healthy; no pain in leg; mottled appearance extending towards the foot.

Vespere.—Discoloration of foot more marked; a line of demarcation forming about four inches above the ankle; burning pain in the calf and down the limb. Pulse 104; tongue clean; aspect good. Continue the opiate.

30th.—Rested well; pulse 100, soft and compressible; bowels open; only complains of burning sensation in the calf; line of demarcation more marked; bullæ are forming around the ankle. To have ʒj. of wine every four hours. Beef-tea; milk.

Vespere.—Aspect more sunk; pulse feeble; has had diarrhoea,



which has exhausted him. To have 5ss. doses of acid. sulph. dil. every three hours, and the opiate at night.

31st.—Passed a fair night; diarrhoea stayed at once by the acid; the gangrene has spread an inch at the back of the leg; aspect sunken; pulse soft and compressible.

It was plain now that the man would sink in a few days, unless an amputation would save him. As he was willing to undergo the operation, it was determined, after much deliberation, to give him this last chance.

The operation was performed at the upper third of the thigh, the suppurating surface of the wound not being included in the flap.

He lost very little arterial, but a great deal of venous, blood, during the operation, so that two veins were obliged to be tied. The chloroform caused much sickness; and, while on the table, profuse diarrhoea came on, adding not a little to a prostration which threatened to be fatal. He rallied, however, stimulants being freely administered. The diarrhoea continuing, the acid was given, and it stayed the discharge.

He rallied very much during the day, and became quite cheerful; but, at half-past ten p.m., eleven hours after the operation, secondary hæmorrhage came on; the vessel, a muscular one, was soon tied; but even the small quantity of blood he lost before he had assistance was too much for him; and he sank two hours afterwards.

The aneurism was examined by Dr. Gibbon. The following is his report:—

At a distance of ten inches above the tumour a ligature was placed on the vessel, which had rendered it quite impervious, and caused the blood, for an inch or two above and below it, to become firmly coagulated. About five inches above the tumour the artery contained some lightish coloured clotted blood; and, under its inner coat, were numerous small atheromatous deposits, which in two places had cracked it, and caused it to scale off. After dissecting off a quantity of muscular tendinous and fibrous tissue, which, as it was on the anterior or articular surface of the swelling, probably had been part of the origin of the gastrocnemius muscle, posterior ligament of knee-joint, some fibres of the popliteus muscle, I brought into view the lower part of the artery, and its division into anterior and posterior tibials, with the accompanying nerve and vein. The nerve and vein passed at the back of the tumour, one on either side of its median line, the former being much compressed, the latter occluded (*i. e.*, impervious to a small-sized probe). The vein below appeared quite healthy; but above, over a space of four inches, it contained buff-coloured fibrin, firmly adherent to its walls, which had lost their polished appearance.

The swelling itself sprang from the anterior aspect of the artery, which it involved to the extent of  $1\frac{1}{2}$  inches, arising at a distance of about  $1\frac{1}{2}$  inches above the origin of the anterior tibial artery. It was of an ovoid though uneven shape, and tapered somewhat at its lower extremity. It measured five inches in length, three in breadth, and sixteen in its vertical circumference, and extended from the origin of anterior and posterior tibial arteries to about two inches above the point at which it sprang from the vessel. The tumour was soft and elastic to the touch, and its sac apparently very thin.

Section through the anterior aspect of the vessel and tumour showed that the former below the swelling was contracted and filled with tough fibrin; that the latter was lined by two or three laminae of tough fibrin. At the upper part of the tumour there was a cavity as large as an orange, containing dark, loosely-clotted blood. In the lower part, blood of the same character was effused between three or four different laminae of fibrin.

**THE REQUIREMENTS OF THE WAR AND THE COLLEGE OF SURGEONS.**—The following notice has been circulated among students at the Metropolitan Hospitals:—"The Court of Examiners having taken into their consideration certain applications from students in various recognised Hospitals, requesting examination before the completion of their third session of Hospital and Anatomical study, in April, 1855, on the ground of being offered commissions as Assistant-Surgeons in the public service, provided they can obtain the qualification ordained by the warrant of Her Majesty of the 6th October, 1854, will admit to examination for the diploma of the College all such students of a proper age, at the end of the month of December next, on their presenting a certificate or letter from the head of the public department, proposing to employ them, signifying such intention when they have been proved competent."

# Medical Times & Gazette.

SATURDAY, NOVEMBER 11.

## LORD RAGLAN AND THE MEDICAL STAFF.

It may be seen, by a reference to certain extracts from an interesting and important letter just received from the Crimea, which we publish in another column, that our expressed conviction as to any defective arrangements for the care of the wounded being the fault, not of the Medical Department, but of the Commander-in-Chief, has been completely verified. We are also happy to see that our feelings regarding Lord Raglan's most unjust General Order have been shared by some of our Daily Contemporaries. The *Daily News*, on Wednesday, says:

"Lord Raglan's 'General Order' to the Medical Officers in the Crimea has been by most people regarded as a rather unhand-some attempt to shift to their shoulders blame which ought to have been borne by others. It may be remarked here that Lord Raglan is not singular among military and naval authorities in displaying a supercilious injustice to the Medical Officers..... When we read the harrowing details of the systematic neglect of the Army Surgeons and their patients in the Crimea, it almost looks as if the Hospital at Scutari had been made a 'herring drag' to turn men off the scent of a great and utterly indefensible wrong. In the name of humanity let the zealous and excellent Medical Officers of our army and navy be properly supported! In the name of humanity let something be done to supply them with the requisites for lending that efficient aid to the sick and wounded which they are so anxious to do."

The *Morning Advertiser*, of Tuesday, adopts the same tone. The following are extracts from a leading article in that paper:—

"We observe that there is now a disposition, which often shows itself in such cases, to shift the blame from one party to another; and to the great annoyance of the Medical portion of the service this has apparently been done by Lord Raglan, and in a manner which has been the subject of complaint in one of our most popular Medical organs at home." . . . . "The *Medical Times* complains of the injustice of Lord Raglan to the Medical Profession, in issuing a General Order relating to the Medical Department, in consequence of a case of neglect, chargeable only against an individual." . . . . "We are disposed to make all due allowance for the Commander-in-Chief, in consequence of the hurry and excitement attending his most anxious position; but we hope that, on a calm review of this affair, he will discover that there has been undue haste on his part in implying a censure on a most important department of the service, and which has very nobly, by its organ, stood up in its own defence."

The sole charges made against the Medical Department have been those of the *Times*' Correspondent at Constantinople, and we are sorry to observe that these have been reiterated this week. A letter appears in Wednesday's paper containing the following sentences:—

"Scutari is in much more decent order, although there is still a great deficiency of Medical attendance. The supply of medicines is now sufficient, and the place has been cleansed of its former impurities."

We have already shown that it was in admirable order from the first, and that the supply of medicine, lint, etc., was always abundant. We can strengthen this by the testimony of an officer, one of Lord Raglan's personal staff, who only arrived this week in England. He was one of the wounded at the Alma, and one of the first who arrived at Scutari. He states that, during the whole of his stay in the Hospital, the arrangements were "perfectly beautiful." Yet the *Times*' Correspondent, in another letter published in the same paper, says—

"The Hospital at Therapia, established for the use of the Navy, has received nearly seventy wounded within the last two days. It is very well situated, in a healthy part of the Bosphorus; and though the Medical attendants are not so numerous as might be desired, yet the wounded seamen are fortunate indeed, compared with their land brethren at Scutari. The spectacle of



2,000 sick and wounded, with only fifteen Surgeons, with not a nurse to assist, with the wards turned into dens of filth and stench, and even rags and lint for the wounded begged for from the Turkish authorities, or from private benevolence, will not be repeated in the establishment which receives the wounded from the fleet."

It is really too bad to harass the friends of the wounded in England by such cruel gossip. We are delighted to hear of the perfection of the Naval arrangements, but sorry to see reports promulgated about the Army Hospital, the untruth of which has been already demonstrated by the testimony of eye-witnesses and patients. It is not by unjust and unmerited attacks upon the Medical Staff of the Army that efficient aid can be rendered to the sick. It is by insisting that Commanders-in-Chief shall not be allowed to turn a deaf ear to the requisitions and remonstrances of Medical officers with impunity. Lord Raglan is alone responsible for the want of ambulances, tents, and Medical stores at the Alma, and he must not be allowed to blind the eyes of the public, by his attempt to throw that responsibility upon those whose earnest requests he denied. He has put the Army Medical Department upon its mettle, and the matter will not be allowed to rest without a full Parliamentary inquiry.

A word, before concluding, as to the claims of our Medical officers to *military* distinctions, in reply to those who would still only grant them the *civil* decorations of the Bath and other orders. Assistant-Surgeon O'Leary, of the 68th Regiment, was killed by a cannon-ball, which struck him on the chest while employed in duty with his corps in the trenches before Sebastopol. Surgeon Gordon, of the 95th, was struck by a cannon-ball on the shoulder at the battle of the Alma, and, though one arm was disabled, he continued to use the other in the service of the wounded. Assistant-Surgeon Gibbons, of the 44th, is also reported as wounded before Sebastopol, but we have received no particulars of the case. Surgeon Mason, of the Albion, was also wounded while on duty in the cockpit of his ship in the Naval attack on Fort Constantine; and it is evident, from Dr. Mackay's report, published in another part of our impression to-day, that the Surgeons are by no means out of the way of shot or shell, even in the largest ships. Facts such as these require no comment.

#### MEDICAL NEGLECT OF EMIGRANTS.

NEVER, in any period of our history, has so great a flood of emigration been poured out from our own crowded island to distant and thinly-peopled lands as at present. A single ship often carries away from our shores a population which would constitute a whole parish. For many months, this mass of human beings are carried across the waste of waters. Children, liable to the disorders incidental to infancy; women, often in a parturient state; men, subject to epidemic and other diseases;—in a word, a floating colony is confined within the wooden walls of a ship, exposed to the maladies and accidents which afflict humanity on shore, but without the means of obtaining other Medical assistance than that which may be supplied by the emigration agents.

Now, in common humanity, one would suppose that the persons who undertake to convey their fellow-creatures in hundreds over the seas in quest of new homes, would, among other necessities, provide them with adequate Medical assistance in case of sickness during the passage; but this imperative duty is, as is well known, most lamentably neglected. The same persons who would exercise a proper discretion by not appointing a captain or a pilot who had not given proof of ability for the post he aspired to fill, have readily entrusted the lives and health of the passengers to persons who have given no evidence of professional competence, in direct contravention of the Act of Parliament. Often as this subject has been presented to the

notice of the Medical and general public, it has been placed in a still stronger light by some remarks which have lately been made by the Coroner of Liverpool, and which have been published in one of the journals of that town. The following extracts from that gentleman's address will sufficiently prove the enormity of the evil which we now represent:—

"Elderly females and children have died almost immediately after they got on board, and certificates of their death have been forwarded to me. Having those certificates, I did not hold inquests, considering the Medical certificate was sufficient, if the death was from natural causes, to satisfy me, and therefore there was no necessity for public inquiry. *But now the cases are becoming so very numerous, I am compelled, from the facts that come under my notice, to go very rigidly into all cases of death occurring on board emigrant ships.* Within the last two or three days, the two children of a German emigrant, one about twelve years of age, the other some years younger, died in the river, on board a ship called the Ben Nevis. I believe there were no less than two Medical men on board that vessel. I do not want to say anything of the Professional qualifications of those gentlemen, but it was their duty to have sent a proper and authentic certificate on shore, accounting for the death of those children. One of the Medical men certified that the children had died from cholera, while the other said that they had not died from cholera; but he did not say what the children died from. I directed an inquiry to be made from the owners of the vessel, and the result was that a proper certificate was to have been sent to me by ten o'clock on the following morning. At ten o'clock next morning no certificate came, and I directed further inquiry, the result of which was, that *the ship had gone to sea, Surgeons and all, and the owners knew nothing at all about it.* I then directed a *post-mortem* examination of the bodies to be made, and it was discovered that the children had not died either from cholera or from any other disease; *they died of starvation.*"

The Coroner then proceeds to show the kind of Practitioners who are selected as Surgeons to emigrant-ships:—

"It is not very long ago, at one of our principal Hospitals, the Northern Hospital, I missed, in one of my visits there, the door porter, and I said, 'Where has he gone? has he left you?' 'Yes, Sir,' was the reply, '*he has gone out Physician on board a ship.*'"

The Coroner then alludes to the case on which he had just held an inquest. It was that of a woman, aged 37, who also died on board the Ben Nevis. A certificate of her death was signed by two persons professing to be Medical men, and assigning *effusion of the brain* as the cause of her decease. The Medical evidence adduced at the inquest proved that the woman died from *inflammation of the lungs*; and on the *abdomen* of the woman there was a *large mustard poultice*, which, as the Coroner observed, "was a very extraordinary way of treating her for an effusion on the brain."

Again, the Coroner makes the following astonishing statement:—

"I am told there is a class of persons who go to the ship-owners and represent themselves to be Surgeons, and who are not Surgeons at all. I believe that chemists go with a desire of getting a free passage, and being paid besides, and represent themselves as being properly qualified to take charge of the passengers on board those ships. In a recent case the number of passengers on board a ship might be perhaps two hundred; a great number of them were females, and, as the matter turned out, married females, *many of them in an advanced state of pregnancy.*"

These statements exhibit such a state of monstrous laxity in the owners of emigrant vessels, that we should have some difficulty in believing them if they were not spoken by a judge in his official capacity, and related by him as facts coming within his own knowledge. It is impossible to exaggerate the dangers to which such a system must be calculated to lead. The imagination is horrified at the scenes which an emigrant vessel, under an unqualified practitioner, might present. An epidemic among the passengers subjected to improper treatment, or left without any treatment at all; a case of difficult or dangerous midwifery neglected or erroneously managed; or even ordinary



cases of sickness, mistaken or abandoned to nature; all such cases, involving a great sacrifice of human life, might and do occur under the present arrangements; and in the solitude of the ocean, where no judicial interference is possible, and no tribunal exists for detecting and punishing offences, the victims of the pretender's ignorance are thrown overboard, and they and his mistakes are buried together in the watery abyss.

The remedy for this state of things is so easy and practicable, that it is a matter of the greatest astonishment that it is not at once adopted. In the Army, the Navy, and the East India Company's Service, Examiners are appointed to test the abilities of the candidates for Medical appointments, and to inquire into the value of the diploma or other qualification which they profess to hold; why, we ask, cannot a similar regulation be made in the selection of Medical candidates for employment in emigrant ships? Surely, there exists in this country a sufficient number of qualified Medical gentlemen who would willingly accept the office of Surgeons to such vessels if the offer were made to them, and a reasonable remuneration tendered for their services. But it is evident that a pitiful spirit of false economy animates the councils of the shipowners, and, provided the terms demanded be sufficiently low, they care but little for the qualifications of their medical staff, and are willing enough to accept the services of druggists or of porters, if they can only get them cheap.

The subject is so important, as involving the welfare of thousands who are leaving our ports, that it ought at the earliest possible period to attract the attention of the Legislature, and we hope that the stringent measures which are to come into operation on the 1st of January next will be rigidly enforced. It is useless to trust to the good feeling of shipowners who have proved that they regard the expenditure of a few pounds as of more consequence than an unlimited waste of human life; but a compulsory provision for securing qualified practitioners to attend our emigrants must improve the status of the Medical officers in our merchant navy, and alleviate a great amount of human suffering, if properly carried out.

#### DR. GOLDING BIRD.

THE death of this distinguished Physician has closed a career of professional success, not only creditable to him who had achieved it, but instructive and encouraging to those who may follow him. In the short period of fifteen years, Dr. Golding Bird had gained high professional repute. At the early age of thirty-nine he has passed away, leaving behind him rich evidences of his scientific labours, and many remembrances of his private worth. Let us mark how all this has been effected.

A boyhood terminating at fourteen, the drudgery of a General Practitioner's dispensary for three subsequent years, Hospital studies for four more, and then a few months saw him attain proficiency in Botany marked by the medal of the Apothecaries' Hall,—a knowledge of Chemistry so great as to induce the late Sir Astley Cooper to enlist his assistance in writing his large work on "Diseases of the Breast," and to cause Prout and other organic Chemists of that day to engage in controversy with him,—a student-reputation so high, that, on presenting himself to the Court at the Apothecaries' Hall, the ordinary examination was deemed superfluous, and the unusual compliment, the Honours of the Court, awarded to him,—the special recommendation of the Court to the authorities of Guy's Hospital, followed by his appointment to the Chair of Natural Philosophy in that great school,—and all this before he had attained his twenty-second year.

Encouraged by the advice and patronage of his early friend and always respected teacher, Dr. Addison, he abandoned general practice, in which he had only nominally engaged, (for he had no patients,) and graduating at St. Andrews as A.M. and M.D.,

he took the status of Physician, obtaining the Licentiate'ship of the London College, to the Fellowship of which he was speedily raised. Hearing of a vacancy at the Finsbury Dispensary, he was elected as its Physician, and he then settled down in the well known but unfashionable neighbourhood of Clerkenwell. Myddelton-square was his residence from 1840 to 1850. He entered with a practice of fifty guineas a-year, and left it, it is said, with one of upwards of four thousand. To tell how this great success was gained would be but to repeat a painful tale of health borne down by incessant exertion, of talent and industry unrestrained, of energy which never quailed, even beneath pain or disease. Rheumatism, coupled with endocardial inflammation, prostrated him on a bed of suffering for many weeks; he arose from it enfeebled in body, but strong and vigorous in mind. Once he had coughed blood; no other symptom of lung-disease ever occurred; but, added to his former interruptions to health, he inferred that his life would be very short. Thus impressed, he never entered society—he allowed himself no relaxation, save a few days now and then spent in the country, or in attention to the sciences of physics and botany,—and, rapidly as his professional engagements had increased, he never, even to the last, abandoned his practice of seeing daily a certain number of the afflicted poor at his own house. With so many demands upon his time, he yet contrived, by the sacrifice of hours which ought to have been devoted to repose, to pass three editions of his book on Physics through the press, and to write his important work on Urinary Deposits. He also gave scientific communications to the Royal and Linnæan Societies, which were followed by receiving the Fellowships of both, and delivered the lectures on Materia Medica at the College of Physicians, which were reported in the *Medical Times*. In 1843 he was elected to the office of Assistant-Physician to Guy's Hospital, having previously been associated with his former teacher, Dr. Addison, in the chair of Materia Medica. He had also given an extra course on Chemical Pathology, the lectures of which were subsequently translated into German, and published in two forms, at Leipsic and at Berlin.

Removing to his late town residence in Russell Square in 1850, he found his professional engagements so numerous as to prevent him from giving adequate time to his public duties. He resigned his office of Lecturer and Medical Officer at Guy's. The struggle was a great one, but there was no alternative; and he determined not to hold a position the duties of which he could no longer fulfil. Three more years elapsed,—his practice had become too large for him to conduct without the most painful fatigue. He was compelled to decline visiting patients at home; still his professional income increased, soon amounting, according to general report, to nearly 6000*l.* a-year. The frequent warnings of disease bade him retire from his labours. These warnings were unheeded, until their increasing urgency compelled him to seek repose.

Old-standing heart affection (aortic valve lesion) had long caused him suffering, and now became a greater source of distress to him. He left town for a time; but, although change of air and quiet had benefited him before, it failed to do so now. He returned to London as ill as he had left it. His exhaustion was often painful to witness; still, while strength held out, his indomitable energy remained unabated.

At length, it was with difficulty that he could enter his carriage; and often he became so faint as to be obliged to have recourse to restoratives during a short drive. He at last consented to adopt the advice often urged, of retiring from practice. He left London for Tunbridge Wells in June last, to reside on a small estate he had bought.

For a brief interval—it was very brief—there seemed to be some improvement in his health. The mind triumphed over



body. When too ill to bear physical exertion, he could yet revive all his old energy in pursuing any question of scientific import.

He had left London but four months, when hæmaturia occurred to some extent; in a few weeks it became associated with other and unerring evidence of renal calculus. Pyelitis followed; the discharge of pus from the bladder became very copious; and, although the disease had done its work mercifully, and had caused little pain, yet its exhausting influence was so marked, that in three short days all hope of restoration was shut out for ever. On the evening of the 27th of October he died.

He was interred on Saturday last, in Tunbridge Wells Cemetery, attended by his brother, the only member of his family in England, Dr. Frederick Bird.

As a Physician, Dr. Golding Bird was remarkable more particularly for the rapidity with which he was able to bring all his former experience to the investigation and treatment of the case before him. Few men ever possessed an equally powerful memory, or employed it with so much practical usefulness. There was a peculiar charm in his manner towards the sick person, which always made his visits pleasurable, and never failed to secure the confidence of the sufferer.

As an author and a contributor to Medical science Dr. Bird's reputation was established. What he has done is upon record; but it may be said, that, next to Dr. Prout, no one in this country has done so much to render chemical pathology a general study among Medical men as Golding Bird. The rapidity with which new editions of his works have been published, best attest the estimation in which they are held.

As a lecturer he was very popular, clear, persuasive, and fluent to a fault; the very affluence of thought, sometimes provoking an ungraceful rapidity. Energetic and elegant in style, he possessed in a remarkable degree the art of teaching, and the filled benches of the theatre at Guy's gave evidence of the appreciation in which his instruction was held.

The practical lesson the more zealous in our ranks may learn from the career of our departed professional brother must not be lost sight of. It is this—premature decay is too often the penalty paid for eminence attained by undue or unremitting exertion. A very different and more consolatory lesson is offered to the industrious man of merit. He may learn from the example of Dr. Golding Bird, that neither affluence nor family influence is necessary for advancement, but that talent and energy, properly directed, may alone suffice for the attainment of fame and fortune at an early age.

## REVIEWS.

*A Manual of Pathological Anatomy.* By C. HANDFIELD JONES, M.B., F.R.S., and EDWARD H. SIEVEKING, M.D. Pp. 788. London. 1854.

A COMPREHENSIVE English work on Pathological Anatomy has long been a desideratum in Medical literature. The progress of pathological science has been so rapid, and the contributions of pathologists have been so numerous, that the learner has been compelled to resort to various books in different languages, and to monographs on special subjects, in order to become acquainted with the morbid affections of the human body. The improvements in the construction of the microscope of late years, and the more extensive use of that instrument by the present race of Practitioners, have made us acquainted with many alterations in the minute structure of parts which were formerly unnoticed, while the researches of modern chemistry have contributed valuable assistance to our appreciation of morbid deposits.

The present work fills up in a great measure the deficiency

which has hitherto existed, and Drs. Jones and Sieveking deserve great credit for the manner in which they have performed their task. They have availed themselves of the best existing sources of information, and they have confirmed or contested the conclusions of preceding authors by observations made by themselves. The book is also abundantly illustrated by well-executed wood-engravings, many of which are drawn from specimens examined by the authors; and although, as is admitted, the absence of colour is a serious drawback to pictorial representations of morbid structures, yet we recognise at once the fidelity and accuracy with which the artist has executed his designs.

The book is divided into Nine Sections; the First treats of General Pathological Anatomy; the Second, of the Pathological Anatomy of the Nervous System; the Third, of that of the Organs of Circulation; the Fourth, of that of the Organs of Respiration; the Fifth, of that of the Alimentary Canal; the Sixth, of that of the Urinary Apparatus; the Seventh, of that of the Female Organs of Generation; the Eighth, of that of the Joints; and the Ninth, of that of the Osseous System.

The introductory chapters on General Pathological Anatomy are very carefully written, and include the consideration of the functional disorders of the Nervous System, the Pathology of the Blood, the Development of New Formations, and the Natural History of Parasites. From this portion of the work we extract the following passage upon the diagnostic signs of cancer; and although it will be seen that the author does not place much value upon the microscope as an instrument of diagnosis in this disease, we nevertheless believe that the opinions expressed are in accordance with the results of modern experience:—

“Our own examinations have most thoroughly convinced us of the non-existence of any special structural character, absolutely and in all cases distinctive of cancer. This point, which is in accordance with the teachings of the best authorities, seems far from being correctly understood in the present day, and we cannot but think that there is still much tendency to over-rate the microscope as a means for the diagnosis of cancer. It is our opinion, that the cases are very rare indeed where the microscope will avail to detect cancer with any certainty where the naked-eye features are insufficient. On the other hand, we have more than once seen unquestionable cancers made up of substances which we should have been led, from microscopic examination alone, to consider as of a simple nature.”—P. 189.

Equally unfavourable is the opinion offered upon the propriety of operations as a cure for cancer:—

“In concluding this subject, we may offer a few remarks with reference to the effects of removing cancerous tumours by operation. In the first place, it is quite clear, that the disease is manifestly constitutional, and that no sound, real cure can be expected from merely removing its external development. Secondly, it is a matter of experience, that in not a few instances surgical interference with one tumour has provoked the speedy appearance of several others. Thirdly, any attempt at removal is useless; nay, may be absolutely injurious, unless every particle of cancerous structure is taken away. Fourthly, epithelial cancers seem least prone to return after removal. Encephaloid invariably do, and mostly with great rapidity. Scirrhus may be checked in its progress, but its return can very rarely be prevented. The check which may be given by operation to the progress of cancer depends on the circumstance before stated, that a tumour, once formed, becomes an instrument for the multiplication of similar tumours and intensification of the diathesis. It must require a combination of favourable circumstances, or a great intensity of the diathesis, to insure the development of effused blastema into an heterologous growth; but when this has taken place, then the very growth and vital actions of the structure will constantly generate fresh supplies of cancerous blastema, and thus promote the formation of secondary cancers.”—P. 196.

The style of the whole work is eclectic. The views of the different British and foreign writers upon pathology are fairly reviewed, and general conclusions are cautiously drawn. Those who expect to find a series of dogmatic and authoritative opinions expressed upon the complicated and numerous subjects included in the term Pathological Anatomy, will probably be disappointed; but those who consult these pages with a view to become acquainted with the discoveries and the researches of modern authors upon the nature of disease, will derive profit and instruction in the perusal; and they will find Drs. Jones and Sieveking no incompetent guides in directing them to the investigation of truth and the avoidance of error.



## PROGRESS OF MEDICAL SCIENCE.

## SELECTIONS FROM FOREIGN JOURNALS.

## UPON THE CURABILITY OF CANCER.—DIAGNOSTIC VALUE OF THE MICROSCOPE.

Three meetings of the Academy have already been devoted to the consideration of this important subject; but as yet no conclusions have been determined, perhaps in some measure because the opposed schools are not sufficiently represented in that Assembly. The Nestors of Clinical Surgery are not wanting; but the Histologists, the investigators of cancer by the aid of the microscope there present, are composed only of lukewarm and circumspect supporters. Strong convictions alone can give life to a debate, because they engender contradiction; and contradiction, as it has long been said, can alone beget the ray of light. In a Society constituted like the Academy, the vigour and the freshness of youthful ardour, calculated to rouse ideas into activity, though not to put them in movement, is a deficiency somewhat to be lamented.

Is true cancer curable? Upon this point divergence of opinion has existed ever since medicine has been studied as a science. At the present day there are persons who, with Celsus and Hippocrates, regard cancer as absolutely incurable. There are others who accept, in different degrees, the opinion of curability. What are the principal motives of this divergence? The partisans of incurability bring forward the infecting, cachectic character of the disease, its multiple and successive manifestations, and its recurrence. The supporters of the opposite opinion deny entirely the absolute fact of primary cancerous infection, and quote cases without regeneration or relapse.

M. Velpeau, the most fervent supporter of the curability of cancer, has expressed himself in the most categorical manner. According to him, cancer is often curable. This opinion is not hastily formed; it has been matured by time, and based upon an experience as vast as it is profound. He quotes not one, but twenty cases; not doubtful tumours, classed among pseudo-cancers, fibro-plastic or epithelial growths, but real scirrhus, encephaloid, or hæmatoid tumours. M. Velpeau challenges his antagonists to find him in error, whether in diagnosis or in result; and no weak point in his favour with the audience was the sentiment of truthfulness with which he was obviously penetrated. This kind of demonstration has its value, but it does not carry conviction. It commands, however, serious examination, and this M. Robert has done with some success.

The arguments of M. Robert may be expressed in the following words. The cures alleged by M. Velpeau are so extraordinary, both as to quantity and quality, that they cannot be explained save by some mistake. M. Velpeau must have taken benign homœomorphic, fibro-plastic, epithelial tumours for those of truly malignant character. He concluded by exhuming, with malicious humour, M. Velpeau's former opinions of the rarity of cancerous cures, and the impossibility of quite avoiding diagnostic errors.

M. Velpeau, in reply, endeavoured to prove three points; first, that whatever might have been his former opinion, the facts now quoted were real; secondly, that his diagnosis could not have been much in error, because he had the advantage of the support of other opinions; thirdly, that the use of the microscope was entirely superfluous.

When a Practitioner does better than another, it is because he does differently. The cure of twenty-two cancers astonishes us; but astonishment would change to admiration, were we only shown the reason. Why has not M. Velpeau shown his adversaries under what conditions he operated; what sort of an operation he performed, and what was the subsequent local and general treatment. This would have been far more profitable than all the stones cast into the gardens of the micrographers, as he has amused himself by doing. By the revelation of the cause of his success, not only would the world have possessed new motives for belief, but science would have derived instruction to guide her for the future.

M. Robert insisted, that M. Velpeau must have been mistaken in his diagnosis: that his results must have been in error, being contrary to the statistics of Monro, Mayo, Boyer, Macfarlane, and Lebert.

Amidst this confusion of opinions, in which the value of microscopic investigations seemed in danger of being seriously impugned from want of a thorough appreciation of its uses, M. Barth, an orator new to the Academy, rose and expressed himself with singular good judgment. According to him, the

microscope is but an eye, which allows us to see more and differently than other eyes would do; but it cannot supply by its molecular revelations the general survey of a tumour. Under the microscope the object has no form, no relation of parts, no veritable objective reality. It somewhat resembles the reduction by chemical analysis into carbon, hydrogen, oxygen, and nitrogen; for nothing is attained further than globules, cellules, granules, cellular filaments, and the elementary forms of matter. The microscope, however, possesses this advantage over chemical re-agents, that it displays the objects without destroying them. It does not do more than afford examination of separated molecular elements, deprived of the signification which they would have in the aggregate. It would obviously be wrong to render the general perception of the tumour subordinate to the examination of a few molecules or cells. The microscope is highly useful in the sphere of its application, and may be employed in the operation of the sense of sight; but it cannot supersede the conclusion derived from experience, reflection, or judgment.

Some time ago, the *Gazette Médicale* discussed with some care the question of the value of the "cancer-cell." "Is the cancer-cell a reality? What is its signification? Is it a symptom, a sign, or a cause? What is its essential value in the determination of cancer?"

We have shown that the partisans of the "cancer-cell" theory, as the absolute basis for the determination of cancer, never thought to establish its signification in the generation of the tumour of which they pretend it is the characteristic sign. They assert only that the cancer-cell exists always in cancer, and that it is absent where cancer does not exist. The adversaries have but to reply, the thing is not so, because it is not. But they say more. They affirm that we have a host of clinical characters by which cancer can be determined; that, with the characters, the cancer-cell is sometimes present and sometimes absent; that, consequently, the cancer-cell is a sure sign as far as it goes, but that other cancerous growths may exist without it.

M. Barth divides cancers into the cellular and non-cellular, and he pronounces the microscope nothing more than an extra eye (*un œil de plus*), which has furnished us with a new character, an element of determination, but which does not permit a systematic and absolute conclusion.—*Gazette Médicale de Paris*, Tome IX., Nos. 42, 43.

## GENERAL CORRESPONDENCE.

## COD-LIVER OIL IN DISEASES OF THE BONE.

[To the Editor of the Medical Times and Gazette.]

SIR,—From your valuable summary of the different operations in the various Hospitals for the last twelvemonths, it would appear that "conservative Surgery," as far as regards diseases of the bone, has not made much progress. The amount of suffering, fatality, and deformity, arising from these affections, far exceed any other in Surgery; and any mode of treatment which would relieve, or even alleviate this distressing malady, will be a great boon.

Judging from the result in my own practice for the last five years I have every reason to hope that the cod-liver oil does possess considerable power in arresting the morbid action in these affections, and in relieving it, when the bone has become actually diseased. To illustrate these two points, I have selected two cases; and in order to make them more pertinent, one occurred nearly five years since, the other only last year.

The first case was J. M., aged eighteen years, residing on Epping Forest, near Walthamstow, one of the most healthy localities near London. He consulted me on Feb. 20, 1850, for pain and uneasiness in the right forearm. On examination I found there was puffiness and pain upon pressure over the olecranon process of the ulna, and extending two-thirds down that bone; the bone was enlarged and uneven. He stated, that after receiving a few weeks before one or two accidental blows on the forearm, he began to feel a dull aching pain. Supposing it was cold or rheumatism, he did not at first pay much attention to it, until it had so much increased, as to compel him to apply for advice. His appetite latterly had not been so good, he had lost flesh, and was feeble. Being of a scrofulous habit, iodine with sarsaparilla were prescribed, with fomentations and rest for the arm.

February 26.—Considerable alteration had occurred; distinct fluctuation could be felt at the olecranon, and some distance



along the ulna. A small puncture was made over the olecranon, where the fluctuation was most prominent, and about two ounces of scrofulous matter evacuated; the elbow-joint, although stiff, did not appear implicated. A small poultice of linseed meal to be applied over the incision; the fomentation and iodine to be continued.

March 1.—The abscess discharging freely; more swelling about the joint; the ulna much the same. Cerat. calaminæ was ordered instead of the poultice. Persist. fatus et iodin.

8th.—The discharge is still as free; the swelling about the joint rather increased; the pain and tenderness of the ulna not worse. He complains of being weaker, losing flesh, and has a slight irritating cough, with perspiration in the night. Omit the iodine; ol. jecoris one tablespoonful three times daily. Persist. fatus et cerat calaminæ.

15th.—He was much better, the discharge less, and the puffiness about the joint had diminished; the pain and tenderness over the ulna had also decreased.

As the improvement steadily continued, the same plan of treatment was pursued until the end of May, when the wound had perfectly healed; all swelling about the joint had subsided, and the joint itself had escaped without the slightest mischief; the pain and tenderness over the ulna was entirely removed; still the bone remained enlarged and uneven. His countenance, which was cachectic, had become ruddy, and he had increased in weight. He has continued quite well up to the present time, and has been able to use the arm, without any inconvenience, in cricketing, boating, etc. The bone, however, is still enlarged and uneven.

The second case was M. G., by birth a Venetian, age 20, residing near Windsor. She was brought to me by her sister on July 22, 1853, on account of a swelling situated over the lower portion of the metacarpal bone of the middle finger of the left hand; it was irregular in shape, the size of half a small walnut, not tender to the touch, and no pain or uneasiness, but had increased rapidly the last two months. From her account, she had perceived the swelling about twelve months, and remembers that it commenced soon after receiving a severe blow on the back of the hand. From its appearance, and her state of health, I supposed it to be scrofulous, and that there was matter deep seated, as no fluctuation could be felt. Under this impression, I made a small puncture with a lancet; no matter followed, and the tumour appeared to be of a steatomatous character. Water dressing was prescribed for the wound, and, to improve her health, steel with alteratives.

Aug. 1.—The incision made by the lancet had not healed; there had been a trifling discharge, and the wound was the size of a sixpence, with some irritation round the edges. Not being satisfied with its appearance, I requested her to have the advice of one of our first Surgeons. He was of the same opinion as myself as to its character, and recommended the wound to be healed if possible, and then the tumour to be excised. To effect this astringents were ordered.

22nd.—Instead of the wound healing there had been more discharge, which had become more purulent; the wound had slightly enlarged, the tumour was less, and was evidently dissolving. After some persuasion she allowed me to introduce a probe, and, to my surprise, I found the bone denuded, and two ends projecting as if the bone were broken; a distinct crepitus could be felt over the bone in the palm. Upon a further consultation it was determined, that as soon as the bone became more detached, it should be removed. Her health had improved under the steel and alteratives; still she was sallow and thin. She was now ordered the ol. jecoris, a dessert-spoonful three times daily for a week, afterwards a tablespoonful; omit the other medicines, and apply cerat. calaminæ to the wound.

Sept. 15.—The wound had contracted, the discharge very trifling, and the tumour had almost disappeared; the two ends of the bone could still be felt, but not so prominent, and the crepitus in the palm was not so distinct; the tumefaction round the wound was also diminished. She had gained flesh, and was looking much better. Continue the oil and cerat. calaminæ.

Oct. 17.—The wound was much smaller, scarcely any discharge; the ends of the bone could not be felt by the probe, and no crepitus in the palm, and there appeared to be a deposit of new bone. She had gained 10 lbs. in weight since she had commenced the oil.

From this time to the end of May, 1854, the improvement continued, when the wound had healed, and her health was better than it had been for the last two or three years. There was some swelling remaining from the deposit of the new bone, and the fore and middle fingers could not be perfectly flexed. The oil had been continued regularly until the end of November; afterwards she went on a visit for two months some distance

from London, and was unable to take it more than twice, and frequently only once daily; it was, however, persevered in irregularly until the end of May, when I advised her to omit it. During the whole period it was healing, the only piece of dead bone which came away was the size of a pin's head. I particularly requested her to bring me any pieces which might be expelled. No splints or bandage were applied to keep the hand quiet; she was only desired not to use it more than was necessary.

There is no necessity to make any comment upon these two cases, for the effects of the oil were so manifest, that it would be impossible to doubt, considering the course these affections usually pursue, the gratifying results must be ascribed to the oil alone.

With respect to the oil itself, I have heard from my own patients and others there is a vast difference in the taste and action of the variety of the oils now in use; and it may be accounted for, as I understand from a party who has resided some years in Newfoundland, that there are two different modes of preparing it. One mode consists of procuring the oil from the fresh livers by a gentle heat; the other by placing the livers in layers on reeds or lathes, in casks, exposing them to the heat of the sun, and allowing the oil to drain from them. The latter method is very objectionable, as the livers must become decomposed and affect the oil. This oil is preferred by many, on account of being cheaper, and also because it is supposed to contain more iodine. The Messrs. Herring, the wholesale druggists, of whom I have always had the oil, have mentioned to me, that they have found no perceptible difference in the oil from the time they first imported it from Newfoundland. One great advantage of the pure pale oil is, that it scarcely ever disagrees with the stomach after the first two or three days. This is not the case with the darker oils, for I have been repeatedly told by those who have been recommended them in preference, that they nauseate, and they cannot persevere with them.

I have remarked, that cod-liver oil is more particularly beneficial when the scrofulous diathesis is most conspicuous, and also when the weight after taking it a short time rapidly increases. When the latter circumstance does not occur, I have observed that, although much benefit may be obtained, the result is not always permanent.

I am, &c.,

W. MILLER, M.R.C.S.

King Street, St. James's Square.

#### FLUORIC ACID IN PHTHISIS.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention has been drawn to Dr. Fenton's note in the *Medical Times and Gazette* of Nov. 4th, relative to the employment of fluoric acid in phthisis. I can only believe that some error has been committed in putting up the prescriptions, otherwise I could scarcely fail to have met with similar untoward symptoms in some of the numerous cases I have treated with this agent. We are all at the mercy of our dispensers; and so careful am I, when prescribing this acid, that I always underline it, in order to keep it prominently before the dispenser, as the slightest error on the side of increase gives a very formidable character to a dose of this particular medicine. Indeed, it is in consequence of this circumstance that I rarely prescribe more than the 24th, though never less than 1-48th part of a drop. Should, however, your correspondent desire any further evidence on this matter, I would recommend him to apply to Messrs. Bell, of Oxford-street; Messrs. Allen, of Plough Court; or Messrs. Reece, of Piccadilly, who, among other London chemists and druggists, are in the habit of preparing my prescriptions containing this agent.

I am, &c.

JOHN HASTINGS.

Albemarle-street, Nov. 8, 1854.

#### SURGERY OF THE WAR.

[To the Editor of the Medical Times and Gazette.]

SIR,—Knowing your willingness to give publicity to anything of interest relating to Surgery, I beg to send you the particulars of a case which occurred to me when recently attending some of the wounded soldiers after the battle of the Alma. A private soldier, named Hacket, I forget the regiment, when charging up a hill, received a wound from a musket-ball, immediately over the anterior edge of the tibia, while the leg was flexed, passing obliquely from above downwards. On the inside of the leg, was an incision, where he said a ball had been cut out, but he still had a sensation as if there was another ball remaining. On



careful examination I discovered a prominence on the outside of the leg, and cutting down, extracted half a ball, presenting the appearance of being freshly cut. I then asked the man if he had seen what had been taken out in the first instance, and if so, what it was like. He described it as half a ball, and on my showing him what I had just extracted, declared that it precisely corresponded to what I now believe to be the other half of the same ball, so that the sharp edge of the tibia actually cut the ball in two, without the bone being injured.

If it had been cut before entering the leg, two openings would have been made instead of one. Nor would the course of each half have so exactly corresponded, in opposite points, to the other. The half ball in my possession presents the appearance of having been cut against a hard substance by its own velocity, the edge which struck first being depressed, and the opposite edge prolonged out.

I may mention here, as some doubts have been expressed about the safety of administering chloroform in operations after recent gunshot wounds, that in all the capital operations I had to perform on the above occasion, and many others I assisted at, chloroform was used with perfect success in every instance.

I am, &c.

W. VENIER REYNOLDS,  
Assistant-Surgeon Royal Navy.

H.M.S. Niger, Balaklava, Oct. 3, 1854.

### PREVALENCE OF BOILS AND CARBUNCLES.

[To the Editor of the Medical Times and Gazette.]

SIR,—There are several points in Mr. Spencer Wells' valuable Lecture, published in the last number of your Journal, which are well deserving of attention. His statement, that there is now prevailing a form of furuncular or low unhealthy local inflammation, I can confirm. Several unusual cases of inflammation of the subcutaneous tissue of the eyelids have fallen under my notice within the last few weeks, and hordeoli (stys) have been numerous, and in some instances very severe.

The general treatment which I have found most efficacious has been the administration of iron, keeping up a gentle action on the bowels by means of warm aperients, and correcting the biliary secretion by small doses of blue pill or grey powder combined with conium.

I can speak favourably of the saccharine carbonate of iron and manganese as made by Savory, and by Bullock and Palmer. It appears to be a vigorous tonic, improving the quality of the blood without exciting fever or headache, or constipating the bowels.

I am, &c.

WHITE COOPER.

Berkeley-square, Nov. 3, 1854.

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

SATURDAY, November 4.

E. HEADLAND, Esq., President, in the Chair.

#### SYPHILITIC DISEASE OF THE PLACENTA.

Dr. Mackenzie exhibited a placenta which had undergone very marked morbid changes in connexion with syphilis. He observed, that his object in bringing it before the Society was not merely to exhibit an instance of extensive and peculiar disease of the organ, but to show also that disease of the placenta had, in some cases, a direct dependence upon syphilis. It was below the average size, felt firmer and denser than natural, and had generally a dingy red or coppery tint. Immediately below the membranes, its surface was extensively covered with a thick deposit of a white, fatty-looking substance, which, upon careful examination, was found to consist almost entirely of fibrin. The villi were not affected with fatty degeneration; but the membranes had a somewhat opaque, fatty appearance in places, which was found to be dependent upon an accumulation of loose epithelial scales of the squamous kind, closely resembling those of the epidermis, and derived from one of the membranes, most probably the chorion. This was considered by Dr. Hassall, who had kindly examined and reported upon the specimen, to be extremely curious, and such as he had never previously met with. The umbilical cord, it should be added, had a mottled appearance, and the darker portions had a copperish hue. The dependence of this morbid condition of the placenta upon syphilis was

proved by the fact, that the infant was born with unmistakable signs of syphilis. Its skin had a copperish tint, the integuments of the neck were scurfy, several small pustules were seated upon the scalp, a muco-purulent discharge issued from the vagina, and its body generally was attenuated and shrivelled. It moreover appeared that the mother had three times contracted syphilis in the last eleven years, and during that period had frequently aborted and given birth to syphilitic children. It was, however, remarkable, that during the six weeks she had been under observation before labour she had no appearance of having syphilis; but, on the other hand, looked clear, healthy, and strong; and, with the exception of having had a sore throat three years previously, had never had any eruptive appearance, or other sign or symptom of constitutional syphilis. The facts connected with this case appeared to Dr. Mackenzie to warrant the following conclusions:—1. That extensive fibroid deposition or disease of the placenta is proved to be not always the result of a normal degeneration of portions of the organ whose functional activity has ceased to be required, but, in some cases at least, specifically depends upon an abnormal action or force. 2. That these morbid conditions of the placenta have sometimes their origin in certain constitutional taints or causes, of which syphilis was undoubtedly one. 3. Looking to the coppery tint of portions of the placenta and cord, we may almost assume, that this peculiar characteristic of syphilitic eruptions depends less upon any specific inflammatory action of vessels of the skin, than upon an altered condition of the colouring constituents of the blood. 4. That the uterine organs do separately and specifically suffer from the constitutional actions of syphilis upon the female economy,—a doctrine which he (Dr. Mackenzie) had endeavoured to establish in a paper presented to the Royal Medical and Chirurgical Society during the last session; and he was convinced that the further prosecution of this subject would conclusively show, that a numerous class of uterine ailments had their origin in this cause, one which, although often latent, was yet very widely spread in its operation.

Dr. Gibb related the following

#### CASE OF EPILEPSY AND DELIRIUM TREMENS.

On the 5th of September he was requested to see a young man, aged 20, in Ossulston Street, who appeared to be suffering from an attack of ephemeral fever. He had had a very long and severe epileptic fit the day before, for the first time in his life, and subsequently it recurred almost daily. While under treatment for the epilepsy, on the morning of Sunday, the 10th, symptoms of mild delirium set in; these increased the next day, and had all the character of delirium tremens; they proceeded with great violence and severity, and terminated fatally on Wednesday, the 13th, being the fourth day of their appearance, and the tenth day from the commencement of his illness. He had a fit on the Sunday, when suffering from the mild delirium, and, altogether, had about seven fits, two occurring on one day, and none on the three last days of his illness. The young man was employed in the cellar of a publican, and was constantly exposed to the various odours of spirituous liquors. He was not addicted to drinking, but occasionally took a glass of porter; and to the influence of these constant inhalations might be attributed the attack of the delirium tremens. His father was epileptic, and that disease was therefore hereditary; but most probably the first fit was induced from the state of system which acted as an exciting cause in developing what otherwise might have remained latent some time longer. He (Dr. Gibb) had never witnessed but one other well-marked case of the two affections combined, a brief notice of which he brought before this Society at its last Session, together with a piece of skull, showing an exostotic growth. In the case just detailed, no *post-mortem* was obtained. He (Dr. Gibb) was disposed to believe that the combination of the two diseases was not so rare as had been imagined.

Mr. Henry Smith exhibited a piece of tobacco-pipe, which he had removed from a swelling behind a little boy's ear. About two years and a-half previously, the child, when playing with a pipe, fell down, and it broke in his mouth; he spat several pieces out, and the presence of any other portion was not suspected. After the accident the boy remained well for some time, and then had an attack of fever, with severe pain in the head. At the expiration of three months the symptoms ceased, and the tumour appeared from which the tobacco-pipe was extracted. Inside the ascending ramus of the lower jaw a distinct orifice was observed, and the child could not open his mouth. The tobacco-pipe must have passed through the mucous membrane and tissues, along by the inner side of the neck of the jaw, close to important blood-vessels; and it was remarkable



that either the carotid or the internal jugular had not been wounded. After the excision the boy had not had a single bad symptom, and he was then almost convalescent.

Mr. Hancock then read a paper on

#### TUMOURS OF THE UPPER JAW.

He commenced by saying, it was a prevalent opinion, that all such morbid growths as those he referred to originated in the antrum of Highmore, an impression he disputed. Mr. Hancock doubted the fact of the antrum being the seat of malignant and other tumours; he was more inclined to believe the bones at the base of the skull to be the primary source of the affection. He thought a common error, in connexion with these abnormal growths, was attributing them to bad dental surgery, bad teeth, caries of the gums, etc. The diseased teeth are more often the result than the cause of tumours of the jaw. As to classification, he thought that of Mr. Ormerod the best: 1st, epulis; 2nd, cystic tumour; 3rd, cartilaginous and osseous; 4th, fibrous; 5th, medullary tumours; to which might be added the "fatty" tumours of Mr. Stanley, and that now known under the new and fashionable term for an old disease, the "myeloid" tumours of Mr. Paget. Mr. Hancock gave a case where the tumour was about the size of a small orange; both nostrils were filled; it was soft, lobulated, and was found winding its way along the bony palate; but at the operation it was discovered, as he had expected it to be, growing from one of the pterygoid processes; it had no attachment whatever to the antrum. He believed many others were similar. A case of osseous tumour was narrated, originating in hypertrophy of the surrounding bones, and not at all in the antrum. Ingrowing of the walls of the antrum was another source of disease. Eucephaloid tumours were, after all, best let alone. Mr. Hancock concluded with the subject of diagnosis of tumours of the jaw.

The President said, he had listened with considerable pleasure to Mr. Hancock's paper, and he was particularly struck with the boldness of the measure, which carried the knife back as far as the pterygoid process of the sphenoid bone, and removed with impunity anything attached to it.

Mr. De Méric said, however bold and skilful a surgeon might be, he should study well the diagnosis of the cases brought under his notice; and these were often extremely difficult. In the means of diagnosis mentioned by Mr. Hancock, he did not name the power of the microscope in telling whether a tumour was malignant or not, and he (Mr. De Méric) was pleased to find that all mention of that instrument was omitted; for he had observed that opinions founded on microscopic examinations of punctured tumours had mostly proved erroneous. What was obtained from a puncture conveyed a very imperfect idea of what a tumour really was, and a given particle might be malignant or not, according to the place whence it was taken. The other means of diagnosis,—the state of the gum, the sensations of the patient, the direction of the tumour, hæmorrhage, and ulceration on external parts—were extremely valuable. Mr. Hancock appeared to rest his disbelief of Mr. Stanley's statement as to the origin of tumours in the antrum on a single case, that of a tumour taking various directions, which he found attached to the pterygoid process, and also to some extent connected with the antrum. Mr. Hancock might be right, but that single case, he thought, was not sufficient to upset the experience of Mr. Stanley and other observers. With regard to the operations, great praise was due to those who had been so bold as to eradicate tumours as far back as the pterygoid process. It had been supposed that the operation would produce much pain, hæmorrhage, and disfigurement. It was not, however, such a formidable operation as might be supposed; the hæmorrhage was not considerable, and the subsequent deformity was, in some cases, hardly perceptible. The operation should not be performed when there was the slightest suspicion of medullary disease. He had known several such cases operated upon, and the jaw removed, and in all of them the disease returned in a fearful manner, and destroyed the patients.

Mr. Jabez Hogg thought the non-success of microscopic examination must be attributed to a want of skill on the part of those who used the instrument, and not to the instrument itself. He knew a case in which Mr. Hancock was in doubt as to the nature of a tumour in the lower jaw; a microscopic examination was accordingly made, from which it was discovered that the tumour was malignant, and so it subsequently proved.

Mr. Bishop thought that Mr. Paget had successfully shown that myeloid tumours were of a specific kind. He wished to know whether Mr. Hancock included or excluded from his classification the tumours called enchondroma.

Mr. Henry Smith thought that enchondromatous tumours

were not found in the upper jaw, though they were frequently met with in the lower jaw. He had seen several operations for tumours of a malignant character in the upper jaw, but none of them were successful; and, considering the ramifications of such tumours, he thought they ought not to be meddled with. He had seen some cases very much resembling tumours, to which Mr. Hancock had made no reference. In such cases, on puncturing the anterior part of the jaw, it had been found that the front portion of the supposed tumour was bone, and inside the antrum was a large quantity of thick fluid, containing a great many scales. It was, perhaps, not generally known, that there had been lately introduced a modification in the mode of operating for disease of the upper jaw, by which the least possible scar remained. The usual plan had been to lay the cheek completely open from the angle of the mouth, and reflect the integuments upwards; but, at Mr. Ferguson's suggestion, the plan had been adopted of merely making an incision through the middle line of the upper lip, extending it into the nostril, by which means the integuments could be freed from the tumour, and nearly the whole of the upper jaw taken away, with but very slight disfigurement.

Mr. Cauton had never seen enchondromatous tumours in the upper jaw. He did not think with Mr. Hancock that the specimen on the table was ossified enchondroma; he had examined several enchondroma, and their appearance was different from that which the specimens on the table presented. As to the microscope, he thought it might be employed with some use, though it was by no means infallible; it was, as a Frenchman said to Dr. Lyons, of Dublin, *Un moyen de plus*. He could bear testimony to the truth of Mr. De Méric's statement respecting the slight disfigurement resulting from the operation alluded to, having seen some cases in which not the least deformity was observable. He had once seen a tumour in a lower jaw, which was attended by an extraordinary hypertrophy of the dentine of a tooth; but such cases were of so rare occurrence that they might well be excluded, as they had been by Mr. Hancock, from a general catalogue.

Mr. Weedon Cooke mentioned a case of tumour, in which Mr. Haines Walton was anxious to remove the upper jaw, but yielded in deference to his colleagues. The patient died in three or four months, and he (Mr. Cooke) made a *post-mortem* examination. The disease, he believed, had originated in the antrum, extending thence far and wide to other parts. It was possible that both Mr. Hancock and Mr. Stanley might be right, as the disease might in some cases originate in the antrum, and at others at the pterygoid process.

Mr. Hancock, in replying, said, that the general rule laid down by Mr. Stanley—that tumours arose from the antrum or alveolar process, and were connected with disease of the teeth, or were the result of dental surgery—was corroborated only by one case, so that he (Mr. Hancock) could not be reproached for insufficiency of evidence in doubting his conclusions. With reference to myeloid tumours, Mr. Paget himself was not quite certain as to their nature; others, therefore, might be pardoned for doubting whether they formed a distinct class. It had been stated, that he had omitted to mention the enchondroma of the upper jaw. He had never seen such tumours in the upper jaw; and he was inclined to regard "enchondroma" as a new-fashioned word, indicating only an early stage of exostosis, or bony tumours.

The Society then adjourned.

#### PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, November 7.

MR. FERGUSON, Vice-President, in the Chair.

AFTER some preliminary business, the President called upon

Mr. Gray to read the report prepared by himself and Dr. Beale on the specimen of

#### ENCHONDROMA IN THE LOWER JAW,

exhibited at a previous meeting. Mr. Gray stated, that a careful microscopic examination had failed to detect any evidence of the presence of cartilaginous elements, the structure appearing to consist solely of delicate fibrous tissues, in which, here and there, were small spiculæ of calcareous concretion. He believed, therefore, that the specimen must be considered as quite distinct from true enchondroma.

Mr. Ferguson replied, that whether a true enchondroma or not, he yet believed the specimen one of extreme rarity. He had often seen fibrous tumours in connexion with the jaws, but never in a



single instance resembling the present, in that the growth was encapsuled in a shell of bone. He believed the specimen was the same in nature as the tumours so frequent in the phalanges of the fingers, and usually designated as enchondroma. If it were fibrous, probably these latter were so also.

Mr. Gray stated, that in the examples of enchondromatous tumours of the phalanges which he had examined, the structure had always been that of cartilage, and totally distinct from that present in the tumour under discussion.

Mr. Solly mentioned a case of fibrous tumour in the upper jaw in which he had, some years ago, performed excision of the bone. The growth was not entirely surrounded by the shell of bone, but in structure appeared to exactly resemble Mr. Ferguson's specimen.

Dr. Bristowe next read, for Mr. Wood and himself, a report on Mr. Thompson's specimen of

#### SACCULATED BLADDER.

The small sacculi, supposed to be dilated follicles, had been carefully examined, and proved to be protrusions of mucous membrane between the muscular bands. The reporters were quite indisposed to admit the probability of their follicular origin, more especially as a similar condition was now and then seen in parts of the colon in which no follicles were known to exist.

Mr. Thompson said, that he quite acquiesced in the decision of the gentlemen who had so carefully examined his specimen. With regard to the existence of follicles in the bladder, he had, since the last meeting, found, as he had believed, that Kölliker acknowledged their presence; and, further, that Virchow had stated that they were occasionally subject to morbid dilatation.

Dr. Crisp brought forward a case of

#### DISEASED SPLEEN AND LIVER IN AN ANTELOPE.

Drawings of the specimens were exhibited, which showed very great enlargement of the spleen. The blood-cells, under the microscope, had been found to be large, and possessed of a very lax cell-wall, which was liable to rapid change while under observation. In the stomach of the animal a bezoar had been formed. It was an irregularly-shaped mass of a brown or almost black colour, and polished exterior, being about the size of half an orange. Dr. Crisp stated, that, although he had long been carefully on the search for them, this was the first specimen he had ever found.

Dr. Bristowe showed for Mr. Rainey a sketch of

#### ENTOZOA FROM THE LARYNX.

The animals, which were about half the size of the trichina spiralis, and appeared somewhat to resemble it, had been found by mere accident in the mucus of the larynx and trachea of an old woman, who had died from an accident. They were living, and in considerable numbers. The examination of the mucus with the microscope had been made in the course of some investigations in relation to cholera, on which Mr. Rainey was employed. No explanation as to the probable cause of the presence of the entozoa was given, nor any opinion as to their precise species.

After some conversation on the preceding,

Dr. Bristowe exhibited a specimen of

#### NUMEROUS DIVERTICULÆ IN THE COATS OF THE INTESTINE.

The portion of the bowel affected was the colon; the little pouches, which were very numerous, varied in size, from a pea to a nut. At the time of the examination they had all contained small masses of feces. Their orifices were mostly very small. Careful dissection showed them to have mucous linings, and in some instances a few expanded muscular fibres over them; but in the majority of instances no muscular coat was present. They could only be considered as hernial protrusions of the mucous membrane. The patient had died of cancer; but there had been no obstruction of the lower bowel, and it was not known that any marked constipation had been present.

Dr. Andrew Clarke continued the account of some observations which he had commenced at the last meeting on

#### TUBERCLE AND TUBERCULAR EXPECTORATION.

He showed numerous microscopic preparations, mostly considered to be demonstrative of tubercle and its allied products in matters expectorated. Some cases were also read, which were believed to show in a strong light the benefit derivable to the diagnosis of chest affections from the employment of the microscope. Dr. Clarke advanced a novel theory as to the shedding of tuberculous products from the lining membrane of the air vesicles and smaller tubes, expressing his opinion, that in some

instances the accumulation and the formation of the masses known as "tubercles" was prevented by the rapid shedding of the epithelial lining as fast as it became diseased. One of the specimens was believed to exhibit the epithelial linings of the ultimate air vesicles. It had been shown to Drs. Carpenter and Sharpey, who both admitted the conclusiveness of the demonstration.

Dr. Brinton brought before the Society a specimen of

#### TUBERCLE IN THE BRAIN.

The specimen was chiefly of interest in relation to the symptoms which had been present during life. A man, aged 26, apparently in robust health, had been admitted a month before his death into the Royal Free Hospital, just recovering from the effects of an epileptic paroxysm. The fit was the first he had ever had. He complained of a localised pain in the head, but there was no tenderness. On the fifth day a second fit occurred, after which the headache was worse. Subsequently he complained of severe cramp in the right calf, and in the course of a few hours became hemiplegic of the right side. In a few days the paralysis partially passed off, and repeated convulsive paroxysms afterwards occurred. By degrees he sank into a state of insensibility, and so died. The severe headache had persisted. At the autopsy the dura mater over the middle of the left hemisphere was found congested, and beneath it, in the visceral pia mater, were numerous small masses of tubercle, surrounded by patches of effused lymph. The brain in the neighbourhood was remarkably hardened, while in other places it was as soft as if it had been soaked in serum. Some sanguineous fluid existed in the cavity of the arachnoid. No other disease was discovered. Dr. Brinton stated that his diagnosis had been of inflammatory disorganisation in the left hemisphere; but he had not in the least suspected the existence of tubercle, the man appearing in perfect health. The cause of the hemiplegia was not very apparent.

In reply to a question from Dr. Williams, Dr. Brinton stated that the arteries, as far as examined, were healthy.

Mr. Toynbee showed a specimen of

#### MEDULLARY TUMOUR BEGINNING IN THE EAR.

The patient, a woman of middle age, had, a year ago, begun to suffer from pain in the left ear, and six months ago had a polypus extracted. After the extraction the pain increased, and the swelling gradually extended around the external ear. When admitted, under Mr. Toynbee's care, into St. Mary's Hospital, the side of the face was swollen, as also the whole ear; there was complete paralysis of the left portio dura, and the external auditory canal was filled by a red fungating growth, about the size of an almond. The only treatment adopted consisted in the use of morphia for the relief of pain. At the *post-mortem*, a growth of encephaloid nature was found extending from the mastoid process to the molar bone, closely adherent to the skin, filling the whole ear, and extending inwards into the cavity of the skull, and pressing upon the cerebellum and posterior cerebral lobe. The only remaining portion of mucous membrane in the auditory canal was occupied by small polypoid growths. Mr. Toynbee believed the disease to have commenced in the internal ear. He adverted to an almost similar case exhibited to the Society a year ago by Mr. Forster.

Mr. Prescott Hewett thought that no proof had been given that the growth had commenced in the internal ear.

Mr. Toynbee replied, that the first symptom having been aching pain in the ear, and that next a polypoid excrescence had appeared there, joined with the fact that the disease of bone, both in this specimen and in that of Mr. Forster alluded to, had been greater externally than within, seemed to his mind to indicate the tympanic cavity as the part first affected.

Mr. Hewett said, that almost invariably these growths began either in the diploe of the bones or beneath the dura mater. He was not satisfied with the reasons given, and would suggest the appointment of a Committee to make a further examination of the specimen.

Dr. Andrew Clarke thought that the terms used in the description of the microscopic appearances were not sufficiently precise to prove the malignant nature of the growth.

At the request of the President, Mr. Thompson and Mr. Wood undertook to examine the specimen, and report on it.

Mr. Gray next exhibited a

#### LARGE DOUBLE FATTY TUMOUR FROM THE SCROTUM.

It consisted of two large lobulated masses of fat which had hung in each side of the scrotum. Above, the fat was continuous with that of the pubic region, and below with that of the perinæum, thus completely encircling the root of the penis. The patient,



from whom the specimen had been removed was a man aged 35, who had died of phthisis and strumous disease of the knee-joint. During life he had never mentioned the tumour, which was accidentally discovered at the autopsy. The corpse was emaciated to an extreme degree, and the adipose tissue naturally existing had been absorbed from all parts. Mr. Gray commented on the extreme rarity of fatty tumours in the scrotum where normally no fat was present. He mentioned a case recorded by Sir B. Brodie, and a second by Mr. Paget, in both of which the tumour appeared to have gravitated down into the scrotum, in one case from the cord, and in the other from the groin. In the present instance, he thought that the fat had probably been found originally in the part it occupied, thus differing from the cases alluded to. Mr. Gray also referred to the interesting circumstance, that although the fat of all other parts of the body had been absorbed, yet this of morbid production had been unaffected. He believed this was a usual occurrence, and mentioned a case of fatty tumour in the omentum which he had removed, in a plump condition, from the body of an extremely emaciated subject.

Dr. Crisp expressed an opinion, that the morbid production of fat in regions naturally free from it was by no means rare.

Mr. Gray replied, that all authorities recognised the extreme rarity of fatty tumours in the scrotum. Mr. Curling had seen but one example.

Mr. Simon brought before the Society an example of

#### FRACTURE OF ONE OF THE VERTEBRÆ.

The patient, a girl aged 15, had been admitted into St. Thomas's Hospital, with the account, that two weeks previously she had fallen into a hole, and struck her back. No immediate consequences had resulted, excepting a little pain, and she had continued at her usual occupations. Her symptoms at the time of admission were very ill marked; she had pains in various parts, but not localised to any particular one. There was no paralysis, but it appeared that she moved her neck with difficulty, as if stiff. Her tongue was coated and febrile; and this, indeed, was the only symptom of any serious mischief. The day after her admission she began to lose power in her legs. The paralysis increased and became complete, severe constitutional symptoms were developed, and on the third day she died. At the *post-mortem*, pus was found in the vertebral canal external to the theca, through its whole length, from two inches below the foramen magnum. At many of the vertebral foramina pus had escaped along with the nerves, and was found infiltrated among the muscles of the back. There was a linear fracture, without displacement, of the body of the first dorsal vertebra, just above its junction with the next intervertebral cartilage; and from this point the inflammation appeared to have commenced. Within the theca no disease existed, excepting that the cord itself was, perhaps, rather unduly congested. Mr. Simon adverted to the interesting similarity of this case to those of Pott's fracture of the skull; in both accidents the fatal result being produced by after-inflammation, and the effusion of inflammatory products external to the membranes, and having no connexion with displacement in the original injury.

### WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

NOVEMBER 3, 1854.

Dr. BARCLAY, Vice-President, in the Chair.

Dr. CAHILL read a paper

#### ON SOME CASES OF TYPHOID FEVER.

He first narrated three cases of this form of fever, in each of which the early diagnosis was obscured by the prominence assumed by one set of symptoms; in one the patient seemed suffering under an attack of phthisis, which view was confirmed by the previous history and the chest symptoms; in another the brain was the organ most disordered; while in the third, the abdominal tenderness, the diarrhoea, and tympanitis, caused the case to assume the appearance of enteric inflammation. The subsequent course of the disease, however, and the appearance of the rose-coloured spots peculiar to this form of fever, soon established the true nature of the affection. He then alluded to the confusion that there was in the nomenclature of the disease, arising from the different views which were entertained by the Profession as to its exact nature and its relation to typhus, some considering it as symptomatic of the glandular lesion, while

others viewed it as a specific disease, and distinct from typhus or maculated fever. With respect to the treatment, the author stated that all our efforts should be based upon the endeavour to uphold nature while she is working out the cure, due care being had to the modifications, normal or abnormal, that may arise during the course of the disease. The principal remedies insisted upon, in addition to the usual adjuncts of ventilation and cleanliness, being nourishment when it could be digested, and stimulants when they could be borne. All medicines, especially stimulants, should be used cautiously; and much good is often derived from the administration of opium. With respect to mercury, he stated that it should never be given to cure the fever, (which is impossible,) but to alter and amend the secretions; but, if administered for its specific action, it would be found to be injurious in more ways than one; first, by producing bilious diarrhoea, and thereby exhaustion; and, later in the disease, by causing the absorption of the lymph thrown out by the serous membrane, where perforation threatened, thus taking away the means nature had prepared for the prevention of greater evils. In alluding to the comparative efficacy of remedies in typhus and typhoid fever, he stated that wine was better borne, and, indeed, required freely, in the latter form, as was opium, this latter drug often inducing fatal coma in the insomnia of typhus. Tartar emetic and opium, introduced into practice by Dr. Graves, is found to be very useful in many cases of continued fever, especially in those forms of the disease where the symptoms resemble those of delirium tremens, and occur in constitutions which have been injured by inebriety. The distinctive characters of typhus and typhoid fever were then sketched. In the typhoid variety the duration of the disease is twenty-eight days as a rule; the diarrhoea and abdominal symptoms are always present, and occur generally about the tenth or twelfth day; the pulmonary system is seldom affected; rose-coloured spots are observed all over the abdomen, distinct and well-marked; the bladder and rectum are seldom beyond the control of the patient; the disease does not terminate by crisis; ulceration of the bowel is an ordinary accident; epistaxis is borne without fatal sinking. In typhus, however, the duration is generally twenty-one days; diarrhoea rarely occurs; there is much prostration; the pulmonary system is generally affected to a great degree; the eruption is characterised by maculæ; the bladder and rectum act involuntarily; it is generally terminated by crisis, that by perspiration being generally fatal; ulceration of the bowel is a very rare accident; loss of blood by epistaxis is generally followed by rapid sinking. Before concluding, he alluded to the epidemic of relapsing fever in Ireland, in 1825-26, which Dr. Graves regarded as a mild form of yellow fever, from the prevalence of hepatic symptoms. In 1834-35, a similar type occurred, and, in both, the peculiarity of the disease consisted in the unusual length of the fever, it running on uninterruptedly for thirty or thirty-three days, and then remitting, and again recurring. In these cases the remission must be considered as a part of the disease; and, viewing it in this way, the treatment by quinine was found very successful. It was very contagious and very fatal.

Some variety of opinion was expressed by some members of the Society as to the distinctive characters of typhoid fever, and its claim to be considered as a disease *sui generis*.

Dr. Murphy, in connexion with some remarks, alluded to the occurrence of continued fever in connexion with fetid vapours. He narrated a case bearing on the point, in which two persons exposed to unhealthy odours arising from putrefaction, suffered from a severe attack of continued fever, no possible source of contagion existing at the time near the locality. This view of the origin of some kinds of fever was agreed to by the Chairman, who, however, differed from the author of the paper in considering that no exact duration could be given to either typhus or typhoid, and that, consequently, no correct point for diagnosis between them could be gained in this respect.

### TREATMENT OF THE WOUNDED IN THE CRIMEA.

We give the following extracts from an important letter which appeared in the *Daily News* on Wednesday last. According to the Editor, it had been addressed by the writer to a Medical friend in England:—

"Expeditionary Army, Crimea, Oct. 14, 1854.

"So complete were the Medical and Surgical arrangements made in England for the benefit of the army,—so ample the supply of Surgical *matériel* sent out by the Director-General,—so



earnest and well-selected were the Army Surgeons, both staff and regimental, that it was naturally expected, whenever an engagement took place, every necessary would be at hand, and all would be order and method. A brigade of hospital conveyance corps, on an improved principle, had been formed and organised at a great expense to the country, and after a considerable expenditure of time and thought by the most experienced Surgeons and others; so that, considering all this care and these advantages, by many Army Surgeons it was fondly hoped that a new era in military Surgery had opened. Had these anticipations been realised, it would have been a source of pride and pleasure to me to have taken the earliest opportunity of announcing to you so desirable an event.

"The action at Alma lasted about two hours and a-half on the part of the British, and was concluded shortly after four o'clock, p.m. The first wounded fell on the summit of the line of hills to the north, and increased in number as the troops descended the declivity which led down to the valley. Many were scattered over the valley itself, by the sides of the river, and for about two miles over the ground on the opposite heights.

"The first collections of wounded were made on the plain, a short distance in rear of that part where the ground began to slope downwards toward the valley. Here were established what might be styled the Divisional Field Hospitals. The wounded were brought on the regimental stretchers, eight or ten of which had been carried by the bandsmen of each regiment during the march from the place of landing. These stretchers, which consist of strong canvas, stretched between two long poles, are convenient enough for this use, if the distance over which the wounded have to be carried be not far, or if there are sufficient men employed to relieve the bearers from time to time. Otherwise, as the weight to be supported presses heavily on the arms of the two men carrying the stretcher, they soon become fatigued, march slowly, and occasionally have to halt altogether. A considerable time is thus consumed in the conveyance of the wounded man. Besides, these machines have no cover to protect from sun or rain. To convey the wounded quickly from the field to a spring-wagon, placed conveniently near, is their legitimate use; and for this purpose they were ostensibly brought. This double benefit would arise if they were thus employed: that the wounded would be quickly carried to a place of better shelter, and that the bearers in going back with only the weight of the empty stretcher would be enabled to bring away the next wounded they met with renewed alacrity. But as no spring-wagons were brought by us, there was no resource but to carry the wounded all the way on the stretchers; and as these were very few, when compared with the number of wounded in some regiments, their removal from the field was proportionably delayed. In fact, the stretchers were so much occupied with the wounded who fell on the south side of the river, that, with very few exceptions, they had no opportunity of attending to those who fell as the regiments advanced up the heights; and during the short interval of daylight which remained after the battle, parties were sent out from different regiments to place the wounded in groups together. These groups were detached in several places—even the wounded of the same corps—for the men who were collecting them were told by the officer commanding one party to deposit them in one place; and by other officers men similarly engaged were desired to collect them elsewhere. There had been no sign made known by which the position of a general Hospital, when established, might be recognised. Hence arose a number of Field Hospitals, as they might be called, so that it became impossible for a regimental Surgeon, whose attention was devoted to one group, to make provision even for attendance upon others. The evil of this was, that sometimes more pressing cases, because not seen, were neglected, while others, less urgent, received attention. Some great-coats from the dead, and blankets picked up over the field, were brought as a covering for the night for these scattered parties of wounded; and the several regiments, as soon as cooking could be accomplished, sent them some rations.

"The wounded at the divisional Hospitals were in some degree better off, for a few Medical comforts were obtained for their use from the purveyor's araba stores; but as these stores were exceedingly limited in quantity, and future emergencies had to be considered, the supply had to be dealt out with a very sparing hand. Moreover, none but the ordinary camp cooking utensils, which had generally dwindled to the men's canteens, the camp kettles having been nearly all shot or thrown away as too burdensome to carry, were to be obtained; there was no Hospital canteen equipment. A very limited proportion of the wounded officers was accommodated in some bell

or Portuguese tents; but the greater part of them, and all the men, were compelled to lie on the plain all night, with no other covering than the great coats and blankets which could be collected for the purpose. On the afternoon of the 21st, by means of commissariat arabas, and by the aid of some of the Royal Marine Artillerymen, who brought cots and hammocks from the Fleet, the officers and a part of the wounded men were removed to the transports. A considerable number, however, could not obtain conveyance, and had to pass another night in this dreary situation—worse in this respect than on the previous night, that, from the purveyor's stores having advanced, and from it being supposed that arrangements had been made for the removal of all on board ship, the greater part were left the whole evening and night without needful comforts, without even ordinary rations or sufficient water. Moreover, being now at some distance in rear of the army, and without any guard or protection, it was not at all improbable that they might have become a prey to some reconnoitering party of Cossacks. I heard the Naval Medical Officer, who superintended the removal of the wounded on board ship, state that this exposure could have been avoided without any difficulty, had the offer which he made, to supply a considerably larger number of hammocks and men from the Fleet, not been declined.

"On going down to the river Alma, to the right of the road, and some little distance before reaching the bridge, was an inferior one-storey house, consisting of two dirty apartments and a sort of storehouse adjoining. The storehouse was filled with Russian prisoners, and over them were two sentries from a guard established in a vineyard by the side of the house. In rear of the house was a large stable-yard. Into this yard, which was entered by a gateway large enough for a cart to pass through, the English and Russian wounded were brought, until the ground was so covered that no space could be found for more. Others were then laid on the ground in front of the house, for the rooms unoccupied by the prisoners were too dark and too filthy to be made use of. This was dignified by the name of the General Hospital. The fact was only made known by oral communication. No distinguishing flag, or inscription, marked its use; and it was no wonder that some were not at first able to discover the 'General Hospital,' when around could be seen many other houses with external pretensions, at any rate, to more fitness for such an establishment.

"The scene in this yard it would be painful to dwell upon, and I will not do so. Suffice it to say, that from morning dawn to sunset surgical operations were proceeding on all sides. The soldier who had just had a limb amputated lay next to the one who was then the subject of some similar operation, and next to him again was another waiting for his turn, constantly entreating that that turn might arrive soon; and so on over the whole yard. Every operation was performed on the ground, and the postures of the operators, almost as much as their labours, were a source of serious irksomeness and fatigue. Active as the Surgeons were, it was impossible that they could keep pace with the demand on their exertions; for when the time came that those who had been dressed could be removed to the ships, their places were at once occupied by others who were only then brought in from the field. Thus it went on till darkness came, and so it continued the following day (the 22nd) till about five p.m., when all the English having been attended to were gone to the ships, and none but wounded Russians remained in the yard.

"I would not have even alluded to this scene were it not to remark, that throughout the whole was apparent a want of system which it would be well to avoid in future. One object appeared uppermost on the part of the higher authorities—to hurry the wounded as rapidly as possible to the ships. There was no store of the various needful surgical and medical materials which should be attached to a general hospital. The supply of chloroform was most limited. One Surgeon was borrowing from another's small pannier stock—originally only eight ounces for each regiment—when he could ill spare the loan. There was no regular canteen for general purposes. The rations of the wounded were brought down uncooked from their regiments; and it was disgusting to see, in many instances, the meat rations, which they had no means of turning to use if they had wished, laid down and left by their side. At night the sick were left without a light, and not even a bull's-eye or horn lanthorn could be obtained to steer a way among the sufferers.

"Now, as to the ambulance wagons and Hospital conveyance and store-carts, respecting the fitness of which for service you will no doubt have heard many conflicting reports, and which had been calculated to provide for the necessities I have attempted to describe. I will only write what I myself have seen



of them. First as to the wagons, each of which is capable of carrying ten wounded, four lying at full length, and six in a sitting posture. I do not remember having heard any other objection to these than that they required too many horses to draw them. I saw these wagons in use in Bulgaria, drawn by six mules evidently unused to their harness and to the arrangements made for their draught, with drivers in a state apparently some degrees removed from soberness, going down most steep and break-neck descents, along roads that must have been chiefly made by winter torrents, that were at the time covered with fragments of rocks, filled with holes, occasionally worn by crossing streams of water. I was surprised at seeing them preserve their balance under such circumstances, and thought of the value they would be when brought more fully into use in the service. I have not, extreme as it may appear, exaggerated the condition of the roads I allude to. No Hospital carts were with the wagons. I only saw one of them, and it was then going steadily enough over smooth ground; but as this was about twelve miles from Varna, it must have passed over some bad road to have reached the spot where I saw it. The store wagon I have not seen. Such being the roads on which the ambulance wagons and carts were able to be used in Bulgaria—what roads would they have had to pass over in the Crimea? Why, from the place of landing near Koslof to Sebastopol itself, almost with the sole exception of the descents into one or two of the valleys, the roads have been excellent, and the greater part of the ground which the troops have passed over has consisted of a series of plains, undulating so gradually as to appear at any given spot as level as a bowling green. Heavy field batteries have come without accident; springless, ill-made arabas have come. Say that the state of the roads in this part of the Crimea was not previously known, although there must have been very fair information on the subject in high quarters; but when it was known that the ambulance *matériel* was necessary for carrying the wounded, for their Surgical care and Medical treatment, for light and for purposes of cooking,—was it not worth the experiment? The drunken propensities of the men of the ambulance corps, if so general as has been represented, could not have been gratified to any dangerous extent, because the only spirit they could obtain would be the daily ration of rum—a moderate allowance to a regular toper. *The regimental Surgeons were not permitted to have the means of carrying any of their regimental establishment of medicines or utensils—nothing beyond the two panniers; and it was natural, therefore, to expect that arrangements would be made for an efficient supply of what was necessary elsewhere. But so negligent has been the care of the sick in our army, that when—as is notorious, for they could not but be seen—general and staff officers could appropriate arabas for the conveyance of private baggage, no carts whatever were told off for the conveyance of the men who fell sick by the side of the road. They were left to follow, as they best could, to rejoin their regiments, or were dependent on the accidental spare room in some commissariat arabas in the rear, and on the commiseration of those who accompanied them.*

“The transports to receive the wounded were equally unprovided. A great amount of suffering existed in these vessels which could have been avoided by previous arrangement. To such an extent was it, that some of the wounded who applied for relief to Surgeons first sent on board and found none, openly told them they were being sacrificed, and that in terms more plain and grating to the ear and heart than what I now use. Take the Arthur the Great, for example: in this large transport, considerably upwards of four hundred wounded were placed between noon of the 21st and midnight. As they were brought in, they were laid together on the bare deck below, above and on every side, as close as space would allow; until, at the close of the day, the air of the ship became offensive from the exudations of this crowd of mangled men, a very great part of whom were deprived of the power of moving about. No beds, no pillows, nothing to break the hardness of the wooden deck had been put on board. Not even the utensils the most absolutely necessary for decency and cleanliness had been provided, and the Surgeons first in charge were reduced to such an emergency, that they had to order empty bottles from the cuddy, and the men's own pouches, to be used as substitutes. No medicines were on board but those in the ship's chest, and the captain naturally looked with a jealous eye at these being taken, because he saw the number around to consume, and his natural feelings led him to think of his own crew and their probable future necessities. No cooks had been sent before to prepare the necessary aliments,—the arrowroot, the tea, the little comforts which not merely the sick pauper in the union-house, but even the wounded beggar by the road-side, would get in England. Recollect, too, that this

occurred the day after the battle. But was it not known long before that the enemy's entrenched position at Alma was to be stormed, and that in storming there must be wounded? Then, why not equally ‘there must be’ all that was requisite for the cure of the wounded, whatever opposition might be offered to bringing ambulances or stores; or else the alternative of giving up place and its responsibilities, of sacrificing anticipated honours for the more satisfactory reward of a satisfied conscience?

“The Director-General sent out a numerous body of Surgeons. Many of them have succumbed to climate, disease, and hard labour in Bulgaria and elsewhere, and the number has been very considerably diminished. Enough, however, remained, with proper organisation,—more especially if the offer of assistance from the fleet had been as frankly and fully accepted as it was offered,—to have done the required work as it ought to have been done. But organisation there was none. The Regimental Surgeon, who had four or five wounded, when they were attended to, went to his regiment if he chose; the Surgeon who had twenty times five or upwards to attend to did the best he could himself, or got assistance from any of his neighbours who were willing to give the required time and aid. Not that there were not many most willing assistants as long as work was to be done; but there was none of that systematic proceeding which would have rendered their services much more effective. So great was the loss in some particular regiments, that every Surgeon and Assistant-Surgeon of the brigade or division to which they belonged should have been set to work in a regulated manner, one or two Assistant-Surgeons only remaining with the troops in camp. We should not then have had, as we did have, instances of men remaining two days with their wounds unattended to.”

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 3rd inst. :—

BUZZARD, THOMAS, St. John's Wood.  
CARDELL, JOHN MAJOR, St. Columb, Cornwall.  
GAMGEE, JOSEPH SAMPSON, Stanhope Street, Camden Town.  
GREGORY, CHARLES FOSTER, Tunbridge.  
HICHENS, JOHN LEY, St. Ives, Cornwall.  
KITCHING, JOHN, Lower Sackville Street, Dublin.  
NICHOLSON, GEORGE, Castletown, Berehaven, Co. Cork.  
ROWCLIFFE, EDWARD HANCOCK, Tarporley, Cheshire.  
SHERLOCK, HENRY, Army.  
SUTCCLIFFE, JOSEPH HARVEY, Camberwell Grove.  
WEBB, RANDOLPH, Trowbridge, Wilts.

**LICENTIATES IN MIDWIFERY.**—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 7th inst. :—

FOY, JAMES AUGUSTUS, Calcutta, Diploma of Membership dated Oct. 13, 1854.  
FOY, CHRISTOPHER, Calcutta, Oct. 13, 1854.  
HARRIS, SAMUEL, Quorn, Leicestershire, July 14, 1854.  
HORSFALL, JAMES SMITH, Halifax, Yorkshire, July 14, 1854.  
HOWELL, JAMES, Bradford, Yorkshire, Aug. 5, 1854.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Nov. 2, 1854 :—

ARRAS, WILLIAM, Warwick-bridge, Carlisle.  
NESFIELD, STEPHEN, Whitby, Yorkshire.  
ROBERTS, JOHN, Criceith, Carnarvonshire.  
SAVORY, JOSEPH EGERTON, Wendover, Bucks.

### BEQUEST.

**BROMPTON HOSPITAL.**—The funds of this Charity have been enriched by the munificent bequest of 5000*l.* from the late Mrs. Wilson, of Eaton-square.

### TESTIMONIALS.

**DR. GARRINGTON, OF PORTSEA.**—A testimonial of a very gratifying character, but emanating from a quarter from which a testimonial perhaps never emanated before, has this week been presented to Dr. Garrington, who has just resigned the office of Surgeon to the Union House. It is from the inmates of that house, and consists of a handsome silver salver, containing the following inscription :—“Presented to William



Hawkins Garrington, Esq., by the officers and inmates of the Portsea Island Union House, 623 of the latter having contributed their pence towards its purchase, as a small testimonial of their esteem for his character, and gratitude for the kind attention shown to them during a period of twenty years, as Surgeon of the house. October 28, 1854."

WM. MEE, ESQ., OF EAST RETFORD, NOTTS.—This gentleman was presented, on the 26th inst., with a testimonial in the shape of a full-length portrait of himself, as a token of public esteem on his retirement from public life. Mr. Mee, besides the *éclat* arising from eminent professional ability, had, within the space of four years, three times filled the office of Mayor of the borough. He had been in practice prior to 1815.

#### VACANCIES.

BIRKENHEAD HOSPITAL AND DISPENSARY.—A House-Surgeon and Apothecary is required, in the vacancy occasioned by the death of Mr. W. R. Crouch. Election, Nov. 28.

BUCKS GENERAL INFIRMARY.—The office of House-Surgeon is vacant. Election, Dec. 6.

LEICESTER INFIRMARY AND FEVER HOUSE.—The office of House-Surgeon and Apothecary is vacant. Election, Dec. 13.

METROPOLITAN FREE HOSPITAL.—The following candidates are understood to be competing for the Surgeoncy to this Hospital—Mr. Gamgee, Mr. Hutchinson, Mr. Milton, Mr. Phillips, and Mr. Stevens.

ROYAL FREE HOSPITAL.—There are vacancies for three additional Medical Officers—Physician, Surgeon, and Assistant-Surgeon. Election, Dec. 6.

WAKEFIELD GENERAL DISPENSARY AND CLAYTON HOSPITAL.—A House-Surgeon is required. Election, Dec. 13.

WHITECHAPEL UNION.—A Medical Officer is required for the Fourth District. Election, Nov. 21.

#### DEATHS.

LOVELL.—Oct. 13, at Wye, Kent, James Lovell, Esq., Surgeon, aged 31.

MACKEY.—Oct. 5, at Balaklava, Staff-Surgeon Dr. Mackey.

REID.—Nov. 5, at 29, Brook-street, Grosvenor-square, aged 51, James Reid, Esq., M.D. Edin.; L.R.C.P. Lond.; Physician to the Infirmary of the parishes of St. Giles and St. George, Bloomsbury; Examiner in Midwifery, Royal College of Surgeons; Obstetric Physician General Lying-in Hospital, etc.; late Lecturer on Midwifery, Webb-street School of Medicine; Fellow Royal Medical and Chirurgical Society, London. Author of—1. "A Manual of Midwifery;" 2. "On Infantile Laryngismus;" "On Tubular Expectoration from the Bronchi;" and "Description of a Womb Supporter." Contributed papers "On the Duration of Pregnancy in the Human Female;" "Cases and Statistics in Midwifery;" "Jacksonian Prize Essay on Bronchocele;" and "On Puerperal Mania." [We shall give an obituary notice next week.]

SMITH.—Oct. 18, at Hillhead, near Forres, Dr. William Smith, late 17th Regt., much and justly regretted.

TURNBULL.—Oct. 23, at Jersey, Gavin Turnbull, Esq., late Surgeon H.E.I.C.S.

CHARING-CROSS HOSPITAL.—Dr. Willshire is a candidate for the office of Assistant-Physician to this Hospital, vacant by the death of Dr. Rowland.

INCREASED MEDICAL STAFF AT THE ROYAL FREE HOSPITAL.—It has been announced that the staff at this notorious Hospital is to be increased, and that a Physician, Surgeon, and Assistant-Surgeon, are to be elected. Will any man who values his reputation or professional position join the Institution under its present management?

THE CHOLERA is raging fearfully at Corunna. On the 22nd Oct., the streets were deserted, the houses closed, and the dead lay unburied.

THE MILITARY HOSPITAL at Stoke is to be prepared for the reception of about 400 invalid soldiers wounded in the battle of the Alma.

STATE OF THE SICK AT SCUTARI.—The number of sick and wounded in the hospital at Scutari, on the 25th of October, was 2339; and it was reported officially that the cases were in general going on most satisfactorily.

THE TRANSPORT OF WOUNDED TO SCUTARI.—The story about 1500 men having been "huddled on board" the Kangaroo transport, where "hundreds died," turns out to be a misrepresentation. We have received letters which prove that the deaths on board the Kangaroo, and another transport towed by her, did

not exceed 35, out of a total strength of 800, not 1500; and that the deaths were not from wounds, but from cholera; and the men would most likely have died on shore had they been left behind.

WANT OF NAVAL ASSISTANT-SURGEONS IN THE BLACK SEA.—The *Times'* Correspondent at Constantinople says:—"I cannot conclude my letter without alluding to another just cause of complaint, the effects of which are most terribly felt at the present moment—I mean the want of Assistant-Surgeons. You remember, of course, their representations to the Admiralty, that they ought to be treated as officers, and mess in the ward-room, for circumstances have changed, and the Assistant-Surgeons, who were formerly chosen from apothecaries' boys, are now men who have passed in Medical Colleges, and received the education of gentlemen. The Admiralty was shocked at their request; the consequence is, that after the action the other day, Assistant-Surgeons were borrowed from one ship by the other, and, of course, the wounded had to wait for hours and hours without having their wounds dressed. The next day, by order of the Admiral, all wounded and sick were transported on board the *Vulcan*, in order to go to Therapia. They remained there for more than another day without anybody taking care of them; so that several of the men actually got no food for more than twenty-four hours—and all this on account of the prejudice of a few old gentlemen."

LOSSES OF THE BRITISH FORCES IN THE CRIMEA.—The exact number killed at the Alma, we learn from official returns, was 347; wounded, 1755. There had been killed, during the siege of Sebastopol, up to the 21st of October, 35; and wounded, 258. Besides these, 367 had died of disease in the Crimea, between the 14th and 30th of September.

CASUALTIES AMONG THE MEDICAL OFFICERS BEFORE SEBASTOPOL.—Assistant-Surgeon T. O'Leary, of the 68th, was killed before Sebastopol on the 18th Oct. Surgeon Mason, of H.M.S. *Albion*, wounded by a splinter. Assistant-Surgeon Gibbons, of the 44th, was also wounded.

STRAND UNION.—At the ordinary weekly meeting of the Board of Guardians, a proposal was made and seconded that an Officer of Health be appointed, and that it be considered as to whether the said officer should be a Medical man or a competent district surveyor! It was opposed on the ground that the cholera had ceased, and, therefore, there was no longer any necessity for such an officer. The great expense was also objected to. Only two members were in favour of the proposal.

THE MOUSTACHE MOVEMENT.—A final blow has been struck at this movement! The lecturers at the Charing-cross Hospital School are said to have sent to a candidate for the honour of becoming a colleague, an intimation that he could not be received until he had sacrificed a favourite moustache!

#### DEATHS REGISTERED in the Metropolis for the Week ending Saturday, November 4, 1854.

CAUSES OF DEATH.	Nov. 4.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	632	380	232	1252	9828
SPECIFIED CAUSES .. .. .	629	379	232	1241	9760
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	270	69	20	359	2524
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	4	25	13	42	452
3. Tubercular Diseases .. .. .	68	119	8	195	1671
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	51	40	39	130	1068
5. Diseases of the Heart and Blood-vessels .. .. .	2	24	19	45	361
6. Diseases of the Lungs and of the other Organs of Respiration ..	136	32	49	217	1538
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	26	31	24	81	561
8. Diseases of the Kidneys, etc. ..	1	8	3	12	107
9. Childbirth, Diseases of the Uterus ..	..	9	2	11	123
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	..	3	2	5	78
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	..	2	..	2	17
12. Malformations .. .. .	2	..	..	2	37
13. Premature Birth and Debility ..	24	1	..	25	249
14. Atrophy .. .. .	23	4	8	40	224
15. Age .. .. .	..	..	39	39	416
16. Sudden .. .. .	3	2	1	6	82
17. Violence, Privation, Cold, and Intemperance .. .. .	14	10	5	30	252
CAUSES NOT SPECIFIED .. .. .	3	1	..	11	63



**MORTALITY NOTABILIA.**—The returns for London for the week that ended last Saturday give 1252 as the number of deaths registered; ten years' average, 983, which, if raised for increase of population, is 1081. Hence, 171 deaths occurred last week above what the calculated rate of mortality would produce. Cholera exhibits a continued decrease. The deaths from it, which in four weeks of October were 411, 249, 163, and 66, in the last week were only 31. In the same five weeks diarrhoea was fatal in 98, 102, 78, 46, and 33 cases.

**Births.**—The births of 814 boys and 761 girls, in all 1575 children, were registered; average, 1424.

**Meteorology.**—The reading of the barometer rose to 30.29 in. at noon on Wednesday. The mean daily reading was above 30 in. on every day of the week except Tuesday. The mean temperature of the week was 49.7°, which is 3.4° above the average of the same week in 38 years. The mean daily ready reading was above the average on every day except the last two, and on Monday and Tuesday it was respectively 7.4° and 10.5° above it. The highest temperature occurred on Tuesday, and was 68.6°; the lowest on Saturday, and was 36.1°. The mean dew-point temperature was 44.7°, and the difference between this and the mean temperature of the air was 5.0°. Wind South-West. No rain. Horizontal movement of air, 545 miles. Electricity positive,—tension variable, but mostly strong.

**MORTALITY IN PUBLIC INSTITUTIONS for the week ending Nov. 4:—**

	Males.	Females.	Total.
Workhouses...	55	55	110
Military and Naval Asylums	4	...	4
General Hospitals	28	18	46
Hospitals for Special Diseases	7	2	9
Lying-in Hospitals	...	...	...
Lunatic Asylums	5	3	8
Military and Naval Hospitals	...	...	...
Hospitals for Foreigners, etc.	...	...	...
Prisons	1	...	1

### BOOKS RECEIVED.

- A Manual of Pathological Anatomy. By Drs. Handfield Jones and Sieveking. London: Churchill. 1854.  
 Microscopic Nature and Rational Medicine. By E. G. Swann. London: Leath. 1854.  
 How to Nurse Sick Children. London: Longmans. 1854.  
 The Stepping-Stone to Animal and Vegetable Physiology. By Mary Shield. London: Longmans. 1854.—(In the form of dialogues between mother and child, but not in language sufficiently simple.)  
 The Treatment of Asiatic Cholera by the Mineral and Vegetable Acids. By G. Bodington. London: Longmans. 1854.—(Contains a report of one cure.)  
 Twenty-Ninth Annual Report of the Perth Lunatic Asylum. Perth. 1854.  
 A Dissertation on Cholera Morbus. By E. Manby. London. 1831.  
 Handbook for the Management of Cholera. By W. Kingsley, M.D. Roscrea. 1854.  
 On the Topical Medication of the Larynx. By E. Watson, M.D. London: Churchill. 1854.  
 Mayne's Expository Lexicon. Parts II. and III. London: Churchill. 1854.  
 The Micrographic Dictionary. Part V. London: Van Voorst. 1854.  
 Report on the Copper Smoke, and its Influence on the Public Health. By T. Williams, M.D. Swansea. 1854.  
 Dublin Quarterly Journal. November. 1854.

### TO CORRESPONDENTS.

*A Friend.*—The *Association Journal* is not the only weekly which can claim the virtue of not inserting the Advertisements of the "Matrimonial Institution." The Advertisement was sent to this Office, with the offer of many insertions, but its appearance has never disgraced the Advertising Columns of the *Medical Times and Gazette*.

*Dr. Habershon's* abstract of cases shall be inserted as soon as possible.

*A. B., Kidderminster.*—The pay is 7s. 6d. per diem. Yes, to all the other questions.

*Students.*—*A First Year's Student.*—These are not the only complaints we have received against the working of the Anatomy Act, but we cannot publish the letters without the real signatures of the writers. A public officer must not be accused anonymously. The proper course would be to make a representation to the Secretary of State for the Home Department.

*Inquirer* has no right to have the word "Surgeon" engraved on his door-plate before he passes at the College.

*Honestas.*—Such conduct requires no exposure from us. "Literary larceny" is the term not inaptly applied to the practice of copying from a contemporary without acknowledgment.

*Erratum.*—In the report of the proceedings of the last Medical Society's meeting, it should have been "Dr. Rogers" who exhibited the uterine, and not "Mr. Rogers," who is also a member of the Medical Society, but was not present during the discussion.

*F. L.*—Before the 5th and 6th Vic. c. cxxii., Apothecaries were not subject to the bankrupt laws, unless they also sold drugs generally to any person besides their patients.

*A Student.*—The classical subjects for the Matriculation in 1855 are:—Xenophon: Hellenics, Book I.; and Cicero: pro Milone. And for Bachelor of Arts:—Demosthenes: Speech against Leptines; and Tacitus: Agricola, Germania; Histories, Book I.

*Exeter.*—Physicians are in the same position as counsel. They have no legal title to remuneration unless an express agreement or actual contract be shown. This was argued and decided in the Queen's Bench, in the case *Veitch v. Russell*.

*F.R.S., Amicus, and Others.*—We are unable to state when Professor Quekett will resume his Histological Demonstrations. Perhaps our correspondents had better communicate with the Secretary of the College.

COMMUNICATIONS have been received from—

Dr. ANDREW SMITH; Mr. ATHOL JOHNSON; Mr. LAWRENCE; Mr. JONES; Mr. TOYNBEE; Mr. WHITE COOPER; Dr. DAVIDSON, H.M.S. Dragon, off Revel; Sir JAMES CLARK; Mr. WILDE, Dublin; Dr. BRETT; Dr. ALLISON; Dr. HABERSHON; Mr. HUSSEY; Dr. FRANK, Berlin; Mr. JORDAN, Manchester; Mr. MOORE; Mr. BACOT; Dr. MCWILLIAM; Mr. T. R. JONES; HON. SECRETARIES OF THE EPIDEMIOLOGICAL SOCIETY; Dr. RAMSKILL; Mr. TODD, West Auckland; Dr. CORFE; Mr. SADLER; ALFA; Dr. CLARKE; Dr. DEVILLE; Dr. STOKES; Dr. ARNOTT; Mr. FULLER; EXETER; A FRIEND; A. B.; INQUIRER; HONESTAS; Dr. RIGBY; Mr. TUCKER; Dr. BABINGTON; Mr. F. POWELL; Dr. FOOTE; Dr. HASTINGS; Mr. BIRKETT; Mr. THORNHILL; Mr. POULDON; Mr. ARNOLD; Mr. TYRRELL; Mr. AINSLEY; F. L.; Mr. F. NORTHOVER; &c. &c.

### APPOINTMENTS FOR THE WEEK.

NOVEMBER.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
11. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	<i>Medical Society of London</i> , 8 p.m.: F. Hird, Esq., "On Some Affections of the Spinal Cord Simulating Organic Disease."
13. MONDAY ....	Operations at Charing-cross, 2 p.m. Matriculation at Cambridge. 2nd M.B. Exam. <i>viva voce</i> , Univ. of London.	
14. TUESDAY ....	Operations at Gny's, 1 p.m.	<i>Royal Medical and Chirurgical Society</i> , 8½ p.m. Ballot for Fellows, 7½ p.m.
15. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m. B.A. Exam. for Honours, Univ. of London.	<i>London Medical Society of Observation</i> , at 32, Melton Street, Enston Square, 8 p.m.: "Diseases of the Cerebro-Spinal System."— <i>Geological Society of London</i> , 8 p.m.— <i>Hunterian Society</i> , 8 p.m.: Dr. Peacock, "On a Case of Plastic Bronchitis."
16. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m. B.A. Exam. for Honours, Univ. of London.	<i>Abernethian Society</i> , 8 p.m.: Dr. Edwards, "On Rheumatism."
17. FRIDAY .....	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m. B.A. Exam. for Honours, Univ. of London.	<i>Western Medical and Surgical Society</i> , 8 p.m.: Dr. Pettigrew, "On Tumours—their Nature and Treatment."



# ORIGINAL LECTURES.

## ADDRESS

DELIVERED AT

THE FIRST MEETING OF THE FIFTH SESSION OF  
THE EPIDEMIOLOGICAL SOCIETY FOR 1854.

By B. G. BABINGTON, M.D.

President of the Society.

GENTLEMEN,—I have much pleasure in meeting you again at this the commencement of the fifth session; and, after the period of epidemic sickness to which we have just been exposed, and during which we have most of us been actively engaged in endeavouring to mitigate its force, it is a matter for congratulation and a just cause for gratitude with us all that we are yet spared, and that our labours in the cause of humanity, often perilous and always onerous, have not been cut short by this destructive pestilence.

Would that every member of our Society had escaped unharmed! but, alas! we have to record a sad exception. There was one, holding high office among us as a Vice-President, and who had annually undertaken, in his kindness, the duty of auditing our accounts, whom this ruthless malady has claimed as a victim. With my late valued friend, Dr. Roupell, I was united on the first visitation of cholera to this country in 1832 in the office of Medical adviser to the City of London Board of Health; and, from the time when I placed the first two cholera cases that ever occurred in the City of London—a father and child—in a litter, which I accompanied from an alley in Whitecross Street to our City Hospital, until the final dissolution of the City Board, in 1834, Dr. Roupell and I had weekly, and at one time daily, opportunities of becoming intimate with each other. Nor did our official intercourse terminate here, for we were both working members of the last Pharmacopœia Committee of the College of Physicians; and many a valuable suggestion does that volume owe to the accurate knowledge of the Materia Medica and Pharmacy possessed by our departed colleague. In him, gentlemen, the Profession and the public have lost an able Physician, society at large has been deprived of a perfect example of the man of high principle and the well-educated gentleman; and those who had the happiness of his intimate acquaintance have to lament their bereavement of an agreeable and amiable companion, and a sincere friend. Peace to the memory of so good a man!

Gentlemen, we have, until the present session, been indebted, as you are aware, to the Medical and Chirurgical Society for their kindness and goodwill in affording us from year to year the accommodation of their spacious rooms for our monthly meetings. This was unquestionably a great boon, but still did not give us all the aid we required. We often have occasion to hold Councils and Committees, for whose meetings no provision was thus made; so that we have hitherto been under the necessity of resorting to the private houses of our members for the purpose of holding such meetings.

I am therefore happy to be able to inform you, that a permanent arrangement has now been made with the Medical Benevolent College for holding our general meetings in this commodious apartment, and our Councils and Committees in a small adjoining room; and as this is not a matter of courtesy, but of mutually beneficial negotiation, we may at length consider that we possess a home of our own. The advantages of this change are obvious. I will here only allude to one—namely, that we now have a depository for the reception of our books, which leads me to remind you, that we are now for the first time in a position, not only to receive, as we have hitherto done, but to arrange upon our shelves, and to turn to good account, any presents of works on topics connected with the objects of our Society, which members or others may be disposed to contribute. A general Medical library we do not want, but the forming a collection of works on epidemic diseases has a direct tendency to promote their study, and is, therefore, I conceive, our imperative and especial duty. Gentlemen, it had been my intention on this occasion to have requested one of our body to favour us with an address, such as my friend Dr. Bird, with so much advantage to us, and with so much credit to himself, delivered at the commencement of our last Session. Our Council, however, deeming it on the whole more advisable not to devote a whole evening to this purpose, have expressed a desire that I should again resume a duty which I would gladly have committed to abler hands, by opening the Session myself.

[No. 790.—NEW SERIES, No. 229.]

As a devoted servant of the Society I have, of course, obeyed their wishes, which I take to imply, that I shall not occupy the time of the Society at such length as to interfere with the reading of a paper, or, if preferred by the meeting, with the discussion of some points in connexion with what I myself may have to say.

It is no doubt in the same spirit which actuated our Council, that the following Resolution was communicated to me, as having been passed by our General Purposes Committee:—

“That, considering the importance of the prevailing epidemic of cholera, and the peculiar relation to epidemics of the Epidemiological Society, the General Purposes Committee are of opinion that it would be of extreme public interest and great importance to the Society if the President would kindly consent to embody the prevailing views with regard to cholera, in his opening address in the ensuing Session.”

But, gentlemen, this I venture to observe, with all due respect, is going a little too far in the opposite direction. It seems equivalent to saying, “We will not only *not* have an address, properly so called, but we *will* have a paper, and that paper shall come from the President, and its subject shall be one which we will choose. Now, with every wish to do what I am bid, whether by the Council, whom I feel bound to obey, or by the General Purposes Committee, whom I fain would please, I must demur to this recommendation upon the ground, that the Committee have, though unintentionally, taxed me beyond my powers. I never had any skill whatever in compilation; and if I had, I apprehend that much more leisure would be needed than falls to the share of one engaged at this particular juncture in the active duties of his profession, to give anything like a satisfactory and complete account of the prevailing views with regard to cholera, to say nothing of the occupation of your time in listening to so lengthened an exposition. Frightened at the comprehensiveness of the subject, I have not ventured to grapple with it; but if these prevailing views on cholera bear any proportion to the plans of treatment, I may mention that, having been on a Committee for reporting on various specifics and plans, not called for, but spontaneously offered to, the Board of Health from various quarters, these were found to amount to the no inconsiderable number of 97. Instead, then, of attempting to perform the difficult task suggested, I shall content myself, and I hope not displease you, by enumerating a few of the more important questions on cholera, which as yet have received no satisfactory solution.

We have now had three great epidemic visitations of this disease, and extensive opportunities have been afforded to the Profession in this country to study its nature. Medical men in other countries, also, equally well prepared by scientific acquirements as ourselves—men of the most acute intellect, and untiring energy, have had equal or superior opportunities to those which we have possessed; yet still the ways of Providence in this instance, as in many others, remain as mysterious as ever; and the most important questions remain unanswered. Of these first there is the main problem of all, What is cholera? that is to say, What is its proximate cause? What is that influence which, without any alteration of circumstances cognizable by the senses, seizes on persons of all ages and both sexes, and, in a few short days, or even hours, consigns them to the grave? When a man swallows corrosive sublimate, arsenic, hydrocyanic acid, or opium in a poisonous dose, each of these produces definite effects, and we can in general pronounce, even from those effects alone, which of them has been taken. In cholera we are equally well acquainted with the effects produced. They are, at least, as uniform as those caused by varying doses of any of the poisons just mentioned; yet, when we attempt to mount up from effect to cause, we rise into utter darkness. We have been, and are to the present moment, baffled in all attempts at discovery. Whether this cause will ever be revealed to us or not is, of course, a matter of doubt; but I see no reason for giving up the endeavour as hopeless, nor do I think that we have, as yet, pushed our inquiries in every direction with sufficient vigour, or made all the experiments which suggest themselves as likely to elucidate this problem.

It would, for instance, be a great step towards the discovery of the cause of cholera, if we could find out any state whatever of external circumstances incompatible with its existence.

We have been told that one quarter of a camp, or one side of a street, one ward of a workhouse or prison, has sometimes been exclusively visited or exclusively spared; that an army has been suddenly attacked with the disease, and that, so long as it remained on the same ground, the pestilence continued to rage; but that, immediately that its quarters were shifted, the disease ceased. Instances of this kind are recorded in every work on



the subject, yet they do not appear ever to have been vigorously investigated. They are, as it were, experiments made to our hand by nature herself, of which we ought, by collecting numerous cases, and comparing one with another, to avail ourselves in the prosecution of our researches. Hitherto we have not done so. Still less, as far as I am aware, have we made experiments for ourselves. No one, for example, having the command of an Hospital, a ship, a workhouse, or a prison, where cholera has broken out, has tried to exclude the disease by artificial means from any particular division of the establishment.

It would be quite possible to fumigate any particular compartment of a building to an extent not detrimental to health, with sulphuret of mercury, with sulphurous acid, with tobacco, or with any one of fifty different volatile substances. Has it ever been attempted? A small cup of quicksilver, from the surface of which the mercurial evaporation must be infinitesimally small, is yet said to be sufficient to protect the contents of a chest or closet from any risk of being attacked by moths or other insects. Why may not analogous means protect us from cholera? Even the lighting large bonfires in infected places, said to have proved efficacious in staying the plague, and, in two modern instances abroad, in arresting our present equally destructive enemy, has never been fairly tried in this country. Among the rules of Dr. Hering against pestilential contagion in 1625, we read, says a note in an article "On Bells," in the last Number of the *Quarterly Review*:—"Let the bells in cities and towns be rung often, and the great ordnance discharged: thereby the air is purified." I do not go so far as to recommend even a trial of this suggestion; but it shows that our forefathers were at least as ingenious as ourselves in devising modes of creating a more healthy state of the atmosphere. Certain it is, that individual towns, districts, and even countries, have been entirely exempt from cholera, while neighbouring places and states have been ravaged. There must be some definite and probably ascertainable cause for this exemption, yet no one seems to have tried to fathom it.

A second question, which has by no means been determined, is the relation which what is called choleraic diarrhoea bears on the one hand to common diarrhoea, and, on the other, to developed cholera. It has been assumed, and house-to-house visitation is a measure which has its origin in the assumption, that all diarrhoea, in times when cholera is epidemic, would, if not checked, run on to that disease; but this is by no means proved. Some cases of diarrhoea are, it is true, easily arrested; but it is doubtful whether these, if allowed to run their course, would not have ceased; while other cases have been most obstinate, in spite of remedies, and, notwithstanding our best efforts, have terminated either in cholera itself, or in a fatal prostration of the powers, without the marked symptoms of that disease. The good which house-to-house visitation has effected is probably real; but this good has resulted from the removal of predisposing causes at least as much as from the treatment of actual disease.

"The amount of success obtained by early treatment," says Dr. Gull, in his Report to the College of Physicians, "is not yet determined. There is a general opinion that it was very great; but this must be received with some limitation, as the facts upon which it is founded are not unequivocal. By far the larger number of cases of diarrhoea would probably never have passed beyond this stage if no medicines had been administered; and, on the contrary, in many instances, the symptoms were uninfluenced by any treatment, and fatal collapse came on in spite of every effort to prevent it. Notwithstanding this uncertainty, the general result of preventive measures were apparently very favourable, as shown by the small proportion of cases which passed into the severer forms of the disease subsequently to early treatment. Although this is sufficient to establish the great practical importance of house-to-house visitation among the poor, the results at present obtained indicate a degree of success which an exact scrutiny of the circumstances does not permit us to infer. This system was not brought into operation, in the Metropolis, until the first week in September, 1849, (Dr. Gull is speaking of the last epidemic) the period at which the mortality had reached its acme, the disease having already, on the 7th of September, numbered 13,520 victims. We cannot, therefore, think with Mr. Grainger, that the uniform success which attended the preventive system in all parts of London was independent of the natural decline of the epidemic."

As a third point of inquiry well worthy of attention, I would adduce certain affections of the alimentary canal, which have, within these few weeks, been observed, at least in this Metropolis, and which seem to have some mysterious connexion with the poison of cholera. I allude to distressing pains in the stomach and bowels, unattended with sickness or diarrhoea,—marked by an enormous generation of flatus, and not unfre-

quently terminating in inflammation of the mucous membrane of the intestines,—partaking, in fact, rather of the character of dysentery than of diarrhoea, being accompanied with ineffectual efforts to relieve the bowels, tenesmus, and the evacuation of mucus and blood. Various degrees of this disorder have been, and are at the present moment, so prevalent, as fairly to claim for it the title of epidemic. I believe I may lay claim to having first directed the attention of the Profession, through a letter in the *Association Medical Journal* of October the 6th, to this almost universal complaint; but to fix its character with precision, the extent of its spread, and the relation, if any, which it bears to the cause of cholera, requires the collective experience of many observers. Again, there is another curious and important question which hitherto has been but little considered, namely, the influence of the cause of cholera upon the healthy as well as upon those who are labouring under other diseases. In a place where cholera is epidemically prevalent, there is scarcely an individual who will not confess that he has felt, if not illness or even indisposition, at least an indescribable condition unusual with him at other times; and, as a more tangible fact, it has been particularly remarked, that all purgative medicines at such times act with unwonted energy, rendering it necessary to diminish their dose to one-half or one quarter. An universal diffusion of the poison seems thus to be rendered probable; and hence an inference, that if it be more active in one part of a town than another, in low rather than in elevated situations, amid filth, wretchedness, and poverty, rather than where wealth and cleanliness are found, it is not because the poison is stronger there than elsewhere, but because these conditions predispose the victims to receive it. Thus it is, that certain classes suffer more than others placed under the same circumstances,—that natives of India suffer more than Europeans; and, to cite a recent example, if we believe (which, however, is doubtful) the disease to have been cholera, that the Esquimaux in Dr. Rae's party were all attacked, while the Englishmen all escaped. The action of the cholera poison may be thus likened to the solution—itsself uniform in strength—which develops a sun picture by acting unequally on a surface which has been unequally affected by the sun's rays.

Another point which sufficiently multiplied and accurate observations ought undoubtedly to be adequate to determine is the still disputed and very important question of contagion. Men's minds are so variously constituted, that we are not surprised at a diversity of opinions, and that inferences that appear conclusive to one should prove wholly insufficient to bring conviction home to another; but real solid facts, though medical facts have seldom the credit of being so, are, or ought to be, undeniable; and if they have not proved so in this instance, it is either because they are spurious, not genuine, or because they have not been furnished in such variety and abundance as to defy opposition.

The treatment of this extraordinary disease is a distinct branch of the subject, not necessarily dependent on any views regarding its cause, its nature, or its mode of propagation; and it offers us as many questions for investigation as there are plans having any reasonable pretensions to success.

To decide on the comparative merits of these is no easy task. It involves, not only the necessity of nicely estimating the value of testimony,—abundance of which, such as it is, is usually furnished,—but also the command of opportunities rarely possessed of testing these plans in the only satisfactory way, by practically trying their efficacy in a sufficient number of cases of the disease. For such trials we look chiefly to public Institutions; but as these are, in this country, under independent management, they are not so favourably circumstanced for carrying into effect any systematic measures with respect to treatment as those of France and other continental nations, which are under the superintendence and control of Government.

No power here can direct the Medical Officers of any public Hospital to carry out any plan of cure, however highly commended for its success; and even our Board of Health, in this particular, having no command of means for making the requisite experiments, (for all treatment is experimental,) will not, in all probability, be able to come to any conclusion on this, which the public at large look upon as the only question, after all, worth determining,—the only one, at all events, in which they are interested.

Time does not permit me to extend the list, which I otherwise might, of undetermined questions connected with the wide field of epidemic research.

It was for the express purpose of solving these that this Society was founded. I need not remind you in any detail of the modes by which we have endeavoured to carry this purpose



out. Briefly stated, it has been, in the first place, by reading and discussing, at our monthly meetings, papers furnished by our members and others, who have devoted time and attention to the study of epidemics; and, secondly, by carrying out, through the medium of Committees, specific branches of inquiry, making these the objects of special study and research. We have now been at work four years, and the Profession and the public, or at least that portion of both who have given us any support and encouragement, have a right to ask what we have done; to call upon us to show that we have, as far as time and opportunity would permit, accomplished what we promised to perform, or otherwise to give valid reasons why we have failed to do so.

Assuming, on this occasion, the office of reviewer of our past proceedings, I would assert, that, though we have not accomplished all that might have been anticipated by those unacquainted with the difficulties with which we have had to contend, still we have done something to merit approbation, and quite enough to show what we might have effected under more favourable auspices.

As respects the presentation of papers to our Society, there has been no dearth in the supply. We possess a very valuable collection, amounting to no less a number than 37, of which, in the past year, the following have been read.

[After naming the subjects of the papers, their authors, and by whom read, Dr. Babington continued:—]

There is not one of these papers from the study of which we shall not derive much instruction, sure as we shall be to enlarge our acquaintance with some interesting facts connected with our subject. Now, when it is considered that we have not been able to hold out to authors any promise or hope that their productions would at any definite period be published by us, I think that this abundance of material demonstrates that there is much genuine zeal among us in the cause of science—much anxiety to promote information for its own sake and worth, and not merely for the sake of enhancing the reputation of the individuals who supply it. Nothing in this department has been wanting, but the means; and here, Gentlemen, excuse me, if I indulge in a short digression in order to offer to your notice a method by which the publication of a volume, so essential, in my opinion, to our prosperity, which is indissolubly linked with the usefulness of our labours, may be accomplished. What I would suggest is this: let us each and all, wholly apart from our contribution to the Society, subscribe for one or more copies of the volume to be produced, and let the subscribers alone have the right of possessing such copies. Nothing, in my opinion, would so directly tend to make our Society advantageously known to the world as publishing our papers; and no inducement could be so influential in the future productions of good ones. So impressed am I with the paramount importance of some such expedient, that I would most willingly place my name as President at the head of the list as a subscriber for ten copies. This subscription, be it observed, being for a special purpose, there seems no reason whatever why it should be confined to the members of our Society, as in the publication of any other work by subscription, the promoters of this undertaking have only individually to seek contributors in all quarters, promising, as they conscientiously may, a fair and ample equivalent for the money they will thus supply. To calculate the cost of such a volume would be easy, and the subscription should be, after determining what would be a remunerating price for the volume, for so many copies of the work itself at that price. Pardon me for having, in my anxiety to promote the interests of our Society, thus digressed from my subject. I have understood it to be the wish of some that a discussion instead of a paper should follow this address; if so, the consideration of some such scheme as this may not inappropriately form one of its subjects.

I am not sure that quite so good a case can be made out for our Committees as for the department of papers just alluded to, so I shall leave it to our Secretaries to enlighten us with regard to their proceedings; but thus much I may state, in extenuation of any apparent deficiency in results, that the very commencement of their labours involves an expense, in the circulation of printed inquiries, which, with the most rigid economy, we can with difficulty meet; and that not only the number of Committees which might with the greatest advantage be formed, is thus circumscribed, but the working of each is much impeded by the scantiness of our pecuniary resources. In this department, then, as in the other, it is not the talent or the zeal which is wanting, but adequate means to render these available.

In proof that, when these are forthcoming, our Committees are not sparing of exertion, we have one triumphant example in the important services rendered to the public by the Small-pox and Vaccination Committee. Through the fostering aid of Govern-

ment its labours have been made public, and they are generally acknowledged to have well merited the distinction thus conferred on them.

At the period when our Society was founded, no combined effort had ever been made to increase our knowledge of epidemic diseases. We were without a rival. The subject was of a nature to claim the attention of even Government itself; for epidemics affect the people as a whole, whose welfare it should be the especial province of the Government to protect; yet the State did not profess to interfere. A Government Board of Health was, indeed, established from the time that cholera first visited our shores; but it could not, with propriety, be called a Medical Board. Indeed, on several occasions, through its Chairman and lay members, it acknowledged its incompetence to deal with Medical questions. Its office was administrative. It had no machinery for prosecuting scientific inquiries. Of all its members, there was but one who belonged to our Profession.

Thus constituted and thus designed, it was unfortunate, that it did, nevertheless, dogmatise upon Medical matters; that, in some of its reports, it laid down doctrines, for instance, with regard to epidemic diseases, and laws with regard to quarantine founded on these doctrines, which by no means met with the assent of the general body of our Profession. It was not to be expected that they would, without qualification, adopt the views, much less that they would submit willingly to the dictation of such a Board. It failed, as it necessarily must, to possess the confidence of the nation. Parliament saw its defects, and pronounced its doom. Do not suppose that I am finding fault with individuals. So far as the Medical member of that Board is concerned, I consider him to be a gentleman of high talents, and that he worked most diligently and conscientiously in an arduous office; and if my views differ from his, it would be presumptuous in me to suppose that, therefore, I must be right and he wrong; we are each entitled to have our own theories; but the error lay in the system—in delegating to one person, for virtually this was the case, the power of ruling absolutely over the whole nation in public Medical matters.

A wholly different line of proceeding has recently been adopted. Our Government has recognised the necessity, when forming a new Board of Health, of taking the constituted professional authorities of the nation into its council. Several members of the College of Physicians, of the College of Surgeons, and of the Society of Apothecaries, together with a strong phalanx of men eminent in such sciences as bear on questions of disease and hygiene, have been appointed to this end; and, whatever may result from their united efforts, it is universally acknowledged, that a move in the right direction has thus been made. The nation feels that the public health is now confided to the care and consideration of bodies who are, from education and experience, most likely to understand its management.

Our Society, I have said, started without a rival; but one has thus sprung up which, if Government are true to their intentions, must necessarily pursue the same inquiries as our Committees, and some may think that we shall be eclipsed, on the ground, that it can hardly be expected that we can compete with a body whose services are remunerated, to whom pecuniary means will be furnished for carrying out scientific researches, and who have the whole weight, authority, and machinery of the State at their command in furtherance of their inquiries and investigations. What then, gentlemen, must we dissolve our Society in despair? Is there not room for two sets of labourers in this vast field? Under the pressure of a severe epidemic, these public measures have been adopted; perhaps, when the danger has passed away, the services of our rivals may be dispensed with. Granting that they are more powerful, we are more permanent. Ministries are liable to change, and with them the measures which they propose. Our existence depends on ourselves. No; let us steadily pursue our course with whatever resources we can obtain.

There is scope and verge enough for all; and even if the work of our Committees should be taken out of their hands, of which I doubt the probability, we shall still be usefully employed in stimulating master-minds to the production of papers as heretofore, in discussing their contents at our meetings, and, if some such scheme as that which I have suggested can be carried out, in presenting them to the Profession and the public in a permanent form.

Gentlemen, I should be transgressing the wishes of the Council, which coincide exactly with my own, were I to occupy your time any longer with preliminary matter. We will, therefore, now proceed, if you please, to the business of the evening; and, after the Minutes of the last meeting and the Report of the Secretaries have been read, can either enter on a discussion or on the reading of a paper, as may be most generally acceptable.



## ORIGINAL COMMUNICATIONS.

## ARMY MEDICAL REPORTS

No. XXI.

(SELECTED WITH PERMISSION OF THE DIRECTOR-GENERAL, FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

## ACUTE HYSTERIA IN THE MALE.

By M. BROKE GALLWEY, Esq.

Surgeon Royal Artillery.

EXAMPLES in our own sex of a disease so peculiar to females as to have borrowed its title from an organ distinctive of theirs, must ever be ranked among the curiosities of the literature of Medicine. Its connexion with—nay, its origin in—derangements of the uterine system is still contended for by the majority of Physicians at the present day. Thus, in a lecture delivered by an Hospital Physician in London, no longer ago than July last, (a) it is laid down that “such cases” (hysteria in men), “if, strictly speaking, they ever occur, are so rare, that some persons of large experience have never witnessed an example.” Isolated instances of the disorder, however, are to be met with in the writings as well of ancient as of modern authors; and, although we may not be expected to subscribe to the dogma of one among the former, that “*hysterica symptomata omnia fere viris cum mulieribus communia sunt*,” its occasional existence in man is too well attested, I think, to warrant the incredulity which many indulge in at the present hour. The following case I believe to be conclusive on the point.

F. H., aged 22, a gunner and driver in the Royal Artillery, admitted into Hospital at this station, under my care, August 14 of present year, complaining of looseness of bowels, pains in the limbs, malaise, etc. These symptoms subsided, and he was free from complaint for the following three days, at the expiration of which time he experienced severe uneasiness in the stomach and pain in the head (forehead and occiput). Did not entirely lose these sensations, though they were benefited by treatment; and, at half-past eight p.m., on the third evening after their commencement, he had a “fit,” preceded by pricking and shooting in the thighs and knees. I did not see him in the fit, but it was represented to me as consisting in a staring of the countenance and rolling of the eyes, but of which he himself retained no recollection. In twenty minutes he was again sensible to surrounding objects; but, on coming to himself, he complained of “great agony” in his belly, head, and breast, as also of uneasiness in the throat; he described the latter as the seat of a “shooting, pinching pain,” alternating with “heaviness” in the part. In the course of the same night he had a recurrence of the fits. I saw him in the second, and, indeed, in several others. Without other warning than a rolling of the eyes, he passed rapidly into a state of insensibility, accompanied with such violent struggling as to require the assistance of several men; his teeth were clenched strongly, but he did not foam at the mouth. Some of these attacks were longer than others, and were always succeeded by a state of insensibility. Between their recurrence he complained of the same distressing pain in the abdomen and head. He writhed under their severity, and vociferated loudly under pressure of the former. He derived great relief from hot stupes to the abdomen, and the head felt more comfortable under vinegar and water. His general state I treated with opiates and antispasmodics. The pupils throughout were lively and unaffected.

On visiting him again on the morning after, I learned that the fits had continued to return, but with longer intervals, and that he had slept a good deal between them; but, on coming to himself after one of these, the power of utterance had entirely disappeared. His head was unaffected; and, in answer to queries, he was observed to fashion replies with his mouth, but the power of utterance had gone. He now directed attention to his throat; but, instead of complaining of its centre, or of any extended surface, as the subjects of hysteria will do, he carried the point of his finger accurately along the course of the pneumogastric on each side, from its origin, above, in the neck, until its point of submergence into the chest, pushing his finger thereafter, as

though he would have followed it in that direction further. A sense of tightness and constriction, or of “pinching,” as he described it to me in writing, was the nature of the sensation complained of.

A difficulty in swallowing even liquids was now superadded to his other ailments. Excessive tenderness of abdomen continued to exist, much aggravated upon pressure, with a general uneasiness in the thorax.

In the course of the next twenty-four hours he had frequent returns of the fits, required night and day to be watched, and, when they came on, the assistance of several men was required.

The state of things I have attempted to describe continued for some days, the fits relaxing in severity daily, until the fifth, when he had recovered in all but the ability to speak. In this, no corresponding improvement had occurred. He was to all intents a mute, and I watched his condition with interest.

Three days had transpired since he left his bed. He was allowed to walk about, and divert himself with the other men. He appeared and described himself to me as “well;” “was never better in his life.” In the course of the last of these, he suddenly exclaimed, “I can speak!” and did so immediately, as freely and strongly as ever. For above five minutes antecedent to the return of his voice, he experienced a sensation as of “cramp in the throat,” accompanied with “difficulty of breathing.” Discharged to his duty, August 28.

Sept. 8.—Had been on leave from his barracks during the day; was sober when he came back, at “tattoo,” but admitted that he had drank three pints of porter, for which he was not the worse. Was awakened, at ten p.m. on that night, by a sensation of “pinching and shooting in the knees and thighs,” from thence extending to abdomen, and gradually, from last-named point, to chest and throat, and finally to head, exactly in the order which I have named. The attack soon amounted to “choking in the throat;” was attended with the same universal implication of the muscular system as before. Insensibility was complete; and, on awaking to consciousness again, his voice had disappeared as before. The duration of the fit was about an hour. On recovering his senses, he declared, and, by his symptoms, evinced, the utmost distress in the belly and chest, as also in the head, to each and all of which he constantly pointed with his hand as the sources of his sufferings.

The second attack was a close repetition of the first. The fits were as severe, the aphonia as complete; a similar time involved from the rise to the fall of the complaint. The voice was as completely in abeyance as before, and its return introduced by a similar sensation in the throat to that described under recovery at first. But there was a feature peculiar to and distinguishing the second attack, which was not a little characteristic of its essence, and which remarkably pointed to the predominance of *nervæ* in the play of the morbid processes. It was this,—that not a point of his body, from the crown of the head to the sole of his foot, but had become a centre of morbid sensibility. Whithersoever the finger was laid, there, as though the galvanic wire had alighted, an involuntary shrinking occurred—a quick, spasmodic, wincing of the part, indicative of positive pain from the touch.

The subject of these remarks was well nourished, and of florid complexion. He represents himself as irascible in disposition, and easily excited. He is wont to shed tears and to laugh under insufficient causes; also, when excited, it is not uncommon with him to be inconvenienced by the sensation of a “ball in his throat.” During each of his late attacks he passed an inordinate quantity of water; while, in health, he eliminates very little.

The history of the foregoing case is full of interest, physiologically and pathologically. Immediately preceding his first attack, he had been suffering from diarrhoea and gastric disturbance, then very prevalent among the Artillery. From the seat of these derangements the irritation seemed to commence and to radiate; and, as far as we are justified in pursuing its invisible track, it appears to me that the terminal branches of the pneumogastric nerve took up and propagated the morbid force, carrying it to the origin of that nerve; and that thence, by fresh departures, it occasioned reflex irritation throughout the muscular system at large; in a word, that the irritant was peripheral in its origin, and local, and that the implication of the great centre of intellectual life—the “palace of the mind”—was subordinate in respect of the seat of derangement, and sympathetic in the strict sense of that term;—that the excito-motory system was thence aroused throughout the organism by an influence imparted to the brain along a nerve of special functions, and hence the concurrence of the universal muscular system in the morbid irritative action.

(a) Dr. Rowland's, Charing Cross Hospital.



## ETIOLOGY OF CHOLERA.

BY PROFESSOR LIEBIG.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have just received from Professor Liebig an account of the observations which have been made during the late cholera epidemic in Munich. While confirming some of the conclusions at which Medical men in this country have arrived regarding the diffusion of the disease, they appear to throw additional light upon the mode of transference, and upon the question of contagion generally.

Any contribution which may assist in preventing or mitigating the terrible disease appearing acceptable, I enclose you a copy of Liebig's letter, which you are at liberty to publish if you deem fit.

I am, &amp;c.

A. W. HOFMANN.

Royal College of Chemistry, Nov. 14, 1854.

## PROFESSOR LIEBIG'S LETTER.

It may interest you and Sir James Clark to become acquainted with some results which have been obtained by Professors Thiersch and Pettenkofer during the late severe epidemic in Munich.

Dr. Pettenkofer, who was commissioned by the Bavarian Government to make the inquiry, arrived at the following conclusions:—

1. A basin-like conformation of the ground (*muldenartiges Terrain*) generally favours the occurrence and fatal issue of cholera. Those houses especially which occupy the lowest site in towns, and in which the privies and cesspools are so constructed that the liquids they contain do not pass from the house, but enter it, are the most liable to the disease.

2. A loose soil under the houses, capable of absorbing the liquids, augments the tendency of a district to the miasm, of which a substratum of rocky stones renders it much less susceptible.

3. A certain degree of moisture of the soil also increases the susceptibility.

4. The products of decomposition of human and animal excrements contained in the soil, appear to be the elements that determine the soil's capability for absorbing the miasm.

5. In towns, the inhabited declivities or hollows, the soil of which presents this absorptive character, are always more liable to cholera than the more elevated sites in their neighbourhood, independent of their absolute elevation above the level of the water or the sea.

6. The same conditions prevail in privies and sinks, especially when provided with wooden pipes and pans, as in soil impregnated with putrefying excrements.

7. In towns, those districts which have no privies, but only night-stools, are more obnoxious to cholera; and here, again, those houses especially which have common cesspools in the yard, provided only with a slight fall, or with a fall inclining towards the houses.

8. The excrements of cholera patients, when in a state of decomposition, become fertile sources for the propagation of the disease in families.

The observations of Dr. Thiersch have remarkably confirmed the facts elicited by Dr. Pettenkofer. Dr. Thiersch found that cholera patients, the corpses of persons recently dead of cholera, and the matters evacuated by vomiting and diarrhoea, do not propagate the disease; they are not contagious. If the matters evacuated by stool are left to themselves, at a temperature of from 5° to 10° Centigrade, (41° to 50° Fahr.) from three to seven days a change takes place; they undergo a process of fermentation; they are then capable of exciting cholera in healthy individuals. The period within which cholera evacuations can produce this effect, does not last longer than eight days. If recent cholera evacuations are mixed with the food of mice, in small quantities, no effect is produced in the animal. After being left to themselves for from three to seven days, the evacuations pass into a state of fermentation, which may be recognised by their converting amygdalin into the well-known products of its decomposition, a property not possessed by the fresh evacuations. If the matter in this condition be added to the food, the animals which have eaten of it sicken in from four to seven days, and die within thirty-six or forty-eight hours of their being seized. The disease commences with diarrhoea, and the dead body shows all the phenomena observed in human corpses that have died of cholera.

The facts ascertained by Dr. Pettenkofer and the investigations of Dr. Thiersch, mutually explain, and are supplementary to, each other. The poison of cholera is developed in the excre-

mental liquids after they have left the body. It is thus that privies, sewers, and all places in which they become mixed with animal matters, become real sources of cholera poison.

The well-known preventives of fermentation and putrefaction remove the cause of the propagation of cholera. Chloride of lime, sulphuric acid, tar-water, etc., at once present themselves to the Physician as disinfectants. It is the duty of the Medical man, in promoting the interests of science and humanity, to employ these remedies, and to determine the extent of their power.

In the prison of Kaisheim (in Bavaria), the cholera was introduced by an individual who died there; and the early employment of disinfectants was the cause of the disease being limited to this case, and of but one of the other 500 or 600 prisoners, although in a dangerous locality, having been attacked. On the other hand, in Ebrach (in Bavaria), when, from ignorance, this precaution was not at once adopted, 15 per cent. of the 350 prisoners died.

The discoveries of Dr. Thiersch throw much light upon the nature of contagious poisons. The blood-producing substances, in the condition of their normal metamorphoses, are essential to nutrition and health. The same substances and their products, in a state of abnormal decomposition, give rise in the healthy organism to disease and death.

I shall send you shortly a printed account of the discussion we have had upon this subject, which you might communicate to the *Medical Times and Gazette*.

JUSTUS VON LIEBIG.

## APHORISMS AND OBSERVATIONS

UPON

## CERTAIN RARE OR PECULIAR DISEASES OF THE ORGAN OF SIGHT.

By W. R. WILDE, F.R.C.S.I.

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(Continued from Vol. VIII., page 208.)

## INFLAMMATION OF THE CORPUS CILIARE.

IN resuming these aphorisms and observations, I beg to remind my readers, that they are but the skeletons, or brief outlines, of particular subjects, intended to be filled up hereafter, should time and opportunity present. In the present instance, this remark is especially applicable, as, indeed, to do the subject justice, it would require more space than a Weekly Journal could possibly afford, and should also be illustrated with coloured drawings characteristic of the varieties of the affection I am about to describe, as well as the appearances which it presents in the different stages of its course.

General as well as Ophthalmic Surgeons are well aware that, but a very few years ago, all inflammations of the eyes, no matter from what cause they arose, or what structure was affected, were denominated ophthalmys. On the discovery and diagnosis of iritis, all internal inflammations of the eye were styled iritic, just as all cases of impaired vision not cataract were formerly called gutta serena, amaurosis, or glaucoma; and all diseases of the sac and lachrymal apparatus were classed under the head of "fistula lachrymalis."

Modern pathology has subdivided, and, we think, with effect, the internal as well as the external inflammation of the eye, and now men conversant with these affections know how to diagnose the various forms of iritic inflammation, choroido-iritis, inflammation of the membrane of Descemet lining the anterior and posterior chambers,—the green colour which the iris assumes in certain forms of asthenic inflammations, and other symptoms of particular diseases which need not here be specified. I have been acquainted with the following form of internal ophthalmic disease, and have been in the habit of describing it to my class for many years past; and, as it has not been detailed in such books as I am acquainted with, I here beg to present the following notice of it:—

The disease generally occurs in young or middle-aged subjects,—from 15 to 40 most frequently; in females more than in males; in strumous constitutions; among fair-haired, and particularly in persons with sandy complexions. A partial zonular vascularity, deep-seated, and of a pinkish colour, at first occupies a fourth or sixth of the circumference of the cornea, attended with some general appearances of deep-seated congestion; as it is totally painless and cause neither intolerance of light lachrym-



ation, or impaired vision, it seldom attracts much attention on the part of the patient. In a few days, swelling as well as redness of the part appears; the sclerotic is positively bulged outwards, and often forms a projection as large in circumference as that of the tip of the little finger. The subconjunctival cellular tissue becomes infiltrated with fluid, and the conjunctiva itself red and swollen. It now looks very like some of those forms of pustular ophthalmia in which large vesicles form at the margin of the cornea and sclerotic,—a form of disease not noticed, except by the late Mr. Dalrymple, in whose book will be found some figures from drawings which I afforded him of this peculiar appearance several years ago. (See “Dalrymple’s Pathology of the Eye.”) But, from which it differs, in never forming a vesicle or pustule, or presenting any breach of surface, although it exhibits occasionally a wave-like projection overlapping the edge of the cornea. This red swelling is also somewhat darker than in cases of external circumscribed ophthalmia, as if produced by some black back ground. In the space of a fortnight or three weeks the disease begins to spread, and a new space, occupying from a quarter to half-an-inch of the site of the ciliary body becomes engaged, and goes through the process I have just described; the remaining portion of the eye in all its textures, conjunctiva, sclerotic, cornea, and iris, continuing perfectly free from disease, and neither pain nor impaired vision being experienced. The swelling and redness seldom occupy more than a third of the cornea, at the same time,—except in very aggravated cases, or in those which have become complicated with iritis, or rendered more intractable by conjunctivitis, the result of an impaired state of the constitution or injudicious Medical treatment, such as the application of strong solutions of nitrate of silver, wine of opium, etc. In breadth measuring, at right angles, with the margin of the cornea, the disease does not occupy more than three-eighths of an inch; but, as the affection spreads, large dark vessels, principally veins, may be observed coming up from behind, traversing the globe, forming anastomoses with one another, and presenting interrupted arcades of vessels like those seen in certain forms of diseases of the choroid.

As the disease occupies new ground, the site of the old inflammation resumes its normal level; but as the swelling and vascularity subside, other appearances come into view. The sclerotic at this part presents a dusky, olive hue, with a slight bluish tinge intermixed, arising apparently from a thinning process in that coat, caused by pressure of the ciliary body beneath, during its previously swollen state, having caused absorption of its external envelope, and thus allowed this dark hue to appear. The part first affected seldom, however, loses all its vascularity until active disease has left it for two or three weeks. I have remarked, that the disease does not return in the same place again, although the inflammatory action may break out in another spot not continuous with that previously engaged. This, however, is a rare occurrence. I never saw staphyloma racemosum, or bulging of the choroid, occur as the sequel of this affection.

After the disease has been of some weeks’ standing, the cornea becomes hazy in one or two spots, as if from interstitial deposit, and presents a drab-coloured, macerated appearance,—always opposite the point in the sclerotic most seriously engaged at the time; these opacities never proceed as far as the centre, or anything near the centre, of the membrane, and consequently do not interfere with vision, the more especially as they generally occur at the upper portion, opposite which the disease is most frequently intense. The surface of the cornea does not lose its polish as in corneitis, and red vessels cannot be traced into the opacity, or over the surface of the structure it engages, as in pannus and certain forms of pustular ophthalmia; nor can red vessels be seen on the cornea with a glass. This opacity has always appeared to me to result from pressure upon the vessels supplying the laminated cornea; it frequently presents the dull, grey, opaque tint which the cornea may be made to assume by pressing an eye removed from the dead subject between the fingers. In some severe cases the sharp line of demarcation between the cornea and sclerotic is obliterated, and the former looks as if the sclerotic had grown in upon it irregularly. The margin of this opacity, which is usually circular towards the cornea, is not sharp or defined, like that of a cicatrix, nor yet fading off into a gradual haze, but looks as if abruptly softened into the neighbouring transparent structure. Opacities of this nature get well, *pari passu*, with the disease in the neighbouring sclerotic, and never remain permanent. The redness lingers longest in that portion of the tunica albuginea left exposed when the lids are open, and chiefly on the outer side; the dark spots left on the sclerotic are, for the most part, around the upper third of the cornea.

The disease always takes many weeks, and sometimes months, to run its course. Occasionally an intermission occurs, and some one spot appears to have escaped; but, sooner or later, that portion will undoubtedly be seized upon, and pass through the various stages I have described. The patient should be informed of the tedious character of the disease, otherwise he will lose faith, not only in the Practitioner, but, what is of still greater importance, lose confidence in the remedies employed. Some years ago, I saw a gentleman in the month of October, with the disease in the incipient stage. I told him he would not be well in less than three months, as that, like a fever or an eruptive disease, it must run its course. He left me in indignation, but returned in the following February with the whole eye engaged; the treatment pursued in the meantime having been of a very stimulating character, had probably kept up the inflammation for more than the usual period. Sooner or later the second eye becomes affected, although a great interval of time, sometimes two or three years, may elapse. When I commenced to write these aphorisms, I hoped to have been able to record a solitary example to the contrary; but, in the instance to which I refer, a lady, formerly affected, is now under treatment for the disease in the second eye,—four years having passed since the affection commenced in the first.

During the progress of the disease, any of the textures of the eye, adjoining or in connexion with the seat of the original inflammation, may become affected; the most frequent complications are conjunctivitis, iritis, and inflammation of the membrane of the aqueous humour. I have never seen a case in which there was evidence of the choroid becoming subsequently engaged, although one would naturally expect that staphyloma would follow.

This disease may be distinguished from iritis, not only by the circumstance of the iris itself remaining unaffected, but on account of the interruptions in the zone of vascularity which surrounds the cornea. The same circumstances, as well as the want of that peculiar vascular arrangement already alluded to, serve to distinguish it from choroiditis. In truth, it appears to me, that when once attention has been called to this disease, it is scarcely possible to mistake any other for it. There is only one affection that, in the early stage, might induce an inaccurate diagnosis, that is, tubercular deposit between the choroid and sclerotic, possibly in the former, which, pressing outward, simulates, to a certain extent, this affection; but the bulging and vascularity attendant thereon, occupies a different site from the disease now under consideration.

The treatment I have found most efficacious consists in counter-irritation and the administration internally of a mercurial alterative combined with a tonic, for which no better form exists than the good old remedy of the oxymuriate and bark, combined so as to give from the twelfth to the eighth of a grain of the former at least three times a day. This remedy should be continued in increased or diminished doses, in the solid or fluid form, during the entire progress of the disease, unless where, as upon the supervention of iritis, a more active preparation of mercury is required. At the conclusion of the disease, the preparations of iodine and potash will be found most useful. The counter-irritation should be kept up upon the hollow of the adjoining temple until the disease has disappeared; and it will be advisable to have the pupil well dilated with belladonna or atropia, so as to keep it out of harm’s way, in case of iritis supervening; for I still hold it, notwithstanding the high authority of one of my most esteemed friends in the profession, a culpable error not to dilate the pupils in all cases of even suspected iritis. Occasionally, the eye will take on such appearances as to require the administration of mercury in a more active form, and also the application of leeches, or the employment of cupping; but these are the exceptions to the general rule, and nothing but practical experience will point out to the Surgeon how and when such remedies are to be put in force.

Everything which tends to improve the general health should be resorted to—nutritious, but not stimulating regimen; the moderate use of porter; but, except in cases of weak females, the avoidance of wine. The patient should be warned against acids, pickles, acid fruits, and stale or badly cooked vegetables; but a mixture of animal and fresh vegetable food will be found judicious. I generally find that the patient, especially in the upper ranks of life, cannot, with prudence, go into society; but I believe that open air exercise during the warm part of the day is always advisable. A warm clothing is indispensable, and, where it can be procured, I have always found the warm-bath servicable. A large shade, sufficient to exclude strong light from both eyes, is always relished by the patient, although, as already remarked, there is neither pain nor photophobia in this disease in its uncomplicated condition.



Although I have not read any account of this disease in British or Continental works, I cannot but believe that Ophthalmic Surgeons are already acquainted with an affection which so frequently presents in this country; but, as yet, it has not been described in any work that I am aware of. My friend, Dr. Appia, of Geneva, to whom I pointed out some cases of this affection a few months ago, informed me, that Dr. Joseph Hasner von Artha, of Prague, in his "Eutwurf einer Anatomischer Begründung der Augenkrankheiten," published in 1847, suspected the probability of such a disease taking place; but not having any practical experience of the affection, did not give any description of the symptoms or pathology attending on it. Not having seen Dr. Artha's account myself, I cannot form any opinion upon the matter; but, possibly, some of the readers of this article may be able to afford some information, not only upon the subject of the work to which I allude, but also as regards the disease which I have thus imperfectly and briefly described.

## ON SARCINÆ VENTRICULI.

By ARTHUR LEARED, M.B., M.R.I.A.

Physician to the Royal Infirmary for Diseases of the Chest, and to the Metropolitan Dispensary.

I HAVE lately had, through the kindness of Mr. Wells, of Artillery Place, a case of chronic disease of the stomach, attended with vomiting of sarcinæ. Its progress was recorded, in many respects, with unusual care, and the results are, I think, interesting. Upon these, therefore, it is my intention to make some observations.

April 13, 1854.—Saw for the first time Mrs. T., 52 years of age, of middle height, and, when in health, moderately stout. She is now emaciated, and complains that she has had a "sinking in the stomach," accompanied by vomiting, for upwards of a year,—the latter was at first only occasional. Attributes its commencement to fretting on account of altered circumstances; but, having contracted scarlatina from her child, six months ago, the vomiting became of daily, and soon of even more frequent occurrence, and now happens from three to four hours after any considerable meal; sometimes also in the morning on awaking. Severe pain, lasting about twenty minutes, precedes the vomiting. Commencing in the right iliac region, pain shortly occurs, also a little to the left of, and parallel with, the umbilicus. In the position of the latter pain, a tumour, which she describes as the size of a hen's egg, sometimes appears. It is increased by the effort of vomiting, but subsides immediately after. All pain then ceases. She has frequently a feeling of tightness about the stomach, in addition to the sinking; is often "windy;" but there is no epigastric pain or burning sensation whatever, and seldom nausea. A careful examination of the abdomen yielded no result worth recording. The vomit consists of a small portion of watery fluid, followed by a gush of a thick, brown matter, with scarcely apparent effort. Its quantity varies from a pint to a quart, seldom less or more. It tastes, she says, "bitter and sour." Much confined to bed from debility, she has nevertheless a good appetite, and is seldom thirsty. For the last three months her bowels have not been moved oftener than about once weekly, and always by strong purgatives. Pulse quiet; catamenia regular; head quite unaffected.

A portion of the vomited fluid having been allowed to stand some hours, indicated active fermentation, the surface being raised and covered with bubbles. On being shaken up, a turbid, strongly acid liquid, sp. gr. 1018, replaced the upper, more consistent, and dark brown stratum, which now formed a copious sediment. Examined under the microscope, this was seen to be crowded with sarcinæ, mixed with the ordinary debris of food.

Ordered, *R* Liquoris calcii chloridi  $\mathfrak{z}\text{ij}$ , aquæ  $\mathfrak{z}\text{viij}$ . Sumat haustum talem ter quotidie.

May 26.—Six weeks have elapsed since the above was prescribed; she has not taken it regularly, but is, nevertheless, much better. After the first few days I could discover no sarcinæ in the vomited fluid. The vomiting had been reduced to an average of not more than once daily, and this improvement has continued. Since then she has had scarcely any pain or appearance of the tumour.

She was to-day admitted under my care into the Royal Infirmary for Diseases of the Chest. A daily register of the case was now kept, of which the following is an abstract:—

On the first five days she took the liq. cal. chlor. as before directed; vomiting occurred daily, with one exception, after dinner (at one p.m.), at intervals of from one to four hours—average three hours and a-half. It occurred on two nights also.

On the eleven succeeding days, she took a drachm of hyposulphite of soda in a little barley-water thrice daily, there being few omissions, with these results:—First and third days, no vomiting. On the nine remaining days it occurred from one to five hours after dinner—average, two hours, fifty minutes. On three of the latter days, however, it occurred at four a.m. also; and on two of these at nine p.m. and ten p.m. respectively. The medicine was omitted, as she said it made her weak.

On the three succeeding days she had no medicine. On the first she vomited at four p.m.; the second, at four a.m., and at nine p.m.; the third at four a.m., and again at half-past four p.m., although she had no dinner.

For the next fourteen days she took the following:—

*R* Infus. rhei., infus. gent. aa.  $\mathfrak{z}\text{ss}$ , fiat haustum unam talem ter indies ante cibum sumend.

First day, vomited at half-past four a.m. (medicine not commenced with), again at five p.m. Vomiting after dinner occurred on six days; longest interval six hours and a-half; shortest, four: average, five hours, ten minutes. It also occurred on two other days, times not noted; but on five of the fourteen days there was no vomiting.

The following pills were now substituted:—

*R* Creosoti  $\mathfrak{m}\text{iss}$ , ext. opii gr.  $\frac{1}{4}$ , ext. gent. q. s. M. ft. pil. sumat. unam talem ter quotidie ante cibum.

These were also taken for fourteen days. They appeared at first more beneficial than the draughts, especially in diminishing the quantity vomited. Vomiting occurred but six times during the above period. The entire cessation of vomiting on the last three days of it appearing to be caused by her now evidently sinking condition, they were omitted.

From this date (June 12) to her death (June 16), although she continued to take food, there was no vomiting. Death ensued slowly from exhaustion.

*Post-mortem*.—The body was in the last stage of emaciation.

*Head*.—Not examined.

*Lungs*.—Right—in state of extreme collapse; pleural surfaces universally adherent. Left—half of upper lobe healthy; remainder of organ more or less infiltrated with cancerous looking matter.

*Heart*.—Natural.

*Liver*.—Of moderate size, and apparently healthy; gall-bladder nearly full of bile.

*Stomach*.—This organ was completely dislocated. It extended perpendicularly from the diaphragm, against which its cardiac extremity pressed to a line that would connect the anterior superior iliac spines. Lying entirely to the left of the spinal column, it occupied the position of the descending colon, which at first sight it closely resembled. It contained about a pint of "coffee-grounds" fluid. Its greatest length, when empty and laid flat, was  $11\frac{1}{4}$  inches. Central width  $2\frac{1}{4}$  inches. Capacity, measured by distension with water by means of a funnel in the œsophagus, the pylorus being tied, exactly a quart. The coats of the organ, for about three inches from the pylorus, were transformed into a thick unyielding mass. On section, this was found to be cancer of the colloid variety, with some fibrous intermixture. It presented under the microscope the usually received evidence of malignancy; and Dr. Bristowe, Pathologist to St. Thomas's, who was kind enough to examine the morbid growth, agreed with me as to its nature. The cancerous mass terminated abruptly in a ring of nodules, some as large as marbles projecting into the stomach; beyond this the mucous membrane appeared quite healthy; but the muscular coat, near the diseased part, was hypertrophied. A test tube 5-12th inch diameter was with difficulty passed through the tortuous passage representing the pylorus portion of the stomach. This tract was almost completely denuded of mucous membrane.

*Pancreas*.—Found resting on the spinal column, very nearly parallel with it. Its upper portion was much indurated.

*Spleen*.—Natural, but displaced.

*Intestines*.—The small was slit throughout; it was nearly empty. Duodenum as usual unaffected by the disease. The lower portion of the ileum was much thinned, and its calibre contracted. The mesentery was studded with cancerous masses, varying from the size of millet-seed to split peas. The caput coli was full of fecal matter.

*Kidneys*.—Large, but of healthy structure, except that in the left were some cysts containing fluid.

I attribute the vertical position of the stomach, the normal one in the fœtus, to pathological causes. Rokitsansky, indeed, mentions scirrhus pylorus as a cause of displacement from its weight. If, however, we consider the weight of contents ordinarily sustained by the stomach, it is difficult to ascribe so remarkable a displacement as the present to the addition of a



few ounces of scirrhus mass. I imagine that elongation of the attachments of the organ from extraordinary movements due to pyloric obstruction, is in these cases the real cause of dislocation.

I have preserved the stomach, and have been particular in describing its size. According to some experiments of my own on the capacity of the adult stomach, that of this was not more than half the average.

Copious vomiting of yeast-like fluid, containing *sarcinae*, has been regarded by that accurate observer Dr. Todd, as almost pathognomonic of dilated stomach, with obstructed pylorus. (a) The present is certainly an exceptional case. Yet it would seem, from a comparison of the quantity vomited with the ascertained capacity of the stomach, that it must have been occasionally distended to the utmost. It is remarkable, that the quantity vomited at a time on a few occasions even slightly exceeded the capacity alluded to.

In three other fatal cases of organic disease of the stomach occurring in my own practice, the origin of the disease was attributed by the patients to mental suffering. In certain cases probably of special diathesis, mental influence appears to act thus in locating disease.

With regard to remedies, it would appear from the foregoing that chloride of calcium was more efficacious in restraining the vomiting than hyposulphite of soda. Full doses of the latter were given, in order that it should have a fair trial. Its beneficial action was at first more apparent than subsequently; but I observed this to be the case with all the remedies tried. It is to be remarked, however, that from the first exhibition of chloride of calcium, the frequency and severity of the vomiting became permanently diminished; and the entire cessation of pain is fairly ascribable to the same agent. I constantly questioned the patient while in Hospital in reference to pain; and it is an interesting fact, that, during that period, she suffered none whatever. The relation between the non-appearance of the tumour, cessation of pain, and diminution of vomiting, was, I think, however, clearly established by the position in which the stomach was found. Improvement of these symptoms coincided with diminution in the quantity of the distending gas.

Although, so far as I am aware, chloride of calcium is now, for the first time, recommended for affections of the stomach, I had previously used it extensively in dispensary practice. In cases of atonic dyspepsia, with acidity and foul eructations, its use is attended with excellent results. Many old sufferers have assured me that no remedy had proved so beneficial to them. I explain this, from its decomposition by many acids likely to be present in the stomach, either abnormally or in excess, their being precipitated thereby, and also to the evolution of free chlorine. To the latter, the destruction of *sarcinae* is, perhaps, to be attributed. From close microscopic observation during the exhibition of both, I believe this power to be possessed at least as much by chloride of calcium as by sulphite of soda. The point on which I lay stress at present is the permanent improvement of symptoms after liq. cal. chlor. had been a short time taken. Was some catalytic body, distinct from that concerned in the fermentation which subsequently occurred in the stomach, eradicated by this agent?

On omitting the above remedies *sarcinae* soon re-appeared, and were afterwards invariably found in the vomited fluid. I also noticed, both associated with *sarcinae*, and as constantly when they were not present, a profusion of irregularly-rounded, semi-transparent bodies, of a greenish brown colour, smaller than *sarcinae*, but of variable sizes, more or less aggregated in masses. The constancy, similarity, and general appearance of these bodies made it impossible to confound them with debris of food. (b) I cannot but regard them as embryonic *sarcinae*, and that influences destructive to the maturer organisms only arrested their development. This would explain the rapidity with which *sarcinae* are sometimes re-produced after apparent total destruction. According to Frerichs, *sarcinae* are developed from primitive round cells.

The effect of remedies on the vomiting was marked by its aggravation on their omission. But that *sarcinae* were not its essential cause was plain, because the greatest improvement was effected by remedies, with the use of which *sarcinae* co-existed.

Different kinds of diet were tried, but with less difference of result than might be expected, and great difficulty was experienced in restraining the craving of the patient for certain articles. Animal food appeared most suitable. Vomiting was always increased by a bulky diet, as bread and broth or gruel. Con-

stipation became at length very unmanageable; castor oil was latterly fancied by the patient as a purgative, but it required the addition of croton oil to insure effect. The suspension of the renal secretion was remarkable. On two occasions the quantity of urine passed in twenty-four hours is noted as only two and a-half ounces; yet the skin was constantly parched. Diuretics were tried, and seemed ineffective. Compared with the thirst and dryness of skin in diabetes, the absence of thirst in this patient was interesting. It points to an intimate relation between perception of thirst and increased renal action. In the present case, there was simple abstraction of pabulum from the secreting organs. From a comparison of the quantities of urine passed with the quantities vomited in twenty-four hours, on eighteen occasions, accurately noted, I find a very close inverse relation between them. The urine was generally dark coloured, of high specific gravity, and of variable re-action, occasionally depositing whitish lithates. It was often so charged with urea that a very copious crystallization resulted on addition of nitric acid. I have frequently observed this excess of urea in cases of chronic copious vomiting.

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## ON THE MANNER OF FINDING AND EXPOSING THE ARTERIES

WHEN THEY ARE TO BE TIED IN A HEALTHY PART OF THEIR COURSE.

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(Continued from page 492.)

### DEEP-SEATED ARTERIES.

THE operator, when he attempts to expose a deep-seated artery, must exactly know the place and direction of the incision, and the rallying points (9) of that artery; those peculiarities, nearly the only ones, which vary for each artery, being well known, the operator must, whatever the artery may be, proceed according to the following rules:—

(9) The arteries usefully tied in the ordinary practice of Surgery, generally have a single rallying point, which is a muscle interposed between the general, or first, or most superficial fascia, and the artery; and the muscle, the rallying point, is also generally separated from the artery by another aponeurotic layer,—a second fascia. When by exception there are several rallying points for one artery, the first one is always a muscle, so that the general rule for the performance is then always the same; the only difference depending on this peculiarity is, that when the muscle, the first rallying point, is either turned aside, or dissected, or cut across, according to the case, the operator must seek the other rallying points before he finds the artery.

This doctrine of the rallying points is quite new, at least in its applications to Operative Surgery. Theoretically, it might be traced in several works many years ago. In theory and practice, it is an application of that extensive law laid down by the illustrious Geoffroy St. Hilaire, called the "law of connexions," by which this great philosopher, in spite of hatred, envy, and obstacles of every kind, peremptorily demonstrated the actual foundation of anatomical science, viz., the unity of organic composition.

An example will illustrate at once the essential difference between the proceedings here exposed agreeably to that great principle, and the proceedings formerly adopted. Let us compare them in the performance of an operation for tying one of those arteries the most difficult to expose by means of the ancient proceedings, whereas it is impossible to make a blunder with the new ones; for instance, the ulnar artery at the middle length of the forearm.

In order to expose that artery, when the skin and cellular tissue are cut, the usual rule has hitherto been to divide the fascia upon the interstice between the flexor carpi ulnaris and the flexor sublimis digitorum.

We, on the contrary, previously knowing that the flexor sublimis is there our rallying-point, divide the fascia upon that muscle, to expose it at first, and, consequently, a little external to the interstice; the muscle being exposed, we need only to turn it aside a little outwards to have immediately the artery in view.

The operator, with the former proceeding, is very often led out of the way, along the flexor carpi ulnaris, in the depth of

(a) *Medical Times and Gazette*, Vol. IX., p. 2.

(b) Whether torulae were present in the vomit when first examined I have omitted to note; but they were not found in it while the patient was in Hospital.



the flexor profundus digitorum, if not even under the latter. With the latter proceeding, it is impossible to make a mistake; and when the muscle, our rallying-point, is turned aside, we can assert, that there is an anomaly if the artery is not immediately in view. We might have shown exactly the same thing for every deep-seated artery, and how easily the plan here described leads the operator to the artery.

The ancient manner of proceeding arose from a principle of anatomy which had deceived the operators. The Surgeon, it had been said, must know anatomy so minutely as to be able to tell without any hesitation all the parts through which a pin thrust into any region of the human body passes. This phrase had seduced many minds by its dogmatic appearance. Hence, operators, when desirous to expose an artery for the purpose of tying it, always attempted to reach it straightway. Through this delusion, they were forgetting the extreme variableness of position of the organs, and the best anatomists were very often led out of the way, and failed in their attempts. The more we examine anatomy accurately, the more we learn that the situation of the organs is not absolutely fixed; while their essential connexions never vary, or vary only according to some rules, with a very few exceptions. No anatomist who has seen much would pretend to tell with certainty the organs traversed by a pin on any point of the body; the sex, age, degree of fatness, and so many other conditions, even in the healthy state, not to speak of morbid deviations, produce so numerous changes in the situation of organs, that one would run great risk of erring in one's designations by such a pretension.

In our rules, agreeable to the doctrine of the rallying-points, we do not proceed that way; we rely more on the connexions of the organs, and less on their absolute situation. When we wish to expose an artery, we avoid going straightway to it. Of course, finding the artery is our aim; but, before reaching it, we first seek the organs with which the artery, according to our anatomical knowledge, is in connexion; that is to say, the rallying points. We begin by finding the rallying-point beyond all mistake; if there is a second rallying-point, we ascertain it after the first, and so on; we seek the artery out at last, and find it in the place where it must be, according to its connexions previously known and settled by anatomy, with its rallying-points. In the first method, all is uncertainty, hesitation; in the latter, on the contrary, all is exact, regular, and known beforehand.

I. By the first sweep of the knife, the operator divides the skin—only the skin,—as for a superficial artery.

II. He cuts through the subcutaneous cellular tissue, layer after layer.

III. The fascia being exposed, he ascertains the presence and situation of the muscle, the rallying-point, through the aponeurosis, nearly always transparent enough to admit of the verification, and then cuts across the fascia by a single sweep of the knife (10) from the surface, so that the muscle be freely exposed. If the fascia were not entirely divided by the first incision, this incision should be afterwards completed, till the muscle were exactly in view along the whole length of the outer wound. (Were there any other rallying-points, they should be sought in the same manner hereafter explained for each of the few arteries that have several rallying-points.)

(10) The operator, when he is possessed of a great practice, a steady and very dexterous hand, might, in fact, divide the fascia directly, without the help of any director, even when he endeavours to expose a superficial artery; as also he might at all events perform the whole operation, even isolate an exposed artery almost entirely with the knife,—a very bad proceeding, however, and unfortunately practised by some skilful Surgeons. But such deeds will scarcely, or rather never be indulged by a prudent Surgeon. It is by far more prudent, safe, and, at the same time, as easy, to divide the fascia from below to the surface, along a grooved director; and thus the superficial artery, with its collateral organs, is more certainly secured from any serious injury.

But for a deep-seated artery there is no such a utility. The skin and cellular tissue are divided, and the general or first fascia is exposed. To be sure it would be strangely superfluous, more than insignificant, to lose one's time in minutely dividing it by the help of a director. What risk should we run, by cutting it directly from the surface? At most, cutting some fibres of the subjacent muscle! And even this is far from being constant. Of what matter is that trifle compared with what the muscle must afterwards undergo when turned aside or cut across?

Thus, and I insist upon that difference, the general or first

fascia is divided, from below to the surface, along a director, for a superficial artery; from the surface directly, by a single sweep of the knife, for a deep-seated one.

IV. The muscle, the rallying point, is turned or drawn aside, either outwards or inwards, according to the case. This removal is better termed turning aside, because it cannot, with a few exceptions, be performed without more or less turning over the muscle which is to be removed, while it is drawn aside. It is performed, according to the degree or kind of resistance, by the help of the end of a finger, or the handle of a scalpel, or a director, either of which is generally sufficient, and acts by mere direct traction, or, when necessary, by some alternate and accurate, though firm, motions up and down, for clearing away the cellular attachments. There is an almost constant exception for two muscles, the sterno-mastoideus, the rallying point for the carotid artery, and the supinator longus, for the upper part of the radial artery; both, usually, so firmly adhere to their aponeurotic sheath, that the finger, the handle of the scalpel, or the director, cannot, in most cases, succeed in turning them aside, without great exertions and at the expense of irregular lacerations, not to speak of many other inconveniences. Both these muscles ought always to be turned aside by an accurate dissection of their edges, and separated from their deep surrounding fascia, by the help of the cutting edge of the knife, in the same manner as for a nice anatomical preparation. Of course, this same method of turning it aside might be applied to every other muscle, if it were really worth the trouble, which case will very rarely occur; but it is almost imperatively required for the secure and certain drawing aside of the two aforesaid muscles, viz., the sterno-mastoideus and supinator longus. Three muscles are too broad for allowing their being conveniently turned aside, viz., the pectoralis major, for the axillary artery at its upper part; the broad and flat abdominal muscles, for the iliac arteries; and the soleus, for the posterior tibial artery at its upper part. It is by far easier to divide them by cutting them across, layer after layer, with a knife, from the surface. (11)

(11). See further in the notes affixed to each of these arteries in particular, some explanations about the parallel of both proceedings—one by turning aside, the other by cutting across the broad muscles.

V. At last, the operator has exposed the sheath of the artery; that is to say, the aponeurotic layer which separates it from the removed rallying-point; now he only needs to divide that new fascia, if necessary, along the director in the same manner and for the same reasons as he divides the general fascia, for exposing a superficial artery (12).

As to the length of the incision, it must always be more extended than for a superficial artery; three inches, at least, are required, and often much more, according to the thickness of the divided layers.

(12). This fifth particular step is but conditionally performed. The second fascia—viz., the aponeurosis—interposed between an artery and the muscle, its rallying-point, frequently happens to consist only in an almost cellular layer, and then requires only to be torn asunder with the blunt extremity of the director. It requires being divided along the director only when it assumes a plain aponeurotic character.

[To be continued.]

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE LONDON HOSPITAL.

#### FRACTURE OF THE SKULL, WITH DEPRESSION. EFFUSION OF BLOOD UPON THE DURA MATER. OPERATION, ETC.

[Under the care of Mr. WARD.]

J. MACARTHY, a labourer, aged 36, was admitted at 2.30 p.m. on August 22, 1854, having shortly before been struck over the head by a jigger on board ship. He was quite unconscious, and suffering from well-marked symptoms of compression. The right pupil was dilated; the left contracted. The pulse was laboured and low. There was puffing of the cheeks and frothing at the mouth, with a peculiar restless jerking of the limbs, more particularly of the upper. Occasionally, in the intervals of movement, the lower limbs were remarkably rigid, so much so that they could not be elevated, the muscles seeming in a state of marked tonic contraction. There was a lacerated wound, about



an inch long, on the right side of the head, three inches above the tip of the ear. Mr. Ward enlarged the opening in the skin, so as freely to expose the bone beneath, when it was seen that a portion of the parietal bone, about the size of a penny, was fractured and depressed. The trephine having been applied to the bone on the inner side, the depressed portion was taken away. The opening thus made having been further enlarged by means of Hey's saw, there was exposed what was at first glance thought to be dura mater, and a deep laceration of the brain substance. On more careful examination, however, the shining surface was ascertained to be the surface of a coagulum which had been rendered smooth by compression against the bone. Mr. Ward introduced his finger, and turned out more than a teacupful of coagula, after which the dura mater was seen to be extensively detached, and blood was discovered to be pouring quickly from its surface. By rapidly sponging away the effused blood, Mr. Ward was successful in discovering the mouth of a vessel which gave forth a distinct jet. It was the large ascending branch of the middle meningeal, and ran parallel with and posterior to the coronal suture. The opening in the vessel appeared to be oblique. The dura mater having been raised by means of a tenaculum, a small armed needle was passed beneath the vessel, and the ligature having been tied the bleeding ceased. The symptoms of compression were now only very slightly relieved. Mr. Ward made a careful examination of all the other parts of the head, and over the anterior part of the left parietal bone, discovered a fulness of the soft parts, which permitted of some pitting on pressure. A crucial incision was accordingly made in this region, and the bone having been exposed, a linear fracture was detected running downwards along the anterior part of the left parietal bone, and blood was oozing from it. The trephine was applied over this fracture, and by means of Hey's saw a triangular portion of bone was afterwards removed. The dura mater was found detached in a similar way, though not to so great an extent as on the opposite side, and several small vessels gave exit to blood. The coagula having been removed, the dura mater was seen to be about half-an-inch depressed; the bleeding from its surface ceased on exposure to air. After the completion of the operation, the dura mater was observed gradually to rise to its proper level. All the symptoms were decidedly relieved; both pupils acted on exposure to candle-light; the respiration was much less laboured, and the pulse increased in frequency. The puffing of the mouth ceased about the ninth hour after the operation. On the following morning, (fifteen hours after the operation,) the pulse had a frequency of 130, and the respiration of 50, in the minute. He had not been conscious, but was lying as if in a deep sleep, moaning loudly. The reflex actions of the lower extremities were more powerfully excited in the right than the left leg. Urine had been twice passed unconsciously. From this time the patient sank, his symptoms coming to resemble those of profound concussion, and great difficulty of breathing being one of the most prominent symptoms.

*Autopsy.*—On opening the skull, the fracture on the right side was found to extend downwards across the squamous plate of the temporal bone traversing the sphenoidal suture and sphenoid bone, to the anterior lacerated foramen, and thence across the tip of the petrous bone, to the end in the left half of the basilar process. Upwards, the fracture was continued to within an inch of the sagittal suture, the coronal being detached, or rather separated, to the extent of an inch, on the right and on the left of its extremity. The line of separation of the suture was continuous with the fracture, and the latter, on the left side, extended across the anterior part of the parietal bone, having the course of the middle meningeal, and ending in the squamous plate of the temporal bone. There was no laceration of the brain substance, nor was it at all unduly congested. The thoracic viscera were, unfortunately, not examined.

*Remarks.*—The question that first suggests itself in connexion with this case is, Of what did the man die? Surgery had done all that could be done, and, by bold measures, the brain had been completely relieved from pressure. No laceration of the brain substance had been inflicted, and, indeed, as far as the head was concerned, nothing was revealed at the autopsy incompatible with life. In the absence of evidence as to the condition of the viscera of the trunk, the only probable conjecture seems to be, that the mere concussion had been more than the brain could rally from. As far as the operative interference was concerned, it had been quite successful, having been the means of the removal of two collections of extravasated blood, either of which must have otherwise been sufficient to kill by compression.

The case is interesting as an example of fracture of both parietal bones (the blow and the *contre-coup*), with, on both

sides, large effusion of blood between the dura mater and bone. It well illustrates, also, the value of one of the less appreciated symptoms of fracture of the skull. We allude to the puffy swelling of the scalp. On the right side of the head there was enough in the external wound to attract attention to the injured spot; but on the left side the only indication of mischief was the peculiar œdema of the tissues of the scalp. In several cases which have recently occurred at the London Hospital, we have noticed the importance which Mr. Ward attaches to this sign; and in each in which it was relied upon as a guide to the spot to be explored, the confidence was justified by the condition discovered.

## ST. GEORGE'S HOSPITAL.

### LARGE FIBRO-CYSTIC TUMOUR OVER THE PAROTID. EXCISION.—RECOVERY.

[Under the care of Mr. JOHNSON.]

SARAH JAMES, the subject of the following case, a thin, delicate-looking woman, aged 53, was admitted on Oct. 19, 1853, suffering from a very large tumour over the right side of the face and neck. The history given of it was, that it had first been noticed thirty-two years ago, as a hard, rather painful subcutaneous nodule about the size of a pea. It was over the parotid region, and for many years continued hard, painful, and increasing very slowly. Three years ago she believed it was not larger than an orange, but since then it had grown rather rapidly, more especially so within the last year, in which it had almost doubled its size. It was, on admission, rather larger than a cocoa-nut, nodulated and irregular in shape, closely united to the integument, but easily movable on the deep parts. In most places it felt very hard and solid; in one or two, however, there was evident fluctuation, as if from circumscribed cysts. The skin overlying it was stretched and smooth, but otherwise healthy, excepting the upper, where an area of about an inch and a-half in diameter was thinned, and of a bluish tinge. It covered the whole side of the face, extending from above downwards from the level of the eye to below the border of the lower jaw. The patient had not of late suffered much pain, but its great size annoyed her, and its recent growth made her apprehensive for the future. Mr. Johnson remarked, that its long date, hardness, circumscribed boundaries, and want of adhesion to the deep parts, made it almost certain that the disease was not of malignant nature; while its late rapidity of increase made it very desirable that its removal should be effected. A consultation was accordingly held, and his colleagues coinciding with Mr. Johnson's opinion, the operation was decided on.

Nov. 3.—Chloroform having been administered, and the patient arranged in the best position, Mr. Johnson commenced by making from above downwards two curved incisions, which surrounded an elliptical area of skin. This portion of skin, which was of considerable size, adhered so closely to the tumour, that it would have been impracticable to preserve it, and it was accordingly removed, together with the diseased mass. The knife having cut one of the cysts in the upper part of the growth, a large quantity of sepia-like fluid escaped, and considerably diminished the bulk of the tumour. No difficulty occurred in the dissection, excepting what arose from the care necessary to avoid injuring the branches of the facial nerve which lay under the tumour. There was but little bleeding, and only a few small vessels required ligature. In order to guard against the occurrence of hæmorrhage afterwards, Mr. Johnson delayed the dressing of the wound for several hours, when, after another small artery had been tied, its borders were brought together and accurately adjusted with sutures and strapping. In the course of the evening the patient had an attack of convulsive spasms, which affected the muscles of the extremities and abdomen. The mouth remained perfectly straight.

4th.—The convulsive spasms continued to recur until late last night, and she has not had much sleep since. To take an aperient dose.

5th.—During the night another attack of convulsions, which lasted three hours, occurred. She slept badly. The mouth is this morning considerably drawn to the left side. The wound looks well.

9th.—The wound was dressed this morning, and appears to be healing favourably. The mouth is scarcely so much drawn as it was.

From the last date the recovery was uninterrupted, and on the 3rd of December the patient left the Hospital, the wound



being quite healed. Her mouth had been gradually recovering its position, and was now but very little distorted.

*Examination of the Tumour.*—The whole mass was enclosed in a dense investing membrane of fibro-cellular tissue, which could be readily separated from it. It consisted, with the exception of the large cyst which had been opened during the operation, of a vast number of adherent nodules, varying in size from a bean to a chesnut. Here and there were a few small cysts containing a thin serous fluid. Its section was usually hard, opaque, firm, and white, but in parts it was glistening and semi-transparent. Microscopic examination showed it to consist of fine nucleated fibres, between which were arranged many naked nuclei and much granular matter.

For the above account we have been indebted to the notes taken by Mr. Phipps, the dresser of the patient.

## THE HOSPITAL FOR SICK CHILDREN.

### ON THE TREATMENT OF PROLAPSUS ANI BY STRYCHNIA AND BY THE ACTUAL CAUTERY.

[Communicated by Mr. ATHOL JOHNSON.]

In the *Archives Générales de Médecine* for 1853, M. Duchaussoy, in an ingenious article on the subject of prolapsus ani in children, suggests as a remedy the local application of strychnine; and relates a case at the French Hospital for Children in which this treatment was employed, and apparently with success.

As the immediate cause by which the disorder is kept up in long-standing cases appears frequently to be a want of power in the sphincter ani muscle, the proposed treatment seemed reasonable, and one to which I determined to give a trial.

*Case 1.*—Isabella Addington, aged 2 years, a thin child, of strumous aspect, was admitted May 6, with the rectum protruding about an inch, forming a large, solid, red mass, with the aperture of the bowel in the centre, the sphincter being much dilated around its base. The child had been subject to prolapsus for some months, but for the last fortnight the bowel is said to have been down almost constantly, the mother being unable or afraid to return it.

By a little gentle manipulation, the gut was replaced; but the sphincter remained relaxed, so that two fingers could easily be introduced; and on the child beginning to cry, the prolapsus recurred immediately. The intestine was again returned, and this time kept up by means of a piece of gutta percha enveloped in lint and secured by a bandage. Mild laxatives, along with tonics, were administered, and a nourishing diet given. The bowel ceased to come down. The sphincter partially regained its tone; and the child was discharged May 16.

On the 3rd of June she was again admitted. She had evidently been much neglected. The bowel was now protruding about an inch, and had been allowed to remain so for some days. The sphincter was much relaxed. It was now determined to try to produce a more permanent contraction of the muscle. Accordingly, a small blister having been applied to the cleft between the nates,  $\frac{1}{20}$ th grain of strychnia was applied. No convulsive twitches were noticed; but two hours afterwards, when a motion took place, the bowel did not descend.

On the following day a fresh prolapsus took place, but not to the same extent as before. On the fourth day,  $\frac{1}{16}$ th grain of strychnia was applied to the side of the anus, the cuticle having previously been removed. Pain was complained of, and the child seemed uneasy, but no muscular contractions were noticed.

Five days afterwards, the bowel still protruding a little after having a motion,  $\frac{1}{16}$ th grain strychnia was again applied in the same situation. From this time no further descent of the rectum occurred; the sphincter was more firmly contracted; and on June 30 the patient was discharged, and has not since applied for relief.

In this case the affection was not very severe, and, had the child received a fair amount of attention at home, it is probable that no surgical measures need have been had recourse to; as it was, however, the application of the strychnia certainly seemed attended with benefit; but some rather strong objections attended its use, which will be alluded to at the end of the next case.

*Case 2.*—Julia Seymour, aged 4, was admitted July 2, with the rectum protruding quite two inches; the mucous surface being inflamed, and coated with a muco-purulent discharge. There was said to be great pain on any motion passing, so that her friends had allowed her bowels to be much confined, from their dread of ever giving her any opening medicine. She had been subject to prolapsus for about six months, and for the last six weeks the bowel has scarcely ever been in its natural posi-

tion. After a little manipulation the gut was replaced; the sphincter, however, remained much relaxed, allowing a couple of fingers to be introduced through the anus, without any resistance.

Under the influence of rest and laxatives the mucous membrane became more healthy; but the sphincter not regaining its tone, and the bowel constantly descending, on the 6th July one-eighth grain of strychnia was applied over the tip of the coccyx, the cuticle having been previously removed. On the 7th the strychnia was repeated, and again on the 8th. The application of the strychnia produced a good deal of "twitching" about the sphincter, which lasted for upwards of half-an-hour, and, on one occasion, rather severe convulsive action of the muscles of the lower extremities.

Some, but no very decided benefit followed the use of the strychnia, and its application was attended with so much inconvenience as to cause its discontinuance.

On the 26th July, the rectum still protruding to a considerable extent every time of a motion being passed, and the aperture of the anus being still in a relaxed state, the patient was rendered insensible by chloroform, and the actual cautery applied in four places, at the junction of the skin with the mucous membrane. The first time of having a motion after the operation the bowel descended slightly, but for some days afterwards it did not come down at all, and the anus remained in a much more contracted state. On the 23rd August, however, there being a little return of the prolapsus, the cautery was again applied, in one spot to the side of the anus.

There was again a slight repetition of the affection on the occasion of administering an injection to bring away some thread worms. On the 29th September, there having been no prolapsus for some time, she was discharged as cured.

*Remarks.*—In the ordinary run of cases of prolapsus ani among the children who apply at the Hospital, attention to the state of the bowels, tonics, and astringent injections are usually sufficient. In those children, however, who have been neglected, and in whom the rectum has been suffered to remain down for a considerable time, the aperture of the anus becomes much dilated, the sphincter appears to have lost its tone, and the above-mentioned treatment fails to effect a cure. Is the local application of strychnia of service in these cases? In the comparatively mild forms of the disease, I think that it is of some use, but in the more aggravated cases it cannot be depended upon. Practically, too, I found considerable objections to its use in children. It is necessary first to remove the cuticle, and then to apply the strychnia several times. This proceeding, however, is attended with a certain amount of pain, and it becomes each time more and more difficult to keep the little patient sufficiently quiet to allow of the strychnia being properly administered; either more is used than is desired or even safe, or else, perhaps, in the struggle some is lost, and a sufficient quantity is not employed. Moreover, in practice it is not desirable, if it can be avoided, to have to repeat any operation of this kind frequently in young children; the little patient becomes fretful, impatient, and suspicious, the struggles are violent, and almost as much harm is done as good effected.

A more efficacious, as well as a more convenient measure, in these severe forms, would seem to be the application of the actual cautery, in the mode suggested by M. Guersant, of the Hospital for Children at Paris. This operation can be performed easily under chloroform; is, of course, unattended with suffering; and seldom requires to be repeated.

The iron, having a button-shaped point, well heated, is applied to the junction of the skin with the mucous membrane at the verge of the anus, usually in four separate points, to such an extent as to make a pretty decided eschar. It may be mentioned, that even when the patient is insensible, the bowel generally descends with some force during the operation, so that it is necessary to be prepared with a piece of sponge or lint to protect the protruded gut while the iron is being applied to other points. Scarcely any pain is complained of afterwards, the child being ready to play and laugh almost as soon as it recovers from the effects of the chloroform. Simple dressings may be applied to the resulting sores, which usually heal without much trouble or difficulty.

With regard to the *modus operandi* of this operation, I am inclined to think, from the immediate benefit produced, that it acts, to some extent, at any rate, by the powerful stimulus to the sphincter muscle, increasing its tone, rather than by the resistance afforded to the descent of the gut by the contraction of any cicatrix which may subsequently be produced.

From the little experience I have already had, I certainly prefer this operation to the application of strychnia in those cases of prolapsus ani in which any Surgical measures are required.



## BLOOMSBURY DISPENSARY.

ABSCESS IN THE TESTIS, FOLLOWED BY  
PROTRUSION OF "FUNGUS."—OPERATION.—  
RECOVERY.

(Communicated by Mr. G. L. COOPER.)

FREDERICK A., aged 36, married; has no children by his wife; pale, thin, and of cachectic habit; was admitted under my care in June last. He is a native of Buckinghamshire, and has been the possessor of a small farm in that county, but, from misfortune, was obliged to sell the property, and to seek his livelihood in a more humble station. His mother died of consumption, but he has always enjoyed good health until two years ago, when, riding a restive horse without a saddle, he was thrown forwards against the withers of the animal, and injured his left testis; the parts became swollen and painful, which confined him to his bed for some days. He was treated, from his description, in the ordinary way, and recovered, with the exception of some enlargement of the testis remaining, which was occasionally very painful. In the early part of last year he became a porter at the Great Western Railway, and, in June, injured himself in the same part through falling with heavy luggage; shortly after which time he came under my care, and presented the following symptoms:—The scrotum was red, painful, and much swollen; general pyrexia; the pulse intermittent and weak, beating about 96; the tongue furred, bowels confined, countenance anxious, and loss of sleep.

Ordered, Pulv. jalapæ c. hydr. chlorid. ʒj. statim.

R. Liq. ammon. acet. ʒj., antim. pot. tart. gr. ij., mist. camph. ʒvij. M. ii. cochl. ampl. 4tis horis. Hirudines xij. ad scrotum. Fodus et catapl. lin. postea.

18th.—Has passed a sleepless night; pain was very great. The bowels have been well relieved. xij. hirudines repetend. et mist., pulv. ipecac. co. gr. x. h. s.

24th.—The symptoms have slightly abated, but the testis continues much enlarged and painful. Mist. et pulv. h. s. repetend. Lot. saturni applicand.

July 4.—He complains of occasional rigors, with throbbing pain in the testis. Fodus et catapl. lin. ad testem. Mist. repetend.

18th.—Fluctuation can be indistinctly felt; he complains of sickness; bowels are open; pulse 80, and weak; pain in the testis. Ordered, Mist. effervesc. 4tis horis, pulv. Doveri gr. x. o. n. Fodus et catapl. lin.

25th.—Fluctuation is slowly progressing. Remed. repetend.

30th.—Has had frequent rigors; bad night; pulse 60, and feeble; bowels open; fluctuation is distinct. I made an incision into the testis, and let out sero-purulent fluid. Catapl. lini. Mist. et pulv. h. s. repetend.

31st.—Complains of less pain; has slept better; bowels open; the discharge from the wound is not abundant; he feels very weak. Ordered, Infus. eascar. ʒvij., ammon. sesquicarb. ʒj.—ij. cochl. ampl. ter die.

Aug. 10.—Has improved in health; the discharge is very trifling, the summit of the testis being covered with a dense yellowish slough. Omnia remed. repetend.

17th.—The protrusion from the coverings of the testis has much increased; the gland itself is about the size of a small orange, covered with a dark-brownish yellow slough. Remed. repetend.

24th.—Appearances much the same. I have recommended an operation, but the patient objects, wishing further treatment to be adopted. The slough is dense, firm, and immovable. Remed. repetend.

Sept. 10.—Is in every respect much the same. During this month I saw him occasionally, the treatment being continued.

Oct. 10.—The slough is firmly attached, and but little progress has been made. His health has improved under tonic medicines and liberal diet. Omnia remed. repetend.

30th.—The testis is hard in its base, considerably enlarged, with a dark, immovable slough on its summit. He consents to have it operated on.

Nov. 2.—I removed half of the testis, carrying my incision a short distance below the depth of the slough. The hæmorrhage was considerable, and very troublesome, in consequence of inability to reach the small arteries of the gland and its coverings; at all events, it ceased after a time, by the aid of pressure and position. It was dressed subsequently by the graduated strips of plaster, for the purpose of giving support, and some compression, occasionally being touched by the nitrate of silver. In three weeks after it was healed.

*Remarks.*—This case created much interest in my mind, not only in consequence of its infrequency, but from my desire to try the expediency of the operation; viz, in removing only the diseased portion, instead of the whole gland, by castration. All Surgeons of any experience are aware, that these cases are totally free from any malignant character, whatever they may assume at a subsequent period; it is true their appearance is unfavourable, and the feel of the gland is stony and indurated; nevertheless, it is our duty to save as much as we can, and, in these days of conservative Surgery, to follow the bright examples daily set before us.

In considering the advantages to be derived from the two modes of operating, they each occupy their positions. In removing the whole gland, it is expeditiously and safely performed, provided the arteries of the cord are secured previous to a retraction of that part; at the same time the frequency of secondary hæmorrhage from the small branches distributed to the coverings is well known. In the second mode, a removal of the diseased portion is accomplished with facility, but the mouths of bleeding vessels are at once opened without a possibility of being secured by ligature, thus depending on the aid of pressure, position, ice, or cold air. In the present case, secondary hæmorrhage returned for the first few days, but was stopped without much difficulty, and was attended with no unfavourable symptom beyond faintness, subsequent to which firm coagula formed, and the case terminated in the most satisfactory manner. But the main advantage rests in the peace of mind of the patient. The feeling of degradation in a young man has often times been instrumental of serious, and even fatal results; but the knowledge of a portion remaining, independently of some practical use in its ordinary function, has been a great placebo, and a safeguard against the painful thought of having been deprived of a physical power, the pride and distinction of man.

MALIGNANT TUMOUR OF THE THIGH.—DEATH.—  
AUTOPSY.

James P., aged 67, a native of London, by trade a coach-lace maker, was admitted under my care in May, 1853, with a large indurated swelling on the outer and upper portion of the thigh. The history of it was as follows:—About four years ago, he complained of darting pains through the hip, down to the knee and foot of the left side, which he attributed to rheumatism, and was persuaded by a friend to apply at the Homœopathic Hospital. To this he acceded, but found, after a very short time, that his health grew materially worse and the pains increased, which induced him to resort for assistance to a regular Surgeon. Within a brief space of time, after trying the homœopathy, he noticed a considerable fullness of the thigh, which compelled him to limp in walking, and caused apparently a slight shortening of the limb. It increased rapidly in size, which interfered much with his business at the lace machine; and at the same time his general health became much impaired. In May, 1853, I saw him for the first time, when the appearance of the limb immediately convinced me of the malignant character of the tumour. On the external and upper third of the thigh, a swelling presented itself, immovable, somewhat elastic, and enveloping the shaft of the femur, extending over the hip-joint, and posteriorly into the whole of the ischiatic region, where the muscles were thin, and rapidly degenerating into adipose tissue. The limb was completely inverted, in consequence of the external rotator muscles being suspended in their action, and a general œdema from a pressure on the venous trunks. He could not attribute this swelling to any accident or hereditary predisposition; but constantly dwelt on the subject of his wife having died of cancer. I continued to attend him until he breathed his last, in November; and, as regards the treatment of such a case, it could only, of course, be palliative; thus, in administering to his comforts, and supporting his strength with tonics and generous diet, were as much as we could do, the day for Surgical assistance having passed.

*Post-mortem.*—On the following day I examined the diseased structure, by carefully removing the external coverings. The limb itself was inverted and shortened about half an inch, the integuments being glossy and transparent, at the same time œdematous from the knee downwards. On the upper third of the thigh externally, a smooth, hard, and slightly elastic tumour was observable, occupying the region from the anterior superior spinous process of the ilium downwards as far as the junction of the upper with the middle third of the thigh, and extending backwards as far as the tuberosity of the ischium. A longitudinal incision was carried over the whole length of the tumour, and from the centre of this another was directed backwards; on the flaps being turned back the tumour was exposed. The glutæi muscles,



which formed a portion of its posterior covering, were pale, thin, and almost degenerated into adipose tissue, evidently from the pressure they had been subjected to, and the integuments generally were thin, dry, and spotted with psoriasis. The tumour, which had completely displaced the abductor muscles, was firm, white, and nodulated, and when cut into exhibited a fibro semi-cartilaginous appearance, being at the same time vascular in its structure. On examining its deeper attachments, it evidently sprang from the trochanter major, extending downwards about four inches, firmly attached to the shaft of the bone; the neck of the femur was soft and flexible, and could with facility be penetrated by the scalpel; but the head of the bone and the acetabulum were free from the disease, as also the pelvic bones. The femoral vessels were pressed inwards by the tumour, thus removed from their ordinary course and situation, occasioning the œdematous condition of the lower limb; and posteriorly the diseased mass compressed the great sciatic nerve, which fully explained the severe pain he had felt in the thigh and leg.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### THE NOTTINGHAM GENERAL HOSPITAL.

#### PARTIAL DISLOCATION OF THE TIBIA FORWARDS.

[Communicated by Dr. SLOANE.]

JAN. 20, 1853.—Thomas Street, aged 41, of Radford, a very muscular labourer, admitted under Mr. Thomas Wright. He states that he is very healthy, but once had an attack of acute rheumatism, when his ankle and most of the other joints of his extremities were affected. While carrying twenty stone weight of flour down some steps, he was placing his right foot forwards, when he slipped and fell, his nates striking his left leg, which was bent and resting on the toes.

When brought to the Hospital, half-an-hour after the accident, the deltoid ligament retained the malleolus internus, which was unbroken, in its place; and while the outer and anterior part of the articular surface of the tibia projected considerably; the posterior and inner part of the bone still rested on the surface of the astragalus. The external malleolus was not broken nor displaced. The heel was lengthened. He could flex his toes, but could not move his ankle. The foot was at a right angle with the leg, and slightly everted. The displacement was reduced by direct coaptating movements. The leg was placed in a rest, with a cushion under the heel. Warm fomentations were applied.

Feb. 19.—Has had no pain in the ankle since last report. There was considerable ecchymosis, which extended up the leg almost as high as his knee. It has now almost disappeared. A fortnight yesterday he got up and walked about a little, with the aid of a pair of sticks. At present he walks with a slight halt, and only complains of slight weakness in his ankle, which is of normal shape.

This dislocation is very rare. When complete, it is always accompanied with fracture of the fibula (S. Cooper). Dupuytren, during fifteen years, scarcely met with two or three cases of dislocation of the tibia backwards or forwards, although he saw some hundreds of lateral dislocations in that time.

LONGEVITY IN CANADA.—At the time of the taking of the Census, there were in Upper Canada, aged 100 and over, 14 males and 19 females. The oldest was 120; and his wife, also then living, had attained the age of 100. In Lower Canada there were 40 centenarians. Aged between 90 and 100, there were in Canada West 112 males, of whom 10 were single, 34 married, and 68 widowers; 43 were born in the United States, 30 in Scotland, 20 in Ireland, 5 in England, 5 in Canada East, 3 in Canada West, 1 at Gibraltar, 1 in Nova Scotia, 1 born at sea, and three Indians. Of females of the same age, there were in Canada West 96, of whom 31 were born in the United States, 29 in Ireland, 21 in Scotland, 2 in England, 6 in Canada West, 2 in Canada East, and 5 Indians; 5 were single, 8 married, and 83 widows. In Canada East, between the ages of 90 and 100, there were 198 males, and 209 females. Between the ages of 80 and 90, there were in Canada West 1071 males, and 863 females; in Canada East, 1593 males, and 1437 females.—*Second Report on the Census of Canada.*

# Medical Times & Gazette.

SATURDAY, NOVEMBER 18.

## LIABILITY OF THE SURGEON FOR HIS AGENT'S MISTAKES.

A case of much interest to the Profession has been tried this month before Mr. Justice Crompton and a common jury, involving the following point. Is a Medical man who has the medicines he prescribes for a patient prepared at a Druggist's, and pays for those medicines with the intention of subsequently charging the patient for them, answerable, in the eye of the law, for any errors the Druggist may make in compounding them? Is the Druggist his servant, so far as concerns the act of compounding that especial prescription? Is he answerable for the mistakes of the Druggist, as he would be for the blunders of his own Assistant?

The facts elicited at the trial were these:—Mr. Sweetnam, of St. John's Street, Clerkenwell, is the Medical attendant of a Mr. Read and his family, residing at Islington. On the 25th of October, Mr. Read being unwell, he was requested to visit him. It was ten p.m. when Mr. Sweetnam reached Mr. Read's house. Before leaving it, the mother of Mrs. Read asked him to see the infant, a child of three weeks old. The father was suffering from lumbago; the infant from abrasion of the skin.

As it was late before Mr. Sweetnam left Mr. Read's house, he went to a Druggist's shop in the neighbourhood, a Mr. Attrill's, and wrote one prescription for Mr. Read and another for his child. These prescriptions were on the same paper.

Over the one, however, was written "Mr. Read." It was for a mixture and powder. A line was drawn beneath it; and then followed prescription, headed "Infant," for a lotion. Mr. Sweetnam paid Attrill for the medicines, and subsequently charged Read a larger sum than he had paid to Attrill. The Druggist (Attrill) prepared the medicines correctly, but wrapped the powder in the same paper with the lotion. Neither Mr. Read's nor the infant's name was on either the mixture, powder, or lotion.

Mr. Sweetnam having told the parents that he would send a lotion "to dab the child's back," it was concluded by them that the powder enclosed in the same paper with the lotion was for the infant. It was given to the child, and, as it was composed of compound ipecacuanha powder, the child died from its action.

It is admitted by all the parties that Mr. Sweetnam's prescription was in all points correctly and legibly written, and that no one who read it could doubt that he had prescribed a mixture and powder for Mr. Read, and a lotion for the infant.

There is some discrepancy in the evidence as to the conversation between the parties concerned that took place at Mr. Read's house, Mr. Sweetnam swearing that he distinctly told Mr. Read that he would send him a mixture and powder; Mr. Read swearing that no mention was made to him by Mr. Sweetnam of any medicine except a mixture. Mr. Sweetnam swearing, "As I was going out of the door, I said, 'It is very late, and I am at such a distance from home; it may be one o'clock before I can send you the medicine; do you know a Chemist close at hand?' Mrs. Read said, 'If you go to the bottom of this street, and turn on the left, you will see a nice Chemist's shop, kept by Mr. Attrill.'" Mrs. Read's mother swearing, "When Mr. Sweetnam was leaving, he said it was too late to send the medicine from his house, and it must be got from a Druggist. He did not ask from what Druggist it should be sent."

An inquest was held on the child, and at Mr. Sweetnam's suggestion its father consulted a solicitor on the prospects of



entering an action against Mr. Attrill, the Druggist, to recover damages for gross negligence, whereby the death of the child was occasioned. The solicitor—one recommended to Read by Mr. Sweetnam himself—recommended that Mr. Sweetnam should bring an action against Mr. Attrill; on this advice, however, Mr. Sweetnam declined to act, although he agreed to a writ being served in his name on Attrill. Subsequently Read determined to proceed against Mr. Sweetnam as Attrill's employer. The Judge, in summing up, stated, that as regarded Mr. Sweetnam personally, he did not see anything but very great care on his part. They, *i.e.*, the Jury, could not blame him that he did not stop and see the medicines made up; but he added, this had really nothing to do with the question at issue—that question being, Was Attrill the agent of Mr. Sweetnam? Judge and Jury decided that he was, so far as concerned the compounding of the prescription, Mr. Sweetnam's agent; and that as the master is legally answerable for his agent's acts, a verdict must be given against Mr. Sweetnam.

That the Judge summed up in accordance with the law of the land we have no doubt; and hence it is that the case is one of considerable moment to those Practitioners who have the medicine they prescribe compounded at a Druggist's. They employ the Druggist, they pay him, they charge the patient for the services the Druggist renders to them in dispensing the medicines they prescribe. If this case is to be taken as a precedent, the Druggist is their agent, and they, and they only, are legally answerable to the patient, should any accident happen through the negligence of the Druggist or his immediate servants.

#### CLINICAL LECTURES AND CLINICAL EXAMINERS.

THE College of Surgeons have at last recognised the importance of Clinical Lectures as an essential element of Medical education; and, by a Resolution lately passed, they have determined to refuse to receive certificates of attendance on Hospitals, unless two Clinical Lectures are delivered every week during nine months of the year, part of such Lectures being Surgical, and part Medical. This regulation will give a great impetus to Clinical studies, and will no doubt lead to the establishment of Clinical professorships in all the Medical Schools. The principal reason why the Clinical Lectures have hitherto been but scantily attended, is the absence of any stringent regulation on the part of the Examining Boards to compel the Medical Officers to deliver and the students to attend them; but now that the College of Surgeons have placed Clinical studies on the same footing as the other subjects embraced in the curriculum, the Clinical Professors will have audiences as large as those of the teachers of Anatomy, Physiology, and Chemistry.

We have, however, received some letters from Surgeons of country Hospitals, complaining that the new regulation of the College will press heavily upon those institutions, where regular courses of Clinical Lectures are not and cannot well be delivered; and that the result of the regulation will be to close the Provincial Hospitals as schools of practical study, and to concentrate all the students upon the Metropolitan Hospitals and a few of the largest country schools, such as those of Liverpool, Birmingham, etc. It is urged, and with some truth, that although in many of the Provincial Hospitals, regular Clinical Lectures are not delivered, yet that the pupils, being few in number, have ample opportunities, in the capacity of House-Surgeons, Dressers, and others, of making themselves practically acquainted with the details of Medical and Surgical ministrations, and, indeed, of learning more than they could do by merely walking the London Hospitals or listening to the instructions in the clinical theatre. Admitting the validity of these

objections to a certain extent, we think that they might be easily obviated by the Medical Officers of any of the Hospitals; and the resolution to enforce clinical study by compulsory attendance is so good in itself, that we think the College of Surgeons are perfectly justified in proceeding in their present course.

The next best thing to insisting upon the regular delivery of Clinical Lectures, is to institute Clinical Examinations for candidates seeking for diplomas and licences. We are aware, that in the case of candidates for the membership of the College, such a plan would be attended with insurmountable difficulties, owing to the great numbers who must surround the patients; but, in the case of the examinations at the University of London, where the candidates are less numerous, the plan is carried out with success.

During the last week, the second Clinical Examination instituted by the University of London was held at the Fever Hospital. Patients suffering from various diseases, and brought from various quarters, were assembled in some spare wards of that Hospital. The candidates successively examined the cases, and afterwards wrote their views upon the diagnosis and treatment of each. Such a plan is no doubt admirably calculated to exhibit the actual knowledge possessed by the candidate, and is far superior to the mere written descriptions of disease which may be gathered from books, while the actual diagnosis of cases can only be made as the result of study at the bedside.

In addition to the examination of patients, the candidates were tested in their practical acquaintance with medical chemistry and microscopical pathology, by being required to apply the proper re-agents to the animal fluids, and to name and describe objects placed under the microscope.

By thus moving onward with the spirit of the times, the University Examiners are raising their Medical Degrees, highly esteemed as they already are, in the eyes of the Profession.

#### DR. FOOTE AND THORPE LUNATIC ASYLUM.

IN a late review of the last Report of the Commissioners in Lunacy, we quoted, with approbation, their views upon the position which the Medical Officers of the County Asylums ought to hold, and the rank which they ought to occupy. They recommend that the Resident Medical Officer of an Asylum should, as Superintendent, be invested with paramount authority, and that all officers and servants should be under his control. They further recommend that he should be responsible for the general management of the establishment, and should regulate the moral and Medical treatment, and the diet and clothing of the patients.

It would appear, however, that in the case of the Thorpe Asylum the Medical Officer holds only a subordinate position in the establishment, and that the Superintendent and the Matron are the superior authorities. On the 8th of July last, Dr. Foote preferred some complaints against the Superintendent and the Matron, and the visiting Justices, in their official report, dismiss Dr. Foote's charges with the curt observation, that "at the conclusion of the inquiry, which occupied five hours, we considered it our duty to require Dr. Foote to resign his office," which he accordingly did; and thus a gentleman, who (as we hear from numerous testimonials from some distinguished Practitioners in lunacy and others) has performed most satisfactorily the duties of his office to the suffering inmates of the Asylum, is unceremoniously ejected from the scene of his honourable and meritorious exertions.

We subjoin some extracts from testimonials given to Dr. Foote, which prove very satisfactorily that in the recent trans-



actions which have terminated in his removal from the Asylum he has been very grievously ill-treated.

Dr. Bucknill, Medical Superintendent of the Devon County Asylum, states: "Your career at the Norfolk County Asylum has been not less honourable to yourself than discreditable to the Governing Body of that Institution. With praiseworthy energy, you have done much to reform the abominable condition of the Asylum; and the circumstances attending your resignation are additional evidence that you preferred the welfare of your patients to your own immediate interests."

Dr. Ranking, Senior Physician to the Norfolk and Norwich Hospital, says of Dr. Foote, that "he is most active, enthusiastic, and learned in the study of mental diseases, and has been the means of vastly improving the management of the Norfolk Asylum."

Mr. Donald Dalrymple writes thus: "That your career at Thorpe has terminated abruptly, can surprise no one who reflects that every melioration in the condition and treatment of the patients was the result of a contest with the authorities, and that these very changes are a lasting reflection on the management of the place."

Mr. Cadge, late of University College Hospital, London, states, that "there can be no question that the melioration in the condition of the inmates of the Thorpe Asylum, and the improvements which have taken place in the conduct and management of that Institution, during the last year or two, are mainly due to the skill, energy, and humanity of Dr. Foote."

Mr. Cooper, Medical Superintendent of the Norwich Borough Lunatic Asylum, writes: "No one can have witnessed your unwearied exertions towards improving the system of hygiene carried out at the Norfolk County Asylum, and your unvarying kindness to the poor patients, without desiring to testify to these qualities."

Dr. Dickson, Medical Superintendent of the Manchester Royal Lunatic Asylum, offers the following opinion: "The circumstances which have led to your disconnection with the Norfolk Asylum are those which reflect the highest credit upon you: as they show that in your ardent desire to discharge your duty conscientiously to the insane placed under your charge, you are not to be deterred by the dread of the consequences, whatever they may be, which might follow to yourself."

With such testimony afforded him from actual observation, Dr. Foote may console himself under his trials with the reflection, that he carries with him the sympathies of the Profession in his temporary retirement from public life.

## REVIEWS.

*Reports on the Sanitary History and Industrial Diseases of Swansea, and the Surrounding Mineral Districts. Report I. On the Copper-Smoke; its Influence on the Public Health, and the Industrial Diseases of Coppermen. By THOMAS WILLIAMS, M.D., Senior Scholar of the University of London, Extra-Licentiate of the Royal College of Physicians, etc., etc. Pp. 107. Swansea. 1854.*

THIS is an exceedingly interesting, and, at the same time, a most valuable, treatise. The source of England's wealth lies in her coals and minerals. The men engaged in working these coals and minerals are exposed to the influence of a variety of physical conditions altogether different from the rest of the community, and yet but little, it appears, has been done toward the elucidation of the effects on their organisation produced by these conditions.

This essay is the first of a series of Reports, the object of which will be to determine the influence of their occupation on the health of the men in question.

We shall offer the reader a brief abstract of Dr. Williams's work.

The district of Swansea is ten miles in length and three in

breadth, and comprehends "an active, thriving, intelligent population of 80,000 souls. Of this number more than 12,000 are colliers and coppermen. Distinctive in domestic and social habits, various ethnologically, prosecuting severally their daily labours under physical conditions strikingly diverse, these two classes of workmen present subjects for separate study."

This Report refers only to the coppermen.

After a brief description of the climate, soil, and situation of the Swansea district, the labourers, he says, "engaged in the great smelting establishment have the fullest comforts and conveniences of house accommodation." Early marriages are common among them. The wages are, for an adult, from 15s. to 40s. a week; for a boy, from 8s. to 10s.

Copper-smoke, in consequence of its elevated temperature, as it escapes from the chimneys, mounts high into the air. When the air of the valley is motionless, and "the barometric pressure ranges above 28 inches, the furnace chimneys of the copper-works, thousands by number, emit gracefully gyrating white smoke and fleecy columns;" but, when copper-smoke is mingled "with local mists and fogs, the atmosphere is palpably thickened; a dreary dullness broods damply over all surrounding scenes."

The effects of the copper-smoke may be judged of by the following:—

"The surface of the country to the north and east of Swansea, over an area of many square acres, is literally burnt. Stones and gravel, and red earth, meet the eye over the declivities of the Kilvey, Morriston, and the Llansamler hills." "Scarcely a single blade of grass vivifies the scene; the hardy shrub has disappeared." "Within the limits of the area bounded by Morriston to the north, the Pentre to the west, and Bonynnaen to the east, a stunted hedgerow shrub, or a solitary, unbarked, withered tree only, now lives to assert the expiring sway of vegetable nature." The grassless smoke district is, Dr. Williams states, widening and spreading. "Subjected for 150 long years to the corrosive agency of sulphurous vapours, a smiling valley has at length, indeed, been transformed into a desert scene of ashes and lifeless gravel tracts. The mountains of scorice, consisting chiefly of the silicates of iron, coal, ash, and other refuse products, which spread over many superficial acres in the vicinity of the works, are utterly infertile;" but these cindery hills repose over the sites of ancient marshes. The tract thus deprived of its natural verdant covering operates meteorically like a sandy desert. Its tendency is to deprive the incumbent atmosphere of its moisture, and its action on the local climate is consequently beneficial. Over the same area the fall of dew is relatively small in amount.

"Let the wise extract consolation even from smoke," Dr. Williams says, before observing that:—

"1. All the stagnant fresh water within the limits of the smoke district are more or less completely destitute of animal-cular life and cryptogamic and fungoid vegetation.

"2. The surface of the country is like ploughed land, affording the conditions least favourable to radiation and evaporation, incapable of retaining on the surface soil the accumulated product of even a single shower.

"3. Nowhere, therefore, does there exist the smallest collection of putrescent organic matter.

"4. All organic matter suspended in an invisible form in the atmosphere derives its origin from some terrestrial source.

"5. The destruction of the latter implies the absence of the former.

"6. All atmospheric impurities, (whether designated miasmata, or malaria, or pestilence, or contagion, etc.,) capable of inducing and propagating disease, are believed to be derivatives of organic substances, animal or vegetable.

"7. If the material conditions essential to the impregnation of the atmosphere with miasmatic exhalations be not present, or present only in a considerably mitigated degree, the inference is theoretically irresistible, that the diseases resulting from such impurities can never prevail through causes originating within the bounds of the district in question."—P. 16.

Of the quantity of copper-smoke poured over Swansea district, some idea may be formed from a knowledge of the fact, that about 180,000 tons of copper ore are smelted there annually; and, to smelt this quantity of ore, 450,000 tons of coal are consumed.

The first point Dr. Williams had to ascertain, in order to determine the influence of copper-smoke on the health of the inhabitants, was its chemical composition.

The products of the smelting operation are divisible into two parts:—1, the gaseous and not condensable; 2, the solid and condensable.

Specimens of the latter may be obtained from the flues and



culverts leading from the furnaces. Analyses of specimens obtained from different flues have afforded the following results:—Oxide of iron; oxide of lime; traces of antimony and other metals of no value, from 40 to 44 per cent.; pure copper about 5 per cent.; arsenious acid varying from 10 to 15 per cent.; sulphur; sulphuric and sulphurous acids, in combination, from 15 to 20 per cent.; water, partly of crystallisation, from 14 to 19 per cent.

"Many specimens," writes Dr. Williams, "of these flue and culvert incrustations, brought to me by the workmen for analysis, have been variegated by large obvious lumps of white arsenic."—P. 24.

*Does the copper-smoke itself contain arsenic?*—Dr. Williams enters into this question at some length. The smoke from the calcining chimneys, close to or at their mouths, yields a deposit which, on the application of the proper tests, frequently betrays the presence of minute portions of arsenic; that coming from the smelting or fusing furnaces yields no such evidence whatever.

Dr. Williams failed to detect arsenic in the smoke collected at a little distance from the mouth of the chimneys, in sooty incrustations on adjacent walls, in the water in the vicinity, and in grass collected from a sickly patch near some smelting works.

The *arseniuiretted hydrogen*, which must undoubtedly be formed in considerable quantity in the processes of the smelter, is, according to the Reporter, perfectly and completely decomposed, in part by the heat of the furnace, and in part by the sulphurous acid with which it intermingles. It forms no ingredient in the smoke.

*Does copper-smoke contain metallic copper, or its oxides?*

Copper to the amount of one-half per cent. is found in the deposit which collects on the interior of the chimneys. Copper may also be detected in the smoke which escapes from the chimney, if the smoke be examined near to the copper-works, but "never in smoke much diluted with atmospheric air; never at a distance exceeding a few yards from the works; only in *thickest* smoke."—P. 34.

*Sulphurous and sulphuric acids* constitute the next great ingredients of the copper-smoke. Dr. Williams calculates that 829,750 cubic feet of sulphurous acid are sent into the Swansea district atmosphere by the copper smelting works on the Tawe every week. It can be detected in the atmosphere at a great distance, even twenty miles from the works.

Sulphuric acid vapours are readily recognisable in the copper-smoke. For every fifteen parts of sulphurous acid in the smoke there exists one of sulphuric acid vapour. "Upon it, as much as upon the sulphurous acid, the demerit is chargeable of the stripping, in this district, the fair face of nature of her clothing."

*Sulphuretted hydrogen* has no place in copper-smoke.

*Pure sulphur* is an ingredient to a large amount.

When fluoride of calcium was employed as a flux, the smoke contained *hydrofluoric acid*, and the consequence was corrosion of the windows in the neighbourhood of the works.

Copper-smoke is, then, thus composed:—

Copper and its compounds	...	...	} Minute, even close to the works.
Arsenic and its compounds	...	...	
Sulphuric acid vapour...	...	...	Moderate.
Sulphurous acid	...	...	Considerable.
Sublimated sulphur	...	...	Minute.
Hydro-fluoric	{ Acids	...	Minute.
Fluo-silicic			
Coal smoke	...	...	Considerable.

As to the effect of the copper smoke on the health of animals; cattle living within the copper-smoke district, and feeding on such grass as grows in the same part, are subject to a disease termed by the Welch farmers, *effryddod*.

"This disease is," Dr. Williams says, "a sort of periostitis. Nodules of thickened bones, as in exostosis, arise, not necessarily, but frequently in the neighbourhood of joints. Synovitis is also a feature of the smoke disease. The joints become dropsical; they swell with fluid. But it is also declared that the osseous tissue suffers. It becomes brittle. The bones are prone to fracture. The teeth sometimes fall out; sometimes they decay; but, contrariwise, they are said to *grow wild*."—P. 47.

The only agent in the copper-smoke that can travel so far as the localities on which the cattle feed is, Dr. Williams affirms, the sulphurous acid.

"It must be emphatically repeated, for the fact is certain, that nothing but the sulphurous acid, and, by possibility, minute portions of sulphuric acid, in the vesicular form, can affect the cattle browsing in the smoke district."—P. 47.

These acids, brought down by the rain, etc., Dr. Williams states, render the grass sour; and it is the eating of this grass, soured by sulphurous and sulphuric acids, which produces the

disease above described. The *effryddod* has lately been very prevalent.

"During the present year the cattle are thus seized:—The cow first slowly sickens, and refuses to feed. It 'blows' upon the smoky grass; the joints 'crackle'; the animal walks painfully, as if all the joints were semi-inflamed; the eye and ears droop; the coat 'stares'; the secretion of milk diminishes, and eventually fails altogether. It acquires an excess of acidity; it is vitiated in quality; it lowers its nutritive power. The animal is thirsty. The phenomena are probably due to the presence of a subacute form of inflammation in the entire blood. It is the consequence of feeding on sour grass."—P. 57.

*What is the influence of copper-smoke on coppermen?* The copperman works in the face of an intense fire; and, as a consequence, he sweats profusely. The effects on his health of this exposure to a high temperature has to be determined before the question can be answered. The furnaceman in the copper works labour before the furnaces in a bright radiant heat, ranging from 150° to 300°. They average in age from 20 to 65 years; and many are to be found who have spent thirty and forty years of their life "before the furnace."—P. 63.

The man seldom turns his back to the furnace. The temperature of the room is by no means very high, so that a thermometer on the furnaceman's chest will rise to 120° when one on his back stands at between 60° and 70°. "Only half the body, therefore, is intensely heated; the other half is only comfortably warmed. But, at that very moment, the man is 'sweating in rivers.'"—P. 64.

The copperman works before the furnace—the fusing point of copper is 1500°—for two consecutive hours, and retires to cool himself and to drink. "At one moment, in a temperature of 60°, that of the outer air; at the next, in that of 120°, he out-rides the Laplander!" He seems, however, to be a happy man; for Dr. Williams tells us that "the contented copperman merrily whistles as he alternately sweats and shivers."—P. 66.

The ordinary beverage of the copperman is cold water. "In a period of twelve hours, the furnaceman will consume a quantity varying between *two and three gallons of water*!"

Dr. Williams calculates that some of these men perspire as much as 600 gallons of sweat in the year; but then, as a counterpoise, they consume as much as 800 to 1000 gallons of water. The veteran furnacemen are generally as hale, florid, and corpulent as their neighbours.

It is worthy of note, that the coppermen and their families are remarkably exempt from diseases of the skin attended with the development of parasitic vegetable growths. This fact affords a striking confirmation of the truth of the views advanced by Dr. Jenner regarding the power of sulphurous acid in the treatment of this class of diseases. (See *Medical Times and Gazette*, August 20, 1853.)

*Indigestion*, the consequence of drinking large quantities of fluid too soon after meals, is common among the coppermen.

While sweating before the furnace, the furnaceman passes little urine, in spite of the large quantity of fluid he consumes. But, as soon as his furnace work is finished, and he retires to his home, sweating ceases, and he passes a considerable quantity of urine. During the twenty-four hours, he discharges about the average quantity of urine. Its average specific gravity is rather high. Calculous disorders are rare among this class of men.

"The biliary complaints of coppermen are distinguished by nothing which is referable to their trade."—P. 85.

As to *diseases of the lungs*, Dr. Williams observes:—"It were incorrect to affirm that they are not more liable to these diseases than ordinary labourers. They are undoubtedly so, but to a very inconsiderable proportion. Professional experience and personal knowledge, spreading over a period of fifteen years, justify the opinion, that *chronic bronchitis* and asthmatic seizures should be enumerated as among their peculiar diseases."—P. 85. It is worthy of note, that "bronchitic complaints seldom or never occur in the young, or as acute attacks."

"Consumption is far less common among these men than among the inhabitants of Swansea, or among the mining population scattered throughout the valleys of this part of South Wales."—P. 87. "The alleged immunity (*i. e.*, of coppermen from consumption) rests on general experience, on the evidence of intelligent Medical observers, and on the confession of the oldest and most intelligent of the workmen themselves."

*Rheumatism*, in its muscular, gouty, and chronic phases, is a frequent cause of complaint.

On the whole, though not agreeable, copper-smoke, in Dr. Williams's estimation, exerts a favourable influence on the health of the locality over which it hangs.

"Does not copper-smoke purify the air? Are not its acid



constituents destructive of the atmospheric germs of zymotic diseases? Has it not banished ague from the country? Is not the sphere of its distribution a demarcation defensive against the invasion of cholera? Is it not a most uncommon event to meet with a case of true typhus fever among the inhabitants of the smoke districts? Have not the potatoes in this vicinity for years escaped the attacks of the potato disease? Is not a cloud of copper-smoke a coat of mail against epidemic influenza, by decomposing the ozone of the air?"—P. 97.

Old men and still older women residing in the most smoky parts of the copper-smoke region attest its innocence. Fat, fair, and florid children whisk about in the smoke, and only grow the more chubby. Look out for a crooked spine, scrofulous, limping, stiff-kneed, sallow, wan-faced child. Nowhere can it be found. Count the cases of hip disease. Scarcely a solitary example is to be seen. Does your heart gladden not in the presence of the scene?"—P. 98.

If the copper princes, as Dr. Williams terms the lords of the smelting works, do not award to him a crown for this, they deserve to be scouted as ungrateful men. Some of them, when they looked at the blighting influence of their works on the vegetable kingdom of these districts, must have feared, at least, that the arsenic, the copper, the sulphur, the acids their chimneys vomited forth, might be carrying disease and death to those who earned for them their wealth, and to the wives and little ones of those men. Now they have from Dr. Williams the assurance that these chimneys and their smoke are a real blessing to their workmen, and that the most terrible diseases that afflict humanity are driven by their aid from a large district of Wales.

But what say the Reports of the Registrar-General to all this? Dr. Williams does not tell us; so it may be as well to remind him that, in the Report on Cholera of 1849, the following statements appear in reference to Swansea:—

"The mining and metal-working population appear most frequently in the death-list." "The last death recorded—a *copperman's* daughter." "Werne and Forge suffered most, chiefly families of colliers and *coppermen*." "Glamorgan Street," etc., etc., etc., "suffered most, chiefly the mining and iron-working population."

We may add, also, that, in the years 1851 and '52, the rate of mortality in Swansea district was 1 in 47.6 and 45.9 respectively; but for all Wales it was 1 in 49.4 and 47.2.

The length to which our notice of this Report has extended will show the importance we attach to it. We trust Dr. Williams will, as he promises, continue his Reports. Should he do so, we think he might, with advantage to their usefulness, condense them a little, especially by omitting some of the more ornate passages.

*An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science.* By R. G. MAYNE, M.D. Parts II. and III. London. 1854.

HAVING already expressed a very favourable opinion of this learned work, we need only add, that the Second and Third Parts quite confirm the impression we received from looking over the First. As a book of reference its utility is unquestionable, and we feel assured, that, if completed as it has been begun and carried on hitherto, it will be a most welcome addition to the Medical literature of our language.

*Microscopic Nature and Rational Medicine; the Substance of Two Letters addressed to Professor R\*\*\*.* By E. G. SWANN. 8vo. Pp. 16. London. 1854.

MR. SWANN is a very clever man, for he has contrived to put more arrant nonsense into sixteen pages than we ever before saw condensed in the same amount of letter-press. It is some satisfaction to know, that the "Rational Medicine" of Mr. Swann is Homœopathy. Here is a specimen of his "Rational Medicine":—

"If, as I conceive, spasmodic action be a symptom resulting from a relaxation of affinity between the vital principle and the material elements of highly-organised bodies, the suppression of this symptom by sedatives can be nothing but a paralysis, productive of still further relaxation of affinity."—P. 6.

We wonder what is Mr. Swann's idea of the "vital principle."

Of Mr. Swann's powers as an observer, the following is evidence. After stating that he has examined, "with perseverance," various phases of coral formations, for the purpose of

discovering the animal by which he fancies the coral must have been formed, he adds:—

"Yet I cannot say that it ever occurred to me to detect the insect; indeed I am convinced that the *acarus*, or whatever it may be, is thoroughly impalpable."—P. 9.

Verily Mr. Swann is worthy of his vocation. If there be in Great Britain a naturalist who has faith in Homœopathy, we trust Mr. Swann's epistle may be forwarded to him.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### SOCIÉTÉ DE CHIRURGIE OF PARIS.

#### NÆVUS MATERNUS, OR ERECTILE TUMOURS, TREATED BY GALVANO-PUNCTURE.

By M. DENONVILLIERS.

M. Denonvilliers presented before the Society a little girl, in whom he had cured, by galvano-puncture, an erectile tumour of the neck, the size of a hen's egg. The tumour pulsated isochronously with the beatings of the heart, and its whole aspect was evidently arterial. Galvano-puncture was applied five times, and at such intervals that the electricity could thoroughly exert its coagulating influence upon the blood. Its effects were at first inconsiderable. It formed small islets of coagulation, which subsequently became blended; as the tumour got firmer, it became also smaller, and pulsated less strongly. Two vessels of some calibre, which entered the tumour, however, could not be obliterated, and the cure was consequently incomplete. M. Denonvilliers then determined to make two semilunar incisions, and to remove the tumour entirely. This operation, in which the two vessels were tied, succeeded entirely, and nothing but the eschar remained.

In the discussion, M. Verneuil remarked, that care must be taken to see a perfect cure effected in these cases, when, by any means, coagulation of the blood has been produced. The character of the tumour has then become entirely altered; they are changed into a new form of structure, which is often troublesome, and occasionally malignant. In one case, an erectile tumour had been changed into a firm mass by injection, and the introduction of needles. This firm mass remained a long time stationary; it then ulcerated, and changed into a cancerous ulcer. These erectile tumours, then, once rendered firm, should not be allowed to remain, but should be extirpated.

M. Verneuil had once the opportunity of investigating the firm structure into which an erectile tumour of venous character on the upper eyelid had been converted by the introduction of needles. It had remained unchanged for many months, and required extirpation. The examination showed that it had changed into a mass of fat, which was subdivided by tough fibrous septa. In the middle of the mass was a great number of very small cysts, from the size of a pea to a pin's head, which contained an albuminous fluid, and were in close apposition. It seemed to M. Verneuil without doubt that a growth of unfavourable character would have sprung thence had the operation of extirpation been delayed.—*Journal für Kinderkrankheiten*, Heft. 7 and 8, Juli and August.

Professor Serres, member of the Institute, commenced his course of Anthropology or of the Natural History of Man, at the Museum of Natural History, Saturday, Oct. 28, at half-past two p.m., and will continue them every Tuesday and Saturday, at the same hour. The Professor will expound the theory of the generation and of the development of man, according to the laws of organogeny and of embryology. The digressions into Comparative Anatomy will have for their object the elucidation of the structure of man by that of animals, in order to arrive at the methodical determination of the different human races, as well as their dissemination over the surface of the globe.—*Gazette Médicale de Paris*, No. XLII, Oct. 21.

#### SOLITARY HYDATID OF THE ORBIT.

By M. J. ANSIAUX,

Of the Ophthalmic Dispensary of Liege.

Jean Louis Ponsard, the son of a *sage-femme* of Liege, came to my consultation-room April 12, 1846, with a tumour at the lower and external part of the left orbit, placed between the inferior and the external recti muscles. This tumour, which had first



shown itself at the end of October, 1845, had constantly increased in size, and had ultimately forced the eye upwards and inwards. In the early part of April there was rapid increase in the growth of the tumour, and movement of the globe became difficult.

The eye, when examined by M. Ansiaux, was prominent, and pushed upwards and inwards; the lower lid, slightly depressed and separated from the globe, supported the front of a round prominent tumour, the size of an almond, knobbed, and resisting. It was indolent; there were no pulsations; no pain on pressure. About April 15, the boy experienced darting pains and symptoms of phlegmon, and I decided upon opening it. There escaped, first, a clear, transparent fluid; then some drops of pus; lastly, an hydatid presented itself at the opening, and was removed by the forceps; it was as large as a nut. No unfavourable symptom supervened, and, in fifteen days, the movements of the eye were restored.

Instances of hydatids in the orbit affecting the movements of the globe are not numerous; the author refers to the particulars of six. The first by Welden; the second by Delpech; the third by Lawrence; the fourth by Garcia Romeral, of Madrid; the fifth by Goyrand, of Aix-en-Provence. Very probably others have been seen, but not recorded. The point of practical importance is connected with the after-treatment, for experience has shown, that foreign bodies, introduced into the wound to excite adhesive inflammation of the cyst, are apt to cause serious accidents. In the patient treated by Dr. Romeral, of Madrid, the operation was followed by erysipelas and delirium; Delpech arrested dangerous symptoms by venesection; Lawrence recommends the injection of warm water into the cyst; Chelius advises that the cyst should be allowed to heal of itself. I believe, however, that I followed the proper course in my case; I introduced a stylette into the sac daily, and thus excited a proper amount of inflammation; a piece of lint would have been difficult of insertion and serious in its effects.—*Gazette des Hôpitaux*, October 31.

#### HOPITAL LORIBOISIÈRE. — M. CHASSAIGNAC. — INVESTIGATIONS INTO THE NATURE OF PSEUDO-MEMBRANOUS OPHTHALMIA; PRECEDED BY SOME GENERAL ANATOMICAL AND PHYSIOLOGICAL REMARKS UPON THE EYES OF NEW-BORN INFANTS.

The author seems to consider that the sentiment of protection to the eye afforded by the lids is less developed in the infant than in the adult; and he remarks, that we should always bear in mind this tolerance to the contact of foreign bodies in the treatment of diphtheritic ophthalmia. Another fact noticed by the author is the sparing secretion of tears in infancy, and the dryness of the globe. The anterior chamber in the infant appears to contain very little fluid, and the inner border of the iris deeper-coloured than the circumference.

Out of 446 instances of ophthalmia neonatorum, there were 106 cases of pseudo-membranous ophthalmia, 216 cases of purulent (non-pseudo-membranous ophthalmia), and 76 of catarrhal ophthalmia.

When a stream of water is directed upon the eye of an infant suffering from purulent ophthalmia, the lids having been properly separated, the first effect is the washing away of the mucopurulent secretion of the mucous membrane. When the action of the water is continued, it not uncommonly happens, that, after a time, a delicate membrane lying in front of the conjunctiva is brought to view. In ten or twelve minutes, the same treatment being continued, the membrane will separate, and may be removed by a pair of delicate forceps.

These structures have been examined microscopically by M. Lebert, who found them composed of coagulated fibrin, striated or granular, and holding in its meshes an abundance of pus-corpuscles. A layer of pus was also seen on the free surface. M. Gruby has also pursued similar investigations, and he found the early-deposited pseudo-membrane made up of filaments of fibrin, of serum, and of pus-globules. After a few hours, the effusion became more fibrinous, more firm, and less abundantly supplied with other elements.

The existence of this membrane is a fact so striking, that it is hardly conceivable how it should have escaped the observations of all previous observers. It has not been described in ophthalmic literature. But it is sufficiently rare, that it should present itself only to those engaged in large practice, where a vast number of cases of all descriptions are brought together. Out of 6000 newly-born infants, there were 446 cases of purulent ophthalmia, and the diphtheritic form occurred only in 106 patients.—*Gazette des Hôpitaux*, Oct. 21.

#### NEW RESULTS OBTAINED BY THE EMPLOYMENT OF ELECTRICITY AS AN AGENT OF CAUTERIZATION IN THE TREATMENT OF CERTAIN SURGICAL AFFECTIONS.

M. Amussat, jun., presented to the Academy, under this title, the following essay:—"In submitting to the judgment of the Academy the new results obtained by electricity, I desire to make known some modifications which I have had made in my apparatus. I first employed the piles of Bunsen, 8 inches high, united in batteries of 3 to 15. A battery of 15 pairs, with the nitric acid of commerce and water acidulated to 15°, suffices to bring to a red heat a platinum wire, No. 27, 3 feet 1 inch in length. But, in order to obtain a higher temperature, one necessary for operations, I give to the wire a length of only 10 inches. Since my last communication, I have removed a third carcinomatous tumour situated in the mammary region, having an instrument to isolate the tumour, instead of employing the hand. The apparatus consists of two strong, straight, or curved grooved pieces of wood, furnished within with two thin plates of ivory. One of the pieces has, at each extremity, a straight steel rod, which enters an aperture, pierced in the extremities of the other piece, so as to hold together the grooves in a fixed relation. Two oblong rings, furnished with a screw, act so as to regulate the amount of approximation of the preceding. The base of the tumour being placed between the two grooves, and sufficiently compressed, I operate with a platinum thread, No. 27, and with the battery as above described. I believe that it will be possible, by employing more powerful piles, to perform, in this way, amputation of the lower extremity. Upon the dead subject, I have cut through the muscles of the thigh and of the arm. I have also calcined the outer surface of the femur, and carbonised the internal parts, so as to render the bone easily friable. I have cauterized a hæmorrhoidal tumour with complete success, and the neck of the uterus in a case of neuralgia.—*Gazette Médicale de Paris*, No. 43, Oct. 23.

### GENERAL CORRESPONDENCE.

#### ADHERENT CALCULI.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the Number of your Journal for October 28, I noticed that, at a meeting of the Pathological Society, a calculus, said to have been adherent, was exhibited by Dr. Quain, and that Mr. Hewitt, in remarking on it, seemed to doubt the existence of adherent calculi. In consequence of this, I have pleasure in recording the following case, (notes of which I took while in Paris last summer,) hoping that it may prove interesting to your readers.

A man, aged between 60 and 70, was admitted, June 17, 1854, to the Hôpital Necker at Paris, under the care of M. Civiale. The patient was extremely emaciated and debilitated, and had suffered from symptoms of vesical calculus for six years. The urine was turbid and fetid, and loaded with mucus and pus. It is an interesting point to notice, that the symptoms were almost confined to those of calculus in the bladder, the kidneys not being apparently affected.

The patient was sounded by M. Civiale, and a stone detected, which M. Civiale believed to be attached to the bladder. A day was appointed to perform the operation of lithotrit, if it were found practicable; but the weak state of the man forbade any operative interference.

On the 27th of the same month the man died, having gradually sunk. On the 1st of July the urinary organs were exhibited to the class.

The right kidney was so far destroyed, that it was represented by a simple membranous sac, all the glandular structure being lost. It contained a calculus about the size of a nut.

The left kidney was much enlarged, and contained thirty-nine calculi, varying from the size of a pea to that of a large walnut. Some glandular structure still remained.

The ureters were much dilated; the right contained one, the left two, small calculi, near the lower extremity, where they were somewhat narrower than in the rest of their course.

The bladder was intensely congested and inflamed, and contained a calculus firmly adherent to its walls, about the posterior part of the trigone. The calculus was attached to an irregularly shaped spot, about the size of a shilling, and projected into the cavity of the bladder about three quarters of an inch. It was pyramidal in form, irregular, had evidently been broken, and



was very friable. On removing it, which could not be done without difficulty, it was found that the mucous membrane was deficient at the spot where it rested, so that the stone was in contact with the muscular coat. Shreds of mucous membrane adhering to its edges were torn off with the calculus.

M. Civiale remarked:—"That many calculi are called adherent which in reality are not so. Some are wholly or partially enclosed in pouches or sacculi, and thus are fastened to the walls of the bladder. These he did not call adherent, but encysted. Others are furnished with sharp spines or spiculæ, by which the bladder is wounded, and thus the calculus becomes attached; these are not truly adherent. The true adherent calculus is formed by the deposition of calculous matter on an ulcer of the bladder, where the mucous membrane is removed. These are intimately connected with the surrounding structures, so that those structures are injured by their removal. (The specimen exhibited by him was an example of the latter variety.) He then went on to notice the rarity of adherent calculi, and the difficulty of distinguishing, during life, the different varieties of attached calculi.

In conclusion, I beg to state, that I do not wish to assert that the calculus exhibited by Dr. Quain, (which was removed by Mr. Meade at this Infirmary, two years since,) was adherent in the manner above described. Of that I have no means of judging, not having been connected with this Institution at the time of the operation, and never having seen the calculus.

I mention the above case as an example of a rare occurrence, proving that a calculus may be adherent, though such an event is rare.

Hoping I have not trespassed too much on your valuable space,  
I am, &c. FRANK POWELL,

Bradford Infirmary, Nov. 8, 1854. House-Surgeon.

#### ST. BARTHOLOMEW'S HOSPITAL AND ITS PAID DRESSERSHIPS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The storm which seemed so threatening to the abuses of St. Bartholomew's Hospital a short time since, has, it seems, at last blown over.

A few concessions, and a great many hinted promises, have had their effect; but dresserships are still matters of sale, and not rewards of industry.

I need scarcely say, Sir, that I am proud of my alma mater,—its venerable age, its boundless munificence, and its high standing among our charitable institutions. But it seems strange, that the liberality which has made it a beacon to the sick, and destitute, should cease with the sufferers, and fall so far short of the student.

St. Bartholomew's Hospital is the only institution of the kind which groans under the evil of paid dresserships. Notoriously wealthy as it is, its Surgeons are driven to raise their salaries from the pockets of their pupils. There is a paid Treasurer. There are paid chaplains and paid dispensers; but when we come to the Medical officers, who are the right hand of the charity, in whom, indeed, the charity virtually consists, we find that the opportunities for practice, and the purses of students, are their only means of emolument.

Now, Medical students are not notorious for pecuniary plethora. On the contrary, if there be any Profession which numbers the poor, but persevering among its scions, it is that which above all others takes cognizance of the poor and the afflicted.

What results? There are men who have to scrape and to save, for an office which in other schools is a guerdon for the persevering. There are men, also, whose circumstances gain them the office with facility, and who act on the principle—easily procured and lightly held.

But I need not go on reasoning. The evil is notorious. There is scarcely a student who does not regard it as a blot on the fair fame of St. Bartholomew's; who does not think, that the wealth which could encase its walls in stone, and talks of buying up the adjacent field, might dole out some pittance to the learned men who give it a fame, and make it noble; thereby conferring a charity on the poor, but hard-working student.

It behoves the Committee of the Hospital to look to this; for there is a duty, as well as a propriety, in the matter.

Apologizing for thus trespassing on your valuable space, I enclose my card, and beg to subscribe myself,

A FIRST YEAR'S STUDENT.

St. Bartholomew's Hospital, Nov. 14, 1854.

#### LORD RAGLAN AND THE MEDICAL STAFF.

[To the Editor of the Medical Times and Gazette.]

SIR,—Allow me to return you my warm thanks for the noble stand you are making on behalf of the Army Medical Officers generally, and especially for your exposure of the gross injustice of Lord Raglan's order.

I have often been greatly tempted of late to venture into print on behalf of those so sorely maligned; but various motives have prevented. I have now no reason to regret this. The article in your last issue was a masterly exposure of the disgraceful conduct of those in power, and a perfect embodiment of my own feelings, and, I am sure, of the feelings of this department generally. I cannot, therefore, refrain from sending you my humble thanks for it.

I knew that time only was wanting to refute the various libels with which certain portions of the Press—at the head of them the *Times*—have teemed. I knew that Dr. Hall was not the man to leave his ambulances at Varna, except under the dire pressure of superior power. I knew that the Medical Department generally had not "forgotten that old rags were necessary to dress wounds," as the *Times* asserted. Moreover, I fully anticipated that, as soon as the Medical Officers were exonerated, and the real authors of the misery shown to be the chief authorities themselves, they would, instead of owning their fault, take the first opportunity of avenging the discovery, and let the weight of their vengeance fall upon the helpless Doctors. We count no Honourables nor Right Honourables in our ranks; have no elder brothers in the House; hence it is safe to insult all, because one may have failed in his duty, although, as you justly remark, the duty evidently was more in the Quarter-Master General's Department than his.

You have also discharged, I would call it, a holy duty in exposing the tyrannical and disgraceful conduct of the Navy authorities in the two cases you mentioned.

I am, &c. AN ARMY SURGEON.

#### MICROSCOPIC EXAMINATION OF CYST CONTENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a case of thyroidean cyst, reported by Mr. Coote in the *Medical Times and Gazette* for November 4, 1854, it is stated that, on September 8, "sixteen ounces of clear, straw-coloured fluid, which separated into liquor sanguinis, and a firm colourless clot of fibrin," were drawn off; and, again, on the 11th, "four ounces of thin, light, red-coloured blood" were drawn off.

Now, no microscopical account is given of this thin, straw-coloured fluid, which, if accidentally omitted, Mr. Coote would greatly interest many by publishing, since attention has been recently drawn, by Rokitsky and others, to the remarkable increase of the pale corpuscles of the blood in many cases of thyroid disease.

If no examination were made in this case of the contents of the cyst, the insertion of this letter may prevent a similar omission on future occasions.

I am, &c. RICHARD NEALE, M.B. Lond.

Ombersley, Droitwich, Nov. 10, 1854.

#### REPORTS OF SOCIETIES.

##### EPIDEMIOLOGICAL SOCIETY.

NOVEMBER 6, 1854.

DR. BABINGTON, President, in the Chair.

THE President read an introductory address, which appears in full in another part of this day's Journal.

Dr. McWilliam, in reporting the progress of the Committees, stated that most of them had been crippled for want of funds. The Small-pox and Vaccination Committee hoped soon to present a further Report to the Council; the Chairman of the Committee for investigating epizootic diseases had promised a Report on pleuro-pneumonia among cattle; and the Cholera Committee had issued 1200 copies of queries in this country and in the Colonies; and, by the kindness of the Government authorities, copies had been transmitted to the Fleets in the Baltic and the Black Seas, and to the armies serving in Turkey and the Crimea. Dr. Richardson alluded to the subject of making large fires in



towns, as mentioned by the President. History showed that on some occasions such fires proved beneficial, and, on others, extremely injurious; but the epidemics thus differently affected could not be defined, as ancient writers used the word "plague" for almost every disease with which they were visited. It was probable that a large fire in a town acted in the same way as the heat of the sun at the tropics, or a fire-place in an ordinary room, doing good by bringing free draughts from without. When the atmosphere was thus purified, the cause producing the epidemic was in the town; but when the disease increased after the fire, it might be concluded that the epidemic atmosphere without the town was brought inwards. Dr. Richardson then suggested the propriety of publishing a Quarterly Epidemiological Journal, under the auspices of the Society, but was called to order by

Dr. Snow, who said that the meeting was confined to scientific discussions, and that such a subject as a Quarterly Journal ought to be brought before the Council.

Dr. James Bird proposed a vote of thanks to the President for his paper, and adverted to the great value of Dr. Babington's services in the origin and progress of the Society.

Mr. Rogers seconded the motion, and alluded to the subject of house-to-house visitation. He said he had witnessed the great benefits arising from the adoption of that system in the parish of St. Ann's, Soho, during the late epidemic, having been one of the Medical men appointed to carry the method into effect. In the district assigned to him he had never had a death reported in any house which he visited. He had had much diarrhoea, twenty-five persons out of thirty-seven in one house having been under his care within five or six days. The apathy of the people was fearful, and it was of the utmost importance to rouse them to a sense of their danger. It was also important that accurate returns should be obtained; but these could not be secured so long as Medical men, in order to exalt themselves, gave such untruthful statements with regard to the number of recoveries.

Dr. Sibson rose to order, and expressed his admiration of the untiring zeal and energy with which, as far as he had observed, Medical men applied themselves to the task of mitigating and checking the ravages of the disease.

Dr. J. Bird adverted to the opinion of the late Dr. Mackenzie, that early attention to premonitory diarrhoea would prevent the great mortality usually attendant upon cholera. Dr. Mackenzie, he said, mentioned the case of a regiment, now in the East, in which this was particularly observed. When marching, the men who went into the rear were immediately seen, and, if they had diarrhoea, they were treated accordingly; and to this circumstance had been attributed the comparative immunity of that regiment (the 79th) from cholera. Dr. Mackenzie also mentioned that the soldiers at Silistria, though previously healthy, immediately on entering the Hospitals contracted Hospital gangrene, which was usually connected with a want of a proper decarbonization of the blood, and which in that case arose from the close places in which the men were confined, and from local emanations. In a similar way, he thought, cholera was often produced by atmospheric influences, and a want of a proper circulation of air.

Dr. Snow, while admitting that house-to-house visitation was of some value, thought its efficacy had been overrated. The fact mentioned by Mr. Rogers was not conclusive; for, even before he was appointed, the number of attacks had greatly diminished. With regard to diarrhoea, it was not found to precede the most violent attacks which occasioned the great mortality; the greatest amount of diarrhoea occurred afterwards, when the disease was abating. Probably it was a modification of the same poison; but he could not think that the cases of diarrhoea would have gone into cholera. House-to-house visitation was adopted early on the south side of the Thames, but the disease went on increasing as much as it did in 1849. With regard to the cures, he did not know a single Medical man who had boasted of the extent of them, but all regretted that their efforts were so unavailing.

Mr. Hunt mentioned some statistics respecting the effects of cholera in St. Giles's, Bloomsbury, as shown in a return by Mr. Bennett, the Medical Officer of the Infirmary. In 1832 the deaths in St. Giles's were 253. Between that time and 1849 the worst parts of the parish were pulled down; but the remaining houses were more crowded, and in 1849, when the deaths in London from cholera were 12,954, the number in St. Giles's was 227. Since 1849, however, great efforts had been made to cleanse the parish, and supply the dwellings with water; and the consequence was, that, in 1854, when the total deaths in London from cholera were 9708, the number in St. Giles's was only 73.

Dr. Headlam Greenhow believed that the system of house-to-house visitation had not been fairly tried. He did not know a

single Union where it had been adopted till the force of the epidemic might be said to have expended itself. Cholera, he believed, was greatly checked by early treatment of the diarrhoea. He knew one workhouse with 500 inmates, 330 or 350 of whom were attacked with premonitory diarrhoea; but these having been promptly attended to, not a single fatal case occurred. In St. Mary's, Newington, Workhouse, with 640 or 650 inmates, the names of all persons going to the water-closet were registered on a slate; cases of diarrhoea were thus speedily discovered and treated, and many lives were in that manner saved. In the Walworth Workhouse there were only two fatal cases.

Dr. Gavin advocated house-to-house visitation, which, he thought, had been in many instances successfully adopted. The Post-office, he said, had lately been put under his care; and, since that time, there had been 2095 cases of choleraic diarrhoea, and 34 cases of ordinary cholera. There had been three deaths in the establishment, and one case of recovery from complete collapse. Not one case of diarrhoea, however, had run on into cholera.

Dr. Barlow said, he had observed that second cases of cholera in a house scarcely ever recovered; and urged the importance of temperate and well-regulated diet. He had known several cases in which persons had gone to the Crystal Palace, and eaten lobster salad, and come home with the cholera.

The Society then adjourned.

## MEDICAL SOCIETY OF LONDON.

SATURDAY, November 11.

E. HEADLAND, Esq., President, in the Chair.

DR. WYNN mentioned a case of difficult labour, which he believed to be perfectly unique. In August last he was requested to see, in consultation with Mr. Bedingfield, a young, pale, and delicate woman, who had been in labour four days. She was in the seventh month of her second pregnancy. The liquor amnii had escaped on the first day of labour, since which the pain had been incessant, but fruitless. On making an examination, Dr. Winn found the labour had been interrupted, not from a want of power or room in the pelvis, but in consequence of a very singular obstruction which had prevented the os uteri from dilating. It consisted of a thin membranous band, about half an inch in width, which was stretched immediately across the os uteri. It extended from before backwards, but its extremities were not adherent. The points of attachment were connected with the angles formed by the junction of the vagina and the uterus. Dr. Winn hooked his finger over the band, and divided it with a bistoury, when the os uteri immediately began to dilate, and the labour was speedily terminated. The patient's recovery was rapid. A fortnight after delivery, Dr. Winn made a vaginal examination, with a view of determining whether any fresh adhesion had taken place, and found scarcely a vestige of the membrane left. Anteriorly and laterally, at the angle of the vagina, he could distinguish a very small portion of what appeared to be one of the roots of the membranous band; posteriorly nothing could be detected. The os and cervix uteri were in a perfectly natural condition. On inquiry, Dr. Winn ascertained that the patient, when eight years of age, was standing on a bellows placed on a chair, and attempting to reach something; the chair slipped, and she fell with great force, the nozzle of the bellows, which was nearly red hot, penetrating the vagina to some extent. The vagina was much swollen for some time afterwards, accompanied by a discharge of blood. Dr. Winn thought it right to state, that her first pregnancy terminated by a miscarriage at the end of the fifth month of gestation, unattended with any remarkable occurrence. He wished to have the opinion of the meeting as to whether the growth was congenital, or the effect of the accident.

Mr. Rogers Harrison mentioned a case which he thought favoured the theory, that two diseases do not go on in the body at the same time. Last month, a gentleman, aged 24, consulted him for a most virulent gonorrhoea. A short time afterwards, on the 13th ult., the gentleman found himself covered with exanthema, which proved to be the measles. All treatment for gonorrhoea was then suspended, and he (Mr. Rogers Harrison,) prescribed for the measles, which he considered the greater evil of the two. The patient went on favourably, and on the 23rd had recovered, since which time he had not had the slightest gonorrhoeal discharge; the first disease having, as he thought, been perfectly cured by the exanthematous eruption of the



measles. The two diseases being so dissimilar, could not go on in the body at the same time.

Mr. Hancock asked if the patient had taken copaiba, and, having received an affirmative reply, suggested that that medicine might have occasioned the eruption.

Mr. Rogers Harrison felt sure that the disease was the measles; indeed, a gentleman in the same house was at present suffering from measles, though he had taken no copaiba.

Mr. Milton thought that the rule laid down by Mr. Rogers Harrison should be subject to some limitation. Gonorrhœa existed contemporaneously with many disorders of a local nature; it was possible, however, that diseases of such violence as gonorrhœa and measles would not co-exist in the same body.

Mr. Dendy had no doubt that Mr. Rogers Harrison was right in his diagnosis of the exanthema. He thought that John Hunter, in his known axiom, meant that no two diseases could actively go on at the same time in one part of the same body. One morbid action might keep another in abeyance for a considerable time, as might have been the case in the instance mentioned by Mr. Rogers Harrison. It was well known that gonorrhœa would get well of itself, without copaiba or any other medicine. Several instances had been mentioned in which a disease had been apparently kept in abeyance by another, and, on the disappearance of the latter, had resumed its action on the system.

Mr. Milton exhibited a preparation showing an aneurism of the aorta. The subject was a policeman, who died very suddenly; and, on a *post-mortem* examination, his chest was found full of blood.

Mr. Hird read a paper on certain affections of the spinal cord simulating organic disease. He stated, that Medical men were frequently called upon to give an opinion as to the nature and probable consequences of affections which appeared to have their origin in some part of the spinal cord, but which, so far as present knowledge was concerned, did not seem to depend either upon the congestion of vessels, or on an inflammatory or other structural change in the part affected. In such cases, the diagnosis was often mistaken; and even the late Sir Charles Bell subjected a patient to a severe treatment, such as is resorted to for the arrest of serious structural diseases of joints, when the case was one of neuralgia. Those functional disorders were much more frequent in the female than the male, and often occurred about the menstrual period. When some special cause acted upon the spinal system, the patient might be the subject of diseased actions which, in many respects, resembled those lesions which resulted from inflammation or other organic changes. Great care should be taken in distinguishing these cases, as treatment which would be valuable in one case would be injurious in another. Mr. Hird then endeavoured to show that spinal disorders depended greatly upon a kind of toxæmia, or a greatly impoverished and deteriorated condition of the blood; and recommended a tonic rather than a depletory system of treatment. He mentioned cases in which local paralysis had occurred in hysterical females, and urging the importance of attention, in such cases, to the general state of the health rather than to the part affected. In general, he said, prophylactic treatment was more to be relied on than remedial; and attention to the moral and physical education of females about the period of puberty was of the highest importance. He also recommended for the disorders in question, change of air, gentle exercise, cheerful society; and, when the local pain was very violent, the application of belladonna plaister.

Mr. Hunt related a case as bearing out Mr. Hird's views. A lady consulted an eminent Surgeon in London for a severe pain in the hip-joint. She was a governess in a nobleman's family, and, to great mental application, added considerable anxiety respecting her pupil. The Surgeon pronounced her to be suffering from incipient hip disease, and ordered her to go to the sea-side, and apply blisters and leeches. These directions were followed, but the pain increased, and at length became unbearable. He (Mr. Hunt) was consulted, and he found no difference in the size of the two hips; he could rotate the limb; and there appeared to be no signs of disease but the pain and excessive tenderness. He prescribed iron and myrrh, with an occasional aloetic purgative. In a month the patient was able to walk a quarter of a mile; in six weeks she could walk five or six miles without pain; and in two months she returned well and robust.

Dr. Mackenzie believed that spinal affections depended mainly on three conditions—mental affections, which he considered the most common; irritation of the peripheral extremities of the nerves; and affections of the blood. In such cases the best course to adopt was to improve the general tone of the health. The abstraction of blood could not be recommended. Many forms of

hysteria were incurable, since their psychological causes could not be removed.

Dr. Theophilus Thompson believed that there were many cases in which depletion was requisite and useful. He knew a young lady who suffered from hysterical vomiting, with tenderness about the spinal column. The vomiting ceased on the application of a few leeches and blisters, long before there was any great improvement of general health from tonic treatment. In many cases the proper relation between the blood and the nerve was disturbed, and the object of treatment should be to restore it. Sometimes blood should be removed in order to restore the proper relation; but if too much was taken, the relation was disturbed in the other direction. The mere poisoned condition of the blood was not sufficient to explain many of the symptoms. Dr. Thompson mentioned the case of a lady who suffered severe pains, with tenderness, in two or three of the lumbar vertebræ, the result of a blow, and who was completely cured by the application of a few leeches. One frequent symptom of spinal affections was an intense craving for food, somewhat similar to that experienced by persons shortly before death.

Dr. Ogier Ward stated, that in cases of toxæmia, when he had applied leeches, they had almost invariably died.

Mr. Dendy said, that some cases of hyperæsthesia simulated almost every disorder under the sun. With regard to the symptomatology of neuralgia and inflammation, it would be found that a sudden though slight impression of the finger, in cases of neuralgia, would produce intense suffering, (which was not the case in inflammatory action,) while a careful, gradual, but heavier pressure produced comparatively little pain. In certain cases, he (Mr. Dendy) thought that tonic and depletory treatment might, without inconsistency, be used simultaneously.

Dr. Hare said, that in neuralgic affections it was important each case should have a separate diagnosis. Affections of the spinal cord, produced by reflex action, were, in females, commonly attended with irritation of the uterus and vagina, leucorrhœa being present in eight or nine cases out of ten. Spinal irritation was also associated with anæmia, (in which case the exhibition of iron was useful,) and was sometimes caused by worms in the intestinal canal.

Dr. Willshire said he should agree with Mr. Hird in almost all his views, if he used the term "spanæmia" instead of "toxæmia."

Dr. Sibson said he had known many cases of spinal affection originate in deep distress, and especially dread of loss; and where these could be removed, the disorder usually disappeared. With regard to the term "spinal irritability," or irritation, he was at a loss to conceive how Dr. Griffin and others could use it, seeing that the pain originated far away from the spinal column.

Dr. Hare and several other members stated that Dr. Griffin always admitted that the pain was produced by reflex action.

Dr. O'Connor vindicated the work of Dr. Griffin, which, he said, was, when written, far in advance of its time. The views more recently published by Dr. Marshall Hall explained very satisfactorily the causes disturbing the function of the spinal cord; but Dr. Griffin had previously distinctly assigned a reflex function to the spinal cord quite independent of any cerebral agency. He believed that many cases of spinal affection required a partial and cautious extraction of blood, and mentioned several such as having occurred in his own practice.

Mr. Hird, in replying, said he did not object entirely and in all cases to depletory treatment; but he believed that the proportion of cases requiring such treatment was small. A deteriorated condition of the blood was, he believed, the most general cause of the affections under consideration, and the object of treatment should be to restore it to its normal quality, that it might act properly upon the nervous system.

The Society then adjourned.

## PHYSIOLOGICAL SECTION.

MONDAY, NOVEMBER 13.

MR. I. BAKER BROWN in the Chair.

Dr. Crisp exhibited coloured drawings of the

### VISCERA OF A LARGE ALLIGATOR,

taken by measurement, and afterwards read a communication on the Malpighian bodies of the spleen of the alligator and crocodile, and on the weight of the spleen as compared with the body in those animals. Preparations of the Malpighian bodies of the alligator and crocodile were shown; those subjected to the action of nitric acid being more distinct. Dr. Crisp then gave



the relative weights of the spleen and of the body of four crocodiles and of six alligators, (all depicted soon after death, and the viscera weighed by himself,) for the purpose of refuting what he believed to be an erroneous notion of all writers on the spleen, viz., "that as we descend in the vertebrate scale, the function of the spleen diminishes in importance." The comparison of the relative weights of the spleen and of the body of this order of saurians with some orders of birds, Dr. Crisp said, was entirely opposed to this view; and a lower grade of vertebrate animals, the fish, afforded a more convincing proof of its erroneousness.

Dr. Richardson read a communication on

#### THE CAUSE OF THE EMPTINESS OF THE ARTERIES AFTER DEATH.

The common supposition, he said, was, that the arteries possess a contractile power; and that during the dying state, when the heart's action is feeble, this contractility prevents the heart from filling the arterial system with blood. It was, however, not proved that the arteries do contract during dissolution, or indeed that they contract at all. He believed that Harvey's explanation was the correct one, and that the condition of the arteries after death was dependent on certain relative states of respiration and circulation in the act of dying. Harvey's theory was, that, as there is no passage to the arteries save through the lungs, when an animal has ceased to breathe, the blood in the pulmonary artery is prevented from passing into the pulmonary veins, and thence into the left ventricle of the heart. The heart, however, not ceasing to act at the same moment as the lungs, but surviving them, and continuing to pulsate for a time, the left ventricle and arteries go on distributing blood; but receiving none from the lungs, they are exhausted. This explanation was so simple, that it was remarkable how it could be superseded by any other theory. Dr. Richardson then related several experiments, with a view to confirm the theory, that at death, when respiration ceases before circulation, the arteries are found empty; and that when the cessation of circulation precedes that of respiration, the arteries are found full.

Dr. Snow thought that Harvey's explanation, though true as far as it went, was not a full explanation. The heart of itself could not empty the arteries; it could only act upon them by a column of blood, or some other medium. If the arteries were rigid tubes, they would, when the heart ceased to act, remain full, as in the case of water pipes, which remained full when the supply was cut off. The arteries must possess some contractile power, as was, he thought, proved by the diminution of the pulse almost to a thread, in the case of hæmorrhage, cholera, and the like. There was also, probably, a power in the blood itself, connected with its changes of composition, which facilitated its flow in one direction; and that power might continue after death, as long as the vitality of the tissues remained. If asked why were the arteries not always empty, he would reply that that power in the capillaries was limited; that in some persons the death of the body generally took place before breathing ceased; and where the heart suddenly stopped there might be so much blood in the arteries that the molecular power in the capillaries was insufficient to empty them completely.

Dr. Crisp thought Dr. Snow would have been right if he had spoken of retractility instead of contractility.

Dr. Pavy believed that the arteries had a contractile power of their own. He had introduced small tubes into the arteries of animals, and, after operating upon them for some time, they had visibly contracted. The contractile power of the arteries he considered to resemble that of the bladder, which, it was known, sometimes expelled urine after death.

Mr. Hird said it had been shown by some beautiful experiments by Mr. Wharton Jones, that the actual corpuscles of the blood possessed an attractive and repelling force; that, during circulation, they acted upon the walls of the vessels; and that the walls, in their turn, re-acted upon the blood.

Dr. Hare expressed his concurrence in the remarks of Dr. Snow, and stated, that by placing the web of a frog's foot under a microscope, the arteries could be seen distinctly to contract.

Mr. Pilcher believed that the contractile power of the arteries increased in proportion to their distance from the heart. He did not know any tube or canal in the body which did not contract; in the case of strictures, as of the urethra, this was obvious, and he believed that the arteries participated in the same general law pervading all the tissues of the body.

Dr. Murphy thought that all the causes which had been mentioned had their influence in expelling the blood from the arteries.

Dr. Ogier Ward, in reply to Mr. Pilcher, said that in the case

of strictures the contraction was produced by irritating causes.

Dr. Richardson, in replying, admitted the existence of a force in the capillaries, but thought it could only expel the serum from the arteries, and not the solid matter.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Nov. 9, 1854:—

DODD, HENRY ALLNUTT, North Stoke, Oxon.

HAFFENDEN, DALTON ADOLPHUS, Hanwell.

RICHARDSON, BENJAMIN, Glusdale, Whitby, Yorkshire.

#### APPOINTMENTS.

**EASTERN DISPENSARY, BATH.**—The whole of the offices in the Medical Staff connected with this Institution having become vacant, first, by the resignation of Dr. Blackmore, Dr. Trull, Mr. Bush, Mr. Stockwell, and Mr. Taylor, and subsequently by the resignation of Dr. Tunstall, a Special General Meeting of the Governors and subscribers was held Nov. 13. The five gentlemen first mentioned, having expressed their willingness to resume their former positions, were, by a large majority, re-elected; and Dr. J. Maule Sutton was elected in place of Dr. Tunstall.

**THE ROYAL BERKSHIRE HOSPITAL.**—Mr. Eribulus Williams has been appointed Resident Surgeon to this Hospital.

#### TESTIMONIALS.

**MR. HENRY WAKEFIELD, JUN.,** of Russell Square, has received from the Treasurer of Guy's Hospital a handsomely bound copy of the Guy's Hospital Reports from the commencement, as a mark of the esteem in which his services were held while acting as Resident Medical Officer during the late epidemic. Captain Shepherd, at the same time, presented him with the appointment of Assistant-Surgeon in the East India Company's Service, as a further mark of their appreciation of the services he rendered to the Institution, and to the poor patients entrusted to his care.

#### VACANCIES.

**ST. MARY'S HOSPITAL.**—A Fourth Resident Medical Officer (Maternity Department) is required. Election, Nov. 29.

**HAMPSHIRE COUNTY HOSPITAL.**—The office of Physician is vacant, by the resignation of Dr. Wood. Election, Nov. 22.

**WESTERN GENERAL DISPENSARY.**—A Resident Surgeon and Apothecary is required. Election, Nov. 27.

#### DEATHS.

**BECKWITH.**—October 17, on the heights of Sebastopol, of cholera, aged 30, Henry Beckwith, Esq., Assistant-Surgeon 49th Regiment. (3rd November, 1846.)

**CROUCH.**—November 1, at Birkenhead, after a short illness, of pulmonary inflammation, Walter Robert Crouch, Esq., aged 31. M.R.C.S.E. 1849; L.S.A. 1848; House-Surgeon to the Birkenhead Hospital.

**FAGAN.**—November 9, at Woodhill, Cork, Stephen Fagan, Esq., M.D., of Albion-street, Hyde Park-square, London, A.M., M.B. 1824, M.D. 1852, Trin. Coll., Dublin; Chief in Ireland of the ancient family of the Fagan Feltrim.

**LANGDON.**—November 12, at Bampton, Devonshire, Thomas Langdon, Esq., Surgeon, in his 69th year. M.R.C.S.E. 1807; Med. Officer Tiverton Union.

**LEETE.**—Lately, at Newton-le-Willows, Lancashire, Alfred Octavius Leete, Esq., Surgeon. M.R.C.S.E. 1840; L.S.A. 1839; Med. Officer Warrington Union.

**LEYSON.**—November 3, at his residence near Neath, William Leyson, Esq., Surgeon R.N., aged 64. (21st February, 1825.)

**UNIVERSITY COLLEGE, LONDON.**—The first session of the Council for the current academical year was held on Saturday, the 4th instant. The Andrews Scholarships of 100*l.* and 60*l.* were conferred respectively on Mr. William Britton Jones and Mr. Henry Mason Bompas. The Liston Gold Medal, for surgical cases, was awarded to Mr. John Zachariah Lawrence. The Fellowes Clinical Medals, for medical cases, were obtained, the gold by Mr. Stephen Nesfield, the silver by Dr. Frederick G. Clarkson.



UNIVERSITY OF EDINBURGH.—The attendance at this University is spoken of as falling off. The number of matriculated students in the faculty of Medicine, this year, is 340.

QUEEN'S COLLEGE.—MEDICAL FACULTY.—The Medical Faculty was opened on Tuesday, by the Dean, Dr. Fleming. The lecture-room was densely crowded, and the proportion of students appeared to be larger than on any similar occasion. We intended giving an abstract of the address; but we are sure we are only echoing the feeling of all those who were present, and more particularly of the students, by whom it was so very warmly received, in expressing a hope that it will be published in some other form. All that we can now say of it is, that it was one of the most admirable and thoroughly practical inaugural addresses we have ever heard.—*Cork Southern Reporter*.

ST. BARTHOLOMEW'S HOSPITAL SCHOOL.—The chair of Botany in this School is vacant.

DR. LOGAN (with the Maharajah Dhuleep Singh) has been presented to the Queen at an audience, and was knighted.

JOHN PROPERT, Esq., we are gratified to find, is nominated High Sheriff for the County of Cardigan.

CHRISTIAN MEDICAL ASSOCIATION.—A Meeting of this Association was held at Exeter-hall, on Friday evening, Nov. 10, when an address was delivered by R. D. Grainger, Esq., F.R.S. At the hour announced, the Lower Room was well filled by a large body of Metropolitan students, and the lecturer was received with much applause. He descanted eloquently on the various dangers, difficulties, and errors which peculiarly beset the Medical student, especially in the pursuit of religious truth; set before them the particular objects of the Association; and in conclusion remarked on the duties of the Medical teachers and Practitioners in respect to the *morale* of those placed for a short time under their tuition. The meeting was commenced and concluded with prayer by Dr. James Hamilton and Mr. Bickersteth.

MEDICAL NEWS FROM THE ARMY AND NAVY IN THE EAST.—(From a Correspondent in the Fleet.)—The ambulance corps has been a failure. The debauched old pensioners of whom it was mainly composed were swept away by cholera at Varna. The carriages even were not in the field at Alma; the wounded had to be carried to the beach, a distance of two miles and a-half, on stretchers, or mostly on such temporary contrivances as seamen's hammocks slung on oars. One thousand seamen were employed for three successive days in carrying the wounded to the beach. All the disengaged Medical Officers of the fleet were likewise employed in whatever way they could make themselves useful; and yet a great number of the amputations were secondary; indeed, many capital operations remained to be performed on board the transports in the voyage down to Scutari. Only one army officer was detached to accompany the more than 2000 wounded and sick sent to Constantinople after Alma. The Naval men went with them cheerfully, and laboured night and day for the poor fellows. Yet, Lord Raglan in his despatch mentions only the services of the executive officers and seamen. There is not a word said in that or any subsequent despatch of poor Mackenzie even, who, having accompanied the army as an amateur, laboured hard after Alma, performing brilliantly many most important operations on the field. A few days after Alma, he died of choleraic diarrhoea, brought on by fatigue, hardship, and privation. But, if the "Commander of the Forces" has been unmindful of these professional services to his army, the brave wounded men of the battle of Alma, both officers and privates, have not been ungrateful. They have been loud in their expression of thanks to the Medical Officers of the Navy. That old War-Surgeon Guthrie has always contended that there is no hæmorrhage from gun-shot wounds. Alma has borne him out. Some of the wounded were not brought in till the third day; yet I heard of no deaths from loss of blood. There was no instance, I believe, of any immediate serious bleeding from any of the wounds at Alma. There is still a perfect delusion about hæmorrhage from gun-shot wounds in the Navy. No sooner is a man wounded, however slightly I would say, in any of the extremities, than the limb is immediately strangulated by a rude contrivance called a temporary tourniquet—of which there are hundreds distributed about the "quarters" in all ships. No great harm is done, as fortunately Medical assistance is always at hand in men-of-war. Not long ago, a marine in one of the ships in this fleet having cut his throat, and the circumstance being reported to the mate of the watch, his first expedient was to call for a tourniquet! The ambulance carriages have been brought to the field at last. They were landed a few days since at Balaklava. There is much less cholera now among the troops, but diarrhoea still prevails greatly. It will appear by-and-by,

when the public, having recovered their sober peace senses, and can be brought to listen to the dark side of the war, it will appear, that in point of sickness and mortality, this has been one of the most disastrous campaigns on record: 10,000 men have disappeared from the ranks since the army landed in the Crimea. Many of them are only sick, it is true, and will soon again appear on the scene. The Russians, the poor soldiers say universally, are nothing to the cholera and diarrhoea. The next thing will be scorbutic dysentery, for they have been since they landed almost constantly on salt provisions; and there are no prospects of better fare, while also the cold wet weather will now soon set in. In the affair of the ships against the batteries on the 17th, the wounds were principally from fragments of shells. In naval actions in the present day "we are all rowing in the same boat." The Surgeon of the Albion was wounded in the cockpit. Some of the men in the same ship wounded first at their guns were a second time wounded in the cockpit, where they had been carried for shelter and medical attendance. I hope soon to collect the particulars of the various wounds in this late affair. The medical officers of this fleet are now much dispersed—some with the Naval Brigade before Sebastopol, some with the Marines at Balaklava and Eupatoria. Most of the ships went into action on the 17th, without even their reduced complement of medical officers. Fortunately, the casualties were not very numerous, and no man suffered from want of medical attendance. Dr. O'Hagan, of the Firebrand, which steamer was lashed to the Albion, crossed over to the cockpit of that ship when he heard that her Surgeon had been wounded. He was glad to assist Mr. Prichard, who was going on with the operations. This young officer (Prichard) acquitted himself most creditably on that occasion. We are now undoubtedly committed to a long and difficult war. Great demands will be made on the Medical Profession, which most assuredly will not be complied with easily. Government must not temporise any longer with the Medical Profession. Medical officers, since they have to share in the hardships and the dangers of the war—in this campaign they have had more than their share of the mortality—must also be allowed to participate in the promotions, the honours, and the emoluments of the service to which they belong. The Medical officers have the poor soldiers and sailors with them to a man; but not the Admirals or Generals.

DR. HALL (by dates of Oct. 22) had returned from Scutari, and resumed his duties as P.M.O. of the army before Sebastopol.

SURGERY OF THE WAR.—The following is an extract from a private letter:—"The gallant Captain White, of the 17th Lancers, was lying on his back when we came up to him, with a round shot right through his leg, with Sir W. Gordon, dreadfully cut about the head, both receiving, however, every attention and care from Surgeon Kendall, who was formerly at Southampton with Mr. Ward, surgeon of that town. In this garden and temporary hospital could be seen men with every description of wound, from the sabre-cut to the grape and canister shot. One poor fellow's leg was taken off while we were there; nor can one easily forget the shocking scenes, the result of such a day's fighting. The Surgeons (Brush and his assistant, Chapple) of the Greys were working away with their sleeves turned up, arms bloody, faces the same, looking more like butchers than Surgeons, so hard had they worked all day.

VOLUNTEER MEDICAL SERVICES.—Dr. Pyemont Smith, of Leeds, has volunteered for Hospital service at Scutari, for a few months.

APPOINTMENT OF APOTHECARIES TO THE FORCES.—The following warrant has been issued:—"Victoria R.—Whereas it has been represented unto us, that great benefit will result from re-establishing the rank of Apothecary to the Forces; our will and pleasure is, that Apothecaries to the Forces shall form part of the regular establishment of the army, and that they shall rank as lieutenants, according to the dates of their commissions for the first fifteen years of their service, and after that time, as captains, but as juniors of that rank. The pay of an Apothecary to the forces shall be: upon first appointment, 9s. a-day; after five years' service, 10s. 6d. a-day; after ten years' service, 12s. a-day; after fifteen years' service, 13s. 6d. a-day; after twenty years' service 15s. a-day; after twenty-five years' service, 16s. 6d. a-day; after thirty years' service, 18s. a-day; He will receive an allowance for a servant, and for lodging and fuel, if not provided with quarters, and forage for one horse, if kept. The rate of half-pay of an Apothecary to the forces shall be: after ten years' service, 5s. a-day; after fifteen years' service, 6s. a-day; after twenty years' service, 7s. a-day; after twenty-five years' service, 8s. a-day; after thirty years' service, 9s. a-day. But no Apothecary



to the forces shall be entitled to claim retirement after any period of service under thirty years' duration, upon the ground of ill health, contracted in the service, unless such unfitness for service shall be supported by Medical certificates satisfactory to our Secretary-at-War. Every Apothecary to the forces who shall have served upon full pay for thirty years, and upwards, shall have the right to retire upon half-pay, provided that the Secretary-at-War shall be satisfied with the manner in which such Apothecary shall have performed his duty. Given at our Court at St. James's, this 23rd day of October, 1854, in the eighteenth year of our reign.—By Her Majesty's command, "SIDNEY HERBERT"

**THE SICK IN THE KANGAROO.**—The following letter has been addressed to the Editor of the *Times*:—"Sir,—I think it is but just, for the sake of those concerned in the matter, to contradict a statement made in your paper of the 2nd of October, with regard to the sick transported by the Kangaroo from the Crimea to Scutari. The scene, though truly distressing, was not as stated. The fault was not so much in the numbers as in the kind of cases sent, and the great want of some one to look after and attend upon them. There were four or five died as they were being hoisted over the sides of the vessel in chairs; others, I should say to the amount of 20, were dying, and therefore would have been better left on board one of the many empty ships then lying in the bay. There were but two or three of the ambulance corps sent to attend about 700 sick, the number we carried to Scutari, 350 having previously been transferred to the Dunbar, and taken in tow by us. We buried on our passage of three days about 40. There were but two Medical men sent with this large number of sick, one of whom was himself a convalescent, and the other, Dr. Mackay, a Staff-Surgeon, who is since dead. To both these is due the greatest credit for their unceasing exertions; also to the crew and officers of the ship. The above short statement I give, as being witness of the whole scene.—I am, Sir, your obedient servant, JOHN H. ALDRIDGE, M.D., M.R.C.S., Surgeon to the screw steamship Kangaroo. Screw steamer Kangaroo, Balaklava Bay, Oct. 23."

**THE MINISTER OF WAR** has received the following letter from Dr. Michel Levy, Chief Physician to the Army in the East:—"Under Sebastopol, Oct. 27.—M. le Maréchal,—The siege is proceeding with vigour. The daily number of wounded, however, is not considerable. It varies from 16 to 22, and the killed from 6 to 8. From the opening of the siege to the 23rd of October, the total number of wounded, including cases of mere contusions and slight wounds, which constitute the majority, amounts to 718, and that of killed to 98. On the 25th, 320 sick were embarked for Constantinople, and there remain at present 1,008 sick in the ambulances. Of these 137 only are wounded. Thus the duties of the Medical Department are more arduous under the fire of the batteries of Sebastopol than those of the Surgical Department. I visited in detail all the sick, and have ascertained—1st. That one-third only are seriously ill; 2nd. That the two other thirds are in a debilitated state, but certain of recovery. The General-in-Chief has ordered measures necessary to improve as much as possible the position of our sick. The Turkish wounded are attended in our ambulances. I visit as often as possible the ambulance in the trenches. It is placed under the care of the different Surgeons of the army ambulances, who relieve each other daily. This service, which is not without danger, is a post of honour, and a practical school of military surgery. Our wounded, and those who have undergone operations, continue to furnish a remarkable proportion of cures; thanks to the care taken of them, and the skill of their operators, the most distinguished of whom are Messrs. Scive, Thomas, Marmy, Gœury, Secourgeon, Perier, Bourguillon, Colmant, etc. No army ever received Medical and Surgical assistance more prompt, more methodical, more complete, or more assiduous. Under the walls of Sebastopol and at Constantinople we have a number of talented Practitioners vying with each other in skill for the benefit of our sick and wounded. The ambulances, installed on the table-land above Sebastopol, amid the roaring of the artillery, exhibit, by their regularity and excellent organization, the best specimens of those temporary establishments. Not a single case of cholera or lock-jaw has manifested itself of late among the wounded. The internal diseases are chiefly diarrhoea, dysentery, devoid of intensity, light intermitting fevers and gastric fevers, some of which are accompanied by cerebral congestion. The cold of the nights produced a few cases of bronchitis. The fleet reckons between 500 and 600 scorbutic patients, of whom the most seriously attacked have been landed. The army is completely free from that affection, and the daily distribution of fresh bread, and the very frequent distribution of fresh meat, preclude the possibility of

its manifestation. The *morale* of the army is also a protection against it. Notwithstanding the toils attending the duties in the trenches, and certain privations, the soldiers continue in high spirits. The General-in-Chief is constantly among them, seeing after their wants, and the certainty of an approaching triumph is another element of hygienic preservation."

**THE MEDICAL DISBURSEMENTS** at Singapore, for the official year 1853-54, including salaries of Surgeon, Assistant-Surgeon, Hospital establishments, and contingencies, amount to 21,400*l*.

**AMONG** the Medical men of the French army of the East carried off by cholera, are to be enumerated MM. Pontier, Hahn, Monnier, Lagèze, Claquart, Gérard, Stéfani, Dumas, Musard, Plassan, and Bert.

**THE SPANISH PRESS** has lately lost one of its most distinguished members, Dr. José-Dominguez y Gonzales, one of the Editors of *El Porvenir Medico*.

**DR. HUARD**, a French Physician at St. Francisco, has been named Chevalier de la Legion d'Honneur, in recompense for his devotion to the interests of the French population.

**THE Journal of Constantinople**, not always well apprised of what is going on, announced in its last Number, that M. Levy, Director and Inspector-General of the *Service de Santé*, had started with a numerous staff of Surgeons for the Crimea, with the intention of establishing an hospital in Sebastopol. The orders, however, on the contrary, have been, that preparations should be made to receive all the sick and wounded of the expedition. There will not be left standing an edifice in the town.—*Gazette Hebdom.* T. I. No. 58.

**THE CHOLERA IN PORTUGAL.**—We learn from the *Gazette Medica de Lisboa*, that some isolated cases of cholera appeared at Olhaô, on the 25th August. From that day to September 25, twenty-seven individuals were attacked, of whom fifteen died. Many domestic servants died, both from cholera and diarrhoea, the latter an affection very common in the province. At Villa Real de St. Antonio there were three cases, which were fatal. Up to 16th October isolated cases continued to manifest themselves in the different provinces of St. Antonio, Castro-Marim, Moncarabacho, Tavira a Olhaô. Many days passed without the occurrence of a single case, but it could not be said that the epidemic had disappeared. Some cases of cholera appeared in the vicinity. At Lisbon, the sanitary condition has been favourable. There has been no case of cholera; but the predominant affections are gastro-intestinal fluxions, characterised by abundant alvine evacuations, with or without pain, in some cases with tenesmus, accompanied by nausea, vomiting, anorexia, prostration, little or no fever, slight cramps, ceasing usually in a short time, but leaving the patients in a prostrate condition. The means employed have been usually a saline purgative, sulphuric lemonade, opium, bismuth. At the General Hospital of Saint José, the number of patients being about the same as in preceding years, diarrhoea, attended by vomiting, etc., has been the prevailing disease. These cases have occurred in so great number, so suddenly, and so often without apparent cause, that they have been considered by Practitioners as the prodroma of epidemic Asiatic cholera.

**M. TELLIER**, of Toulouse, and **M. Sentin**, of Saint-Giron, have both died of cholera, victims to their devotion to humanity.

**PREJUDICE AGAINST VACCINATION.**—A man in Haggerstone has just lost his *seventh* child by small-pox, through his obstinacy in not having them vaccinated. He has now one child, 13 months old, and he declares it never shall be vaccinated! What of the Compulsory Vaccination Act?

**MORTALITY NOTABILIA.**—Last week the total number of deaths registered in London was 1160. In the ten corresponding weeks of the years 1844-53 the average number was 1011; and if this is raised in proportion to increase of population, it becomes 1112. From a comparison of the results, it appears that the mortality is now not much in excess of the usual amount, but it exceeds in a more important degree the point to which the usual mortality, in an improved condition of London, might be reduced. Cholera which was fatal in the two previous weeks in 66 and 31 cases, was fatal last week in 23. In the same weeks diarrhoea numbered 46, 33, and 35 deaths. Nine of the deaths from cholera occurred on the North side of the river, the remaining 14 on the South side. Scarlatina has for some weeks predominated among zymotic diseases. In the first week of October, the deaths referred to it rose to upwards of 100; since that time it has fluctuated near the same point, but its tendency has not been to decrease.

**Births.**—The births of 839 boys and 727 girls—1566 children—were registered; average, 1454.



ORIGINAL LECTURES.

LECTURE

ON

THE PATHOLOGY OF NUTRITION.

INTRODUCTORY TO THE COURSE ON GENERAL PATHOLOGY, IN SYDENHAM COLLEGE, BIRMINGHAM.

By J. RUSSELL, M.D.

GENTLEMEN,—In the succeeding course, as well as in my course on therapeutics, I shall have frequent occasion to explain the phenomena and cure of disease, by referring to the process of nutrition. I have therefore thought it well to devote this lecture to the consideration of disease as related to nutrition.

Nutrition is that process by which matter is originally moulded into the form of an organised body; by which material is subsequently employed by that body for its growth and maintenance; by which the component particles of the tissues are removed, as they perish or are consumed, and their place supplied by fresh matter. Thus nutrition implies a perpetual change in every living tissue; every minute component particle has probably a limited term of life, and is then carried from the body; and, again, every function which is performed by the tissues consumes the material of such tissues; not a muscle contracts, not a gland secretes, not a thought passes through the brain, without involving the consumption of a portion—minute, no doubt—of the active organ; the friction of living tissues is quite as destructive as that of an inanimate machine. It is a condition necessary for health, that these changes shall go on with a certain amount of energy; the vigour which habits of active and regular exercise impart to the body depends upon the rapid change of old particles for new ones, which the constant activity of all the organs occasions. Now, it is in the course of these changes that an opening is made for the entrance of disease.

For the sake of exhibiting the mode in which healthy nutrition may be converted into disease, I shall consider that process under four heads:—1, the power of appropriating nutriment; 2, the supply of the nutriment; 3, the destruction of tissue; 4, the removal of the consumed or perished tissue.

First, the exercise of the power of assimilating nutriment depends on certain conditions; namely, the presence of the other three elements I have mentioned, a due supply of nervous force, and certain external influences,—pure air, warmth, light, moisture, probably electricity.

This power of assimilating in the tissues presents in different individuals certain obvious differences, natural to their constitution. Some classes of beings grow rapidly, and arrive early at maturity; others only attain full development after a long succession of years. Some retain their standard of normal nutrition under most varied modifications of external conditions; others, on the contrary, depend for their very existence on a combination of the most favouring circumstances. In the same animal, conversion of nutriment is more active in early life than during the later periods of existence; and, even among the different organs of the same body, there are manifest varieties in the rapidity with which they respectively pass through the several gradations of development; thus, *e. g.*, the blood is completely developed at a very early period of fetal life; the ossification of some bones long anticipates the completion of the process in others. But there are defects as well as variations in the power of assimilation; and these defects are seen more frequently in the members of the human race, who are placed more under the influence of external conditions. To such defect in the assimilative power we must refer many of those instances of malformation, arising from incomplete development of organs, which not unfrequently occur in the foetus; to the same cause we have to ascribe the various forms of unhealthy constitution which certain of our race bring with them into the world;—the stunted growth; the frail body; the scrofulous habit; the consumptive or cancerous tendency. In explaining these occurrences we can generally go no further than some inherent defect in the formative or nutritive powers, a defect natural to the individual, but probably often originating in some fault in the constitution of his progenitors, and transmitted to the offspring in the same manner as family likeness or peculiarity.

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Now, among all these variations in the power of assimilation, it is an important law, that whatsoever be the standard of nutritive power possessed by the individual at birth, that standard he always tends to maintain. His tissues always tend to mould all fresh material to their own quality, and thus to preserve themselves in that state of health, whatever be its degree, which is appointed for them at their entrance into the world. It is this tendency which opposes the access of disease, and which enables the body to cast off disease when once it has become subjected to its assault. But, on the other hand, should it unfortunately happen that, either by the disorganising process of disease, or by a conjuncture of depressing influences, this standard of nutrition in the tissues is effectually lowered, it is then an equally influential law, that the body will perpetuate in itself this lowered standard, and that its nutrition will tend to remain in the depraved condition to which it has been reduced. (Paget's "Surgical Pathology," Lect. II.) How often, for example, do we meet with instances in which a permanent condition of ill health has resulted from the operation of some serious disease in childhood! How often have we to regret our want of power to recover parts of the body from some morbid change of structure, which, once induced, has impressed upon the organ or tissue an altered type of nutritive power through the remainder of its life.

Upon the operation of this double law will mainly depend the nature of the results of the nutritive processes; for the very process by which food is provided for the use of the tissues is itself one of assimilation. The nutriment to the organs is supplied by the blood entirely, and the blood is itself as much an organ as any other tissue in the body, and is under the government of the same laws of nutrition; hence, if the standard of assimilative power be lowered in the blood, a failure in the nutritive processes throughout the entire system must follow.

There is a large and important class of diseases which powerfully illustrate the effect of impaired nutrition in the blood; the class of the, so called, blood diseases. They are very numerous, and present wide variations in their characters. In some the disorder in the blood is the sole cause, the *fons et origo mali*; in others, the blood suffers in its nutrition only in common with other organs, but, from the essential importance of its office, and the wide extent of its influence, manifests its own derangements most prominently. In some of these diseases, a low type of assimilative power is impressed upon the blood at birth, being frequently derived from family predisposition. Such is the case with scrofula, cancer, some forms of anemia, of gout, and of rheumatism. The symptoms of this unfortunate direction of the nutritive process may be manifested from early life, or, as is generally the case with cancer and gout, may not develop themselves till a late period. In others of the blood diseases, unfavourable conditions from without may have lowered in the blood the standard of nutrition, healthy at birth; such as impure air, want of light, of warmth, of moisture, etc. The enfeebled habits and ill-nourished bodies of different classes of our artisans bear testimony to the operation of causes such as I have stated; and the actual deficiency of one or more constituents of the blood, in many instances, especially of the globules, announces the mode in which their influence is exerted. There is another group of this class, in which the disease depends on the presence of some poison, often of a contagious character, in the blood. Of these maladies, some are acute, and, although we cannot ascribe all the active symptoms of the acute forms to mere change in the nutrition of the tissues, yet I shall be able to show you, that many of the symptoms are actually due to the disordered efforts of nature for the elimination of the poison, either by the natural channels, or by an extempore provision. Others are of a chronic character; and in them the presence of actual emaciation and of enfeebled mental and bodily power, are consistent with our coarser interpretation of the indications of mal-nutrition; prolonged venereal disease, old gout, persistent ague, will afford illustrations. In many cases of these blood diseases, we have to lament that the blood has permanently adopted the lowered standard of nutrition to which it has been reduced, and that this change, combined too often with the continuance of unfavourable influences, negatives all our efforts to restore that fluid to its former state of health.

But although, in these cases, the morbid changes receive their impulse from the blood, the blood is not always the only organ which is involved in originating the disease. The derangement of assimilating power which the unhealthy conditions have induced in that fluid, may be shared by other organs of the body, and the unnatural manner in which their nutritive changes are performed may aid the disorder in the blood, by loading it with impurities derived from their own destructive assimilation. But whether this be the case or not, the blood being



deranged, the nutrition of the whole body must suffer first or last. If every constituent of the blood is affected, every tissue in the body must suffer, as occurs in scrofula, in chronic venereal disease, etc. If, on the other hand, certain elements only of the blood be involved, those tissues alone will suffer which depend on such elements for their nourishment, as is exemplified in gout and rheumatism, which are characterised by disease of those tissues only which have an affinity for the particular constituents of the blood in which the essence of the disease resides.

As the blood provides food for the tissues, so the nervous system regulates the organs in disposing of that food. The influence which the nerves exert over the nutrition of the tissues is proved by a large number of interesting pathological phenomena, in which disease or injury in different parts of the nervous system produces a sensible change in the organs or tissues which derive their supply of nervous fibres from the affected part; hence disease in the nervous system is another important element as affecting the nutrition of the body, either as a whole or in part; the disorder which is induced in the functions of digestion and of secretion, the condition of physical weakness and even of emaciation, which are the result of protracted wear and tear of the mind, and the general emaciation consequent on disease or injury of the brain, are exemplifications of the extent to which such an influence is exerted, unhappily too familiar to every Physician.

And there is yet one most important agent which powerfully affects the assimilative energy of the tissues, viz., the influence of function; the variation in the amount of labour which the various organs have to perform; their nutritive power keeps pace with the efforts they are called upon to make, being great in proportion as they are active, or feeble as they are idle. But to this topic I shall have to return immediately.

I have thus endeavoured to show that, nutriment being supplied to the body, the power of the tissues to appropriate it varies under different circumstances. Sometimes—very often indeed—the blood goes wrong in re-arranging and combining the materials it receives; or the nervous power, which gives a direction and impulse to the process, may be defective; or, again, all the tissues of the body, the blood and nervous system included, may fail in that power at once.

The second element of nutrition which I have to consider is, the regular supply of healthy nutriment to the blood by the stomach, and to the tissues by the blood.

In order that the blood may nourish the tissues, it must be properly reinforced from without, through the stomach and digestive organs. Now, whether the food introduced into the stomach be too large in quantity or too scanty, or be defective in quality, really amounts to much the same thing, so far as the perfection of the nutritive process is concerned, and only affects the particular shape which the derangement in that process shall assume. In each case, the blood is imperfectly formed, and is, consequently, ill-adapted to its purpose. As a result, the tissues are starved; their natural and healthy food is withheld; and either they obtain too scanty a provision, or else a provision of a quality unfit for their support; their proper composition is changed, and their nutritive power falls below the standard of health. Ill-formed materials are deposited, or else ulceration, degeneration, or even mortification may ensue. For example, Magendie fed dogs on sugar alone; the food was insufficient to make good blood; their bodies wasted; ulceration of the tissues took place; and they were blinded by sloughing of the corneæ. A precisely similar consequence has resulted in Hindoos, who continued their meagre farinaceous diet on entering this colder climate. I need hardly direct your attention to the ill-fed and half-starved members of our poorer population, to illustrate further the effects of deficient or unwholesome food; nor to the unhealthy, fat, plethoric habit of the luxurious, to prove how badly their bodies are nourished, even in their abundance, when the blood is deranged by excess of food. Disorders of digestion tend to starve the tissues by producing insufficient or half-formed material for the construction of the blood. Organic diseases of the stomach, intestines, or lacteal apparatus, actually deprive the blood of any supply at all.

And as the provision for the supply of nourishment may fail in the first stage—that of digestion,—so, digestion being healthy, that provision may fail in the second stage—namely, in the formation or supply of blood. The various circumstances to which I have referred as deranging the composition of that fluid, or as lowering its assimilative power, may be in operation; thus, as a striking example, I may add to the examples already given, the atrophy and emaciation which is the result of the action of the cancer poison upon the blood. Large losses of blood, or large secretions, which, being obtained from the blood, amount

to the same thing, all tend to deprive the tissues of food; and great feebleness, emaciation, and general mal-nutrition mostly occur in the latter stages of those diseases of the heart and great vessels which interfere with the circulation of the blood. What thus occurs in the entire system may take place in particular organs only, when any of the causes mentioned above have a local, in place of a general, operation. The large class of hypertrophies is produced by an increase in the blood supply to particular organs, either at the call of increased function, or from some unnatural state of the circulation of the part; so atrophy and degeneration, in their various forms, occur when due supply of blood is withheld, either from diminished or abrogated function, from disease in the nutrient vessels, or from any other cause; or, the blood supply remaining constant, a similar change of hypertrophy or degeneration may occur from excess or deficiency in the blood of certain elements designed for the support of particular organs or tissues. The increase in the fat of the body by a diet abounding in fatty matters, on the one hand; the softness of the bones from a want of due proportion of calcareous matters in the blood, on the other, afford illustrations.

The third element of nutrition I have mentioned to be the destruction of the component particles of the tissues. This destruction may occur either from the death of those particles in the natural circle of organic changes, or from the consumption of them during the functional activity of the organ. Although we cannot follow this molecular change in its various operations, yet there can be little doubt that disorders in its performance take a full share in producing various forms of degeneration; and daily experience furnishes us with ample proof that the consumption of tissue during the active exercise of the functions may be a plenteous source of fundamental disorder of nutrition; but this part of the subject I reserve for the present.

But it is not the component particles of tissues alone which have a term of duration much shorter than that appointed for the entire body: there are many entire organs, the period of whose existence is variously limited. Mr. Paget has minutely described the process of death in an eyelash, (*Surg. Path. Lect. I.*) which in due time falls off, and is replaced; other instances of limited existence are presented in various organs of the fetus, the milk teeth, thymus, and Wolffian bodies, certain vessels, etc., in the unimpregnated cell shed during menstruation, in the ovaries after the period of child-bearing: in all of these instances various approaches are made towards destruction; and the process of secretion itself entirely depends upon the perishing of successive crops of epithelial cells. Certain of the malformations of the fetus arise from interference with this natural process of death, by the persistent vitality of particular organs designed to become atrophied at the commencement of independent existence; on the other hand, the changes which occur in the epithelial cells of secreting organs, and particularly of the kidney and liver, afford instances of disease from derangement in the process of death in these cells: premature baldness, decay of the teeth, are instances of early decay, and probably to a similar occurrence in the ovaries we may ascribe many cases of sterility.

The fourth and last element of nutrition consists in the removal of the perished or consumed matter; the mode in which this end is accomplished is entirely conformed to the ordinary process of nutrition; the material thus to be removed is taken into the blood, undergoes certain changes of composition, and in that state becomes the appropriate food of the organs designed to remove it; it becomes food for their epithelial cells, and is entirely appropriated by them; these fall, in due course, into the tubes they line, break up, and are washed away in the stream. Thus, excretion is as much a process of feeding of tissue, as is the growth of any organ in the body, and depends on the presence of the same conditions, viz., a ready supply of appropriate material, and a sufficient amount of assimilative power; should the latter condition be defective, the material to be excreted fails in being taken up by the eliminating organ. On the other hand, if defective or unnatural materials are brought to the organ, similar derangements are effected in its glandular structure, as would be effected in any other organ by improper food. An attack of gout seems often due to temporary suspension of the appropriating power of the kidney, since the uric acid is detained in the blood; jaundice frequently arises from a similar state of things in the liver; and, on the other hand, the changes in the physical characters of the kidney cells in diabetes, gout, etc., and in those of the liver, in spirit drinkers, are occasioned by perversion in the nature of the material brought to these cells for their excretion.

Occasionally the excreting organ itself takes the initiative in the sequence of disease, when its texture is spoiled, as by



inflammation, morbid deposit, etc.; it is then rendered unfit for the discharge of its duties, and the blood is poisoned by retained excrement; the number of these cases has, however, been much diminished by recent investigation, and many diseases of excreting organs which were attributed to inflammation or to unnatural deposit, are now clearly referred in their origin to morbid changes in the matters for excretion, and consequently for the nourishment of their epithelial cells. I may refer especially to Dr. Johnson's observations on the Pathology of the Kidneys, as throwing highly important light upon this subject.

When, by the disease or failure of any excreting organ, the matters which it is designed to receive remain in the blood, an effort is made by some other eliminating organ to perform the functions of that organ, and always by the organ whose function is most nearly related to the one which has been suspended, whose cells, consequently, are the best able to appropriate the materials retained; but, under the operation of the various influences to which the body is exposed, it not unfrequently happens that the blood becomes loaded with matters for which the ordinary excreting apparatus is ill prepared; the various poisonous agents introduced from without, to which I formerly alluded, must be passed from the system; the different products which result from a perverted state of the nutritive functions, from unhealthy decomposition of tissue, must be got rid of; for certain of such matters the cells of the excreting organs may have sufficient affinity to enable them to incorporate the matter in their own tissue, and so to eliminate it from the body, though often in a disordered and tumultuous manner, as occurs in the case of sugar in diabetes, of the cholera poison, of turpentine, iodide of potassium, etc., etc., all of which tend to be eliminated by the ordinary excreting apparatus. But where this apparatus fails, we have a striking instance of the infinite resources of Nature in the means employed to provide a substitute; the power to appropriate the matter in question is assumed by some other of the ordinary tissues of the body; it becomes incorporated in their substances, and thereby effectually removed from the general circulation, and is finally attempted to be cast away by the process of suppuration, ulceration, or by some other mode adapted to the circumstances of the case. Such is very briefly the explanation of the characteristic phenomena of the eruptive fevers, of venereal ulcers, of gouty concretions, etc., in which instances we have positive evidence of the presence of the poison in the tissues which are the seat of the phenomena; while in the organic diseases produced by lead, by mercury, by alcohol, etc., chemical analysis actually demonstrates the existence of the agent in the substance of the affected tissue, an occurrence which obtains a parallel in the poison of hydrophobia, if the fact be established, as it seems to be, that excision of the bitten part, even long after healing of the original wound, carries away the virus, and always prevents the development of the disease. With respect to these extraordinary efforts of the eliminating process, it is worthy of special remark, that morbid as they are, as regards the cause which called them forth, they are yet made in strict accordance with the laws of ordinary excretion; not only are the various steps the same in both instances, but there is as strict a relation between certain tissues of the body, and the extraordinary matters they are capable of separating from the blood, as there is between the several eliminating organs and the materials of their proper secretion; the tissues affected in the different instances mentioned above, are always the same in each case; so regular indeed are the phenomena, that it is the changes by which the elimination is performed which confer the distinctive characters upon the several diseases.

In the various modifications which the function of nutrition undergoes to meet the requirements of particular cases, we see exemplified the wonderful art with which every organ adapts itself to the varied conditions in which it is liable to be placed. The principle at the foundation of the nutritive arrangements of the body is, that the activity and direction of that process is determined by the nature and condition of the function which each particular organ has to fulfil. With increased functional activity there is corresponding increase in the activity of the nutritive changes; the component particles are consumed more rapidly and more abundantly, and are replaced by new ones. On the other hand, with diminished call for exertion, nutrition is more languid; and when some change is required in the nature of the functions, the process of nutrition makes an effort, more or less successful, to effect a corresponding alteration in itself; everywhere nutrition follows function, and, conversely, function depends upon nutrition so waiting upon it.

In early life, when growth of organs is active, a large demand is made upon nutritive supply, and this demand is fully answered; hence, during childhood, disease is most readily in-

duced, but passes through its stages with proportionate rapidity, and its effects are most speedily and fully repaired. In mature life, growth having ceased, nutrition is only charged with repairing the waste which the discharge of the several duties of life effect in the different organs; and in old age, when the body is declining towards dissolution, and is gradually separating itself from the world and its concerns, the tissues sink in their nutritive power, appropriate nourishment in smaller quantities, and in a more imperfect manner, and so undergo those degenerations of structure which characterise advanced life, and gradually prepare them for their last and great change. And if we direct our attention upon particular organs, this relation between function and nutrition is even more striking. How surprising, for instance, is the change which commences in the womb immediately upon impregnation of the germ, a change which is even prospective, beginning before the ovum has reached the cavity of the uterus; and, on the other hand, how surprising the arrangement which provides that immediately after delivery the womb shall refuse to avail itself any longer of those large supplies of nutriment it has been receiving, and shall rapidly decline to its original dimensions. In the development of the infant being, how exactly does the nutrition of every part adapt itself to demands at present only in prospect, even to the thickening of the epidermis on the sole of the foot, months before that foot feels the pressure from which it is to be defended; and in the germinal cell, how great and immediate is the alteration effected in its nutritive arrangement by simple contact with the seminal fluid; month after month has it fallen off and decayed, but at once its destiny is altered, and forthwith commence those surprising phenomena in its nutrition, which are to fit it for the new part it has to play. Nor is it only in providing for the requirements which every organized body is created to fulfil that this marvellous power of adaptation is exhibited; in every tissue there lies "a reserve power of growth and development, which it puts forth in the time of emergency." After a wound or a fracture, for instance, a process of formation immediately starts into action, which runs through the successive stages of development and growth, and ends in the creation of entirely fresh tissue, which fresh tissue having supplied, by its abundant formation, the present need, gradually consolidates and moulds itself to the original shape and size of that portion of the organ in which it is to remain. Without extending my illustrations of a fact, the very frequency of whose occurrence alone prevents our being fully sensible of its wonder, I pass on to show where this most salutary provision fails, and how it becomes, in consequence, a source of disease. Widely extended as are the changes which the nutrition of an organ is capable of undergoing, they yet have their limit; and, in proportion as the function of an organ varies more and more widely from that which it was created to perform, just in the same proportion is it more and more difficult for the nutritive process to undergo a corresponding alteration in its direction, until at last the strain upon nutrition becomes so great, that the structure of the organ is changed to disease. As long as the removal of decayed or consumed tissue is carried on within the limits allowed by nature, the newly organized material deposited is compelled into that arrangement which preserves the proper structure of the tissue; but, when these changes transgress this limit, this compelling power fails in its operation, the healthy attraction between the tissues and the components of the blood is disordered, and function is entirely suspended or deranged; and, if time be allowed, the structure of the tissue is altered, and declines into disease. Should the change in function we are supposing be effected rapidly, the disorder in the nutritive processes will be proportionately considerable, and the effort to meet the altered circumstances will be irregular and tumultuous: thus, in cases of suffocation, the non-admission of fresh air renders the ordinary change in the blood of the pulmonary capillaries impossible, and the consequence of suspended function in these vessels is the rapid and total cessation of the circulation through them; or when, after scarlet fever, the secreting function of the skin is suddenly checked, and the active exfoliation of epithelial cells, which goes on during recovery, is arrested, an unwonted amount of labour is at once thrown upon the kidneys; in the tumultuous effort of these organs to meet the added requirements, their tubes become choked by accumulation of the epithelium cast off, and the circulation of the organ is thrown into a state of excitement, which at once passes into inflammation. (Johnson, on Diseases of the Kidney.) Or, once more, when the stomach is loaded with indigestible food, its mucous membrane becomes congested and superficially ulcerated, from the unnatural action of its vessels, as was repeatedly witnessed by Dr. Beaumont in the stomach of St. Martin.



On the other hand, should the change of function be a more gradual one, but long-continued in its operation, a slower alteration in structure is the result, but one permanent and unalterable in its nature. The forms of diseased kidney, which have recently been distinguished under the name of "chronic desquamative nephritis" and of "fatty degeneration," are produced by gradual changes in the epithelial or secreting apparatus of the organ, in cases in which an unhealthy condition of the blood, enduring for a length of time, calls upon these organs to perform a duty more or less foreign to that for which their composition was originally designed. These diseases occur in old gout, in persons of intemperate habits, or in those subjected to some or other of those influences which, like those just mentioned, are known to degrade the constitution of the blood; and Dr. Johnson has followed the series of structural changes thus produced into the minute vessels of the organ themselves, by showing that their coats are much hypertrophied, indicating the obstacles to the passage of the blood through them which must follow upon the removal of that vital attraction exerted by the tissues upon the blood, which can only be exercised when the nutritive function is proceeding easily and uninterruptedly. There is one other class of disorders to which I must make a passing allusion, in illustration of this important subject. When the mind has been long overtaxed, or has been for a considerable period called to the exercise of the depressing emotions of anxiety, or sorrow, or suspense, the organ which is allied with the mental functions undergoes serious nutritive derangements, which often end in epilepsy, paralysis, or some serious form of nervous disease. While, on the other hand, a sudden derangement in the functions of the mind, by the shock of sudden terror, grief, or other intense emotion, will produce such maladies with a corresponding abruptness. (a)

The examples I have just quoted are doubly important, as they not only afford a striking illustration of the alliance which subsists between function and nutrition, but they have a serious practical import. They refer to an influence to which the human being is constantly exposed throughout the period of his life, from the very conditions of his existence here, from the very objects for which he was brought into the world; and they are in active operation at all ages, from the precocious child who is led to overtax his young powers, or is kept in a perpetual state of unhealthy emulation, to the adult whose social ties and whose objects of personal interest or of necessary pursuit subject him to perpetually recurring mental emotions, often of the most intense description.

In concluding this lecture, there are two especial inferences which I hope you may have drawn from what has been said, to which I will briefly allude.

1st. The great variety of morbid conditions which may be induced by an unnatural change in the arrangements made for the nutrition of the body. Diseases of every kind and of every organ—hypertrophy and atrophy, degeneration, softening, induration, congestion, inflammation, and gangrene; even products entirely novel in their nature. There is, indeed, no change liable to be induced by what are ordinarily recognised as processes of disease, into which a tissue may not fall from mere disorder in its nutritive apparatus.

Secondly, I have to remark that such changes are very often merely efforts of nature, often disordered and irregular, to repair or remove the effects of disease; hence their origin is to be sought in the function or workings of the organ affected, and must be ultimately referred to the daily habits and mode of life of the sufferers; nor can the cause of the disease be removed without altering these habits or this mode of life. It is, then, of the utmost importance, in investigating the nature of disease, to consider well the ordinary duty of the affected organ, to think how this duty may have been strained or perverted by some unhealthy pursuit, or by improper habits of life, and to direct our inquiries accordingly; and, though we are often constrained to admit the feebleness of our power to alter the course of nutrition, when once effectually perverted, we yet possess vast control over the sources of its production, and may prevent its occurrence, or retard its progress, if we cannot repair the damage it has inflicted.

Need I say that this can only be fully accomplished by the man who is thoroughly conversant with the teachings of physiology,—with the operations of the organs while in a state of health. To those now entering on their studies, let me urge this fact as an inducement to them to pay especial attention to this fundamental study,—a study which is the only source of all rational views as to the nature and treatment of disease.

## ORIGINAL COMMUNICATIONS.

### MENORRHAGIA.

By EDWARD RIGBY, M.D., etc.

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(Continued from page 438.)

ANOTHER cause of menorrhagia, and of a very profuse and unmanageable character, is fibrous tumour of the uterus. I do not propose to describe the nature of this disease, or to enter fully on the subject here, having already done so to a considerable extent in the *Medical Times*, March 21, 1846. I merely refer to it now as an occasional cause of menorrhagia; for further details I must defer until this disease comes under consideration, and also refer to the above paper.

Although the presence of fibrous tumour is by no means an uncommon cause of menorrhagia, yet we not unfrequently meet with cases of it where, so far from there having been any excess, the menstruation has been perfectly natural, in some very scanty, and in a few it has ceased. In many the catamenia have not ceased till some years later than the ordinary period; in others they have ceased at the usual time.

It is difficult to account for this variety, unless we suppose that the hard nodules, of which these tumours mostly consist, in some way or other press upon and obstruct the returning circulation from the uterus, so that where they do not exert this pressure no menorrhagia will be produced. Certain it is, that an early symptom of improvement in the treatment of these cases is the diminution of the menorrhagia, and this usually corresponds to the softening, or perhaps diminution, of a portion or whole of the mass. That a considerable quantity of blood circulates through these tumours is I think evident from the frequent fluctuations we observe as regards their size and firmness in the same patient, at times being hard and increased in size, at others softer and smaller. These changes are especially observed in connexion with the catamenia, the tumour being larger and harder shortly before a period (particularly so where she has gone a week or two beyond her ordinary time), and the reverse when relieved by a free discharge. The size of the tumour does not seem to influence the profuseness of the discharge, for in two of the largest, the catamenia did not exceed the ordinary amount, whereas in many cases where the size, though considerable, was less remarkable, the hæmorrhage was very profuse; still there is no doubt but that, in the majority of cases, menorrhagia is present, and frequently to a very great extent;—thus in two of my case-books, where I find 22 cases of fibrous tumour recorded, menorrhagia occurred in 12; in 6 the catamenia were natural, in 2 scanty, and in 2 absent; in these last it was to be accounted for by the age of the patient.

That these tumours in all probability induce menorrhagia by the pressure and obstruction which they cause to the returning circulation, and that in many (perhaps most) cases they themselves are more or less vascular, is shown by the excellent effect which leeches usually have when applied to the part. This remark, of course, applies only to the softer and more elastic fibrous tumours. Where they have become hard and semi-cartilaginous, they appear much less vascular, and less susceptible of treatment.

Mrs. G., aged 43, married many years; never pregnant; tall, pale, gaunt.

Aug. 24, 1847.—Has been suffering from severe menorrhagia for the last year and a-half, by which she is extremely reduced; has felt the tumour in the abdomen for the last four years.

*Examination of the Abdomen.*—A large solid mass is felt arising from the pelvis, and another occupying the left hypochondrium.

*Examination per Vaginam.*—The pelvic cavity is filled up with a large solid mass, which is evidently a fibrous tumour; the cervix is nearly lost in the swelling; the uterine sound passes 8½ inches.

R. Liq. calcii chloridi ex. infuso cuspariæ ter die. Hirud. iv. ori uteri.

October 4.—Feels and looks much better; lower tumour is distinctly softer.

Rep. mist. and hirud. Ung. hydrarg. ori nteri.

15th.—Improvement of health is very remarkable; the ointment had been applied but once, having caused violent irritation; she states that any mercurial preparation acts thus with



her; she once had a similar attack after using black wash to an ulcer on the leg. The tongue is inclined to be red and glazy; the liver is not sufficiently active; expects the catamenia shortly.

R Liq. taraxaci, liq. sarzæ co. aa. ʒj.; liq. calcis ʒvj. M ft. mist. sumat cochl. magn. ij. ter die.

November 4.—The catamenia appeared quite naturally, the first time for a long while. Omit mist.

Liq. calcii chloridi ex infuso gentianæ comp. ter die.

December 7.—Has been taking the muriate of lime in increasing doses. The upper tumour is large and very hard, and has all the feel of a fibrous tumour connected with the uterus. Her health has improved greatly.

Rep. mist.; applic. ung. iod. comp. ori. uteri.

1848.—January 21.—Although the enlargement does not appear diminished in size it is more movable; the lower tumour is decidedly softer; the iodine ointment has been applied three times, and does not cause irritation.

Rep. mist.

February 2.—On external examination, the upper mass seems higher, but softer; the lower one is very soft, but appears to occupy a greater breadth.

*Examination per Vaginam.*—The os uteri is higher up, and all the lower portion of the uterus within reach is soft.

Applic. ung. iod. comp. Rep. mist.

14th.—Health much better; appearance remarkably improved.

*Examination per Vaginam.*—Os uteri is very high up; the adjacent portion of the uterus is softer. On applying the left hand upon the upper part of the lower tumour during the examination the distance between its upper surface and the os uteri has greatly diminished.

Rep. ung. iod. comp. et. mist.

21.—The uterine sound passes  $5\frac{1}{2}$  inches without any pain, but produces some discharge; the cavity of the uterus seems larger than before, for the sound passes up very freely, until the last portion, when it feels fixed, as if compressed. Perstat.

March 20.—The catamenia have appeared since last report; moderately, and without pain. She has been out, both riding as well as walking, after a confinement to the house of more than two years. She can move better, and can now stoop without pain; in general health she feels quite well. The inferior tumour is softer, and lower in the abdomen; the lower portion of the uterus is very soft; the uterine sound passes easily  $5\frac{3}{4}$  inches, but now it evidently goes beyond the lower tumour.

Rep. hirud. and mist.

April 3.—Catamenia appeared the day after the leeches were applied; the discharge lasted a week. In a week after, she was seized with a discharge of florid red blood, which was not preceded by the usual symptoms; it lasted three days profusely, and weakened her considerably, being accompanied with great lassitude, and an attack of nervous irritability, to which she is unaccustomed. I found her feverish, with a quick pulse.

R Liq. ammon. acet. ʒiiss., tinct. hyoscyami ʒiii. aquæ destillatæ ad. ʒviii. M. ft. mistura, sumat. cochl. magn. ij. tertiis horis.

5th.—Better.

R Extr. taraxaci cochl. min.  $\frac{1}{2}$  m. and n. ex aquâ vel lacte. Rep. mist. calcii chloridi.

24th.—Leeches applied again on the 20th; bled well, and produced much relief. The catamenia ought to have appeared and have not; the abdomen feels large, and rather tender.

Omit. extr. taraxaci.

R Pil. hydrarg. extr. hyosc. aa. gr. v. M. ft. pil. ij. hæc nocte sumendæ.

28th.—The catamenia have not appeared; the pills acted copiously; she feels and looks particularly well; the abdomen is smaller.

The details of this case are too interesting to admit of being condensed. The hæmorrhages had been most profuse, and had reduced her to a state of complete exhaustion. She had been through long courses of medicine to reduce the abdominal tumours and to check the severe loss of blood, and in vain; the mass had steadily increased in size, and her strength and health were beginning seriously to fail. The upper portion of the tumour was so high up under the ribs on the left side, and its connexion with the lower part so indistinct, that at first I was inclined to think there was co-existing disease connected with the left lobe of the liver; and it was not until she had been four months and a-half under treatment, and with occasional application of leeches, that a sufficient alteration of the lower tumour was produced, so as to render its connexion with the upper one distinct. The lower mass was of very considerable size, and larger than the one above; the uterine sound passed to the un-

usual distance of eight and a-half inches, and even then had evidently not passed beyond it. It was by the reduction of this tumour that I hoped to relieve her from her terrible attacks of hæmorrhage, because it involved the greater part, if not the whole, of the uterus; the connexion of the other tumour with it being at that time a matter of doubt, and, even if I could have satisfactorily have made out the fact, less under the influence of treatment than the other was.

I have not noted the dose of the solution of the muriate of lime which I ordered her; but I am pretty sure that it was much less than I should now give; indeed, if I had known then what I now do of the treatment of these tumours, I should not only have started with a larger dose, and have carried it to a much greater extent, but should have combined other agents with it, of which I will speak more fully when I come to the subject of fibrous tumours. It will be remembered that I am now merely speaking of them as a cause of menorrhagia. The lower portion of the tumour soon became softer; this was distinctly marked, both on feeling it above the symphysis pubis, and on vaginal examination. The cessation of the menorrhagia quickly produced a most favourable change in her general health; her strength returned; she regained flesh and good looks to a remarkable degree.

In February, the still further diminution of the lower portion was very evident. The catamenia might now be said to have become perfectly natural; and the improvement of her health and strength advanced with rapid strides.

The alteration in the size of the lower tumour was still more strikingly shown by the diminished distance to which the uterine sound passed. At the first examination, it passed to the unusual extent of  $8\frac{1}{2}$  inches; this was now diminished 3 inches, justifying the inference that the cavity was so much smaller; moreover, during examination per vaginam, the distance between the finger at the os uteri and the left hand placed on the upper part of the tumour, was evidently much less. Although the sound, at the first examination, penetrated  $8\frac{1}{2}$  inches, this could only be done by carefully insinuating it; the surfaces between which it passed appeared to be in contact, for it felt as if fixed, and more or less compressed by the two sides of the tumour; but, at the examination in February, it passed freely, as if into a cavity, until it came to within a short distance of where it stopped; here it still moved as between surfaces in contact with each other. The lower tumour had become softer from an early period of the treatment, and had latterly decreased very considerably in size; the difference in the results of the examinations with the sound may fairly be supposed to show, that the walls of the cavity, having become thinner, were no longer in contact, except at its upper part. At the first examination, the size of the lower tumour was such as to justify the conviction that the sound had not passed beyond it into the mass above, although it penetrated  $8\frac{1}{2}$  inches; but the succeeding examination, in March, gave a different result. The lower tumour had diminished still further, and had become so much softer, that she could stoop and bend herself with much more ease; indeed, the lower segment of the uterus, as felt per vaginam, was assuming nearly a natural condition; and yet, with all this manifest improvement, the uterine sound showed a slight increase, instead of a diminution, of the extent to which it passed,—viz.,  $5\frac{3}{4}$  inches. The lessened size of the lower tumour made it evident that the end of the instrument had passed beyond its cavity; in other words, the softening process had extended higher up. The passage from the cavity of one tumour to the other, which had hitherto eluded my efforts to find it, now readily admitted the sound to some little distance, and showed that the original uterine cavity extended into the upper tumour, which hitherto I had doubted, considering the upper mass to be merely a large solid tubercle springing from the fundus of the enlarged uterus below.

The attack of nervous irritability which appeared in March, attended with a smart discharge of florid blood, may possibly be attributed in part to the effects of frequently applying the iodine ointment; but then she had not the ordinary symptoms of poisoning from iodine. So far from emaciating, she was rapidly gaining flesh; and, from the great lassitude which she felt at the time, and from other symptoms, I was inclined to attribute it to the derangement arising from torpid liver. Under other circumstances, I should have given a mild dose of calomel and James's powder; but the peculiarity of her constitution forbade this; and, after I had allayed the febrile irritation by a simple diaphoretic, I put her upon a short course of extr. taraxaci, and she returned to the use of the muriate of lime. In April, the catamenia ceased entirely without any inconvenience or derangement of health; indeed, she continued to improve in



health and good looks. I have seen her occasionally since; the last time, less than a year ago; she is active and strong, and singularly improved in looks, from the haggard, cadaverous invalid, when I first saw her.

## ON THE MANNER OF FINDING AND EXPOSING THE ARTERIES

WHEN THEY ARE TO BE TIED IN A HEALTHY PART OF THEIR COURSE.

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(Continued from page 519.)

### APPLICATION OF THE FOREGOING RULES TO EACH ARTERY IN PARTICULAR.

EITHER of the two afore-described proceedings is applicable to each of the numerous arteries which may require a ligature. This will be obvious by a single glance cast upon the following formulæ, which include, notwithstanding their conciseness, all the explanations now necessary for an ordinary anatomist to perform any operation of that kind with the greatest accuracy, according to the strictest exigencies of operative Surgery. As well as above, I have put down in notes some anatomical remarks or references to the general rules of operative Surgery which are useful for the complete illustration of the subject.

*Radial Artery*—At the inferior third of the fore-arm; a superficial artery. Place and direction of the incision—longitudinal (parallel to the axis of the limb) just between the tendons of the supinator longus and the flexor carpi radialis; a little nearer to the latter than to the former. (13)

(13) There is but one difficulty for an inexperienced beginner, arising from the exceedingly superficial situation of the artery in some cases, so that it is easy to imagine and seek it too deeply, behind its real place.

*Radial Artery*—at the superior third of the forearm; a deep-seated artery. Rallying point—the internal border of the supinator longus, which almost always requires a dissection with the knife, to be conveniently turned aside. Incision—along the direction of an artificial line, beginning from a quarter of an inch to half an inch external to the middle of the anterior region of the elbow (14).

(14) Some explanations are necessary as to the place of the incision. Our rallying point is the border of the supinator longus, which means that we must first expose the muscle before seeking the artery. In many cases its border naturally appears through the skin, which it lifts up a little under the form of an almost longitudinal elevation, bounded inwardly by a groove, a mere prolongation of the well-known depression forming a V at the anterior part of the elbow; then nothing else is required; as we wish to expose the border of the muscle, we need only make our incision upon the elevation just indicated. But it happens that this prominence is not always obvious, and on the living body cannot be plainly rendered such by the contraction of the muscle. We then want to trace an artificial line indicative of the right place and direction for the incision.

Some draw that artificial line, which always is longitudinal to the limb, by beginning it upwards on the external border of the biceps, two fingers' breadth above the elbow-joint; and that proceeding is a very good one. However, as I prefer the aforesaid, I think some more explanations about the best manner of drawing this artificial line will not be useless.

The operator, placed as usually external to the limb, takes the director with the hand which is towards the elbow of the subject; with his other hand, he takes hold of the forearm of the subject, and bends it upon the anterior surface of the arm; as soon as the angle between the arm and forearm is very acute, he lays the director transversely into the top of the angle, upon the anterior surface of the elbow, and by a gentle though firm pressure the director thus marks the skin on that place with a light transverse line, extending from the external to the internal humeral condyle. Upon this thus marked transverse line, the operator now marks the precise middle length of it between both condyles, and from this point goes outward to the extent of a quarter of an inch, or half an inch, according to the size of the limb. This last point indicates the upper beginning of the artificial line which is to be drawn down along the forearm. Such is the best proceeding, since it is applicable to every case.

It is necessary to observe, that the point taken a little external to the middle of the transverse line indicates only the beginning of the longitudinal artificial line, and not of the incision, which must commence, at the most, two fingers' breadth lower, agreeably to the general principle, that an incision ought not to be made in the neighbourhood of a joint when it can be avoided.

While he cuts across the subcutaneous cellular tissue, the operator almost always discovers the median vein, and on its inner side the internal cutaneous nerve. Both these latter organs can and must be preserved as much as possible from any injury, which can only be done by cutting with the knife exactly between them, so that the vein be drawn aside outwardly, and the nerve inwardly. This sometimes appears a somewhat difficult performance to some beginners; but, with some practice, it is rather minute than really difficult.

*Ulnar Artery*—at the inferior third of the forearm; a deep-seated artery. Rallying-point—the external border of the tendon of the flexor carpi ulnaris; always easy to be recognised by its inserting below to the pisiform bone. Incision—longitudinal along the external border of this tendon. (15)

(15) Some persons cannot imagine at first this artery to be so deep-seated as it is, when they are not well acquainted with anatomy; and if they are looking at a preparation of the forearm upon a thin and spare body. But, if we examine it on most bodies, and still more on stout ones, we find that the ulnar artery is positively covered anteriorly by the tendon of the muscle. In fact, in all cases, the layers which cover the artery are the following: 1st. The skin. 2nd. The subcutaneous cellular tissue. 3rd. The general fascia. 4th. A very thick layer of cellular tissue, frequently fatty, lining the tendon of the flexor carpi ulnaris; and this tendon itself, which runs more or less anterior to the artery. 5th. A second fascia, which is to be divided along the director.

*Ulnar Artery*—at the middle of the third of the forearm; a deep-seated artery. Rallying-point—the internal border of the flexor sublimis digitorum, easily recognised by its forming the external boundary of the interstice between it and the flexor carpi ulnaris. Incision—along the direction of a line beginning upwards above the base of the internal humeral condyle, and longitudinally coming down to the external part of the pisiform bone. (16)

(16) A beginner usually experiences some difficulty in drawing the artificial line properly. There are two obstacles: at the beginning, by directing the line too outwardly; and towards the middle, by sliding, on the contrary, too inwardly. Here I give the best manner of drawing it, provided it be drawn firmly, and with a steady hand. Take the director firmly, held as a carving-knife, fully into one of your hands; apply the part of it which remains free beyond your hand, transversely on the inner side of the arm, upon the upper part of the internal condyle of the humerus; then pressing firmly upon it, push on your instrument by mere pressure towards the shaft of the bone, until this shaft stops the motion of the director. From that point where you are forced to stop, but with a steady hand, draw your line down to the pisiform, taking great care not to allow the blunt point of your instrument to slide on either side in consequence of the convexity of the forearm.

Two other observations may also be of some use. First, on some strongly muscular bodies, the border of the flexor sublimis is obvious through the skin it raises up; and is rendered still more conspicuous by its contraction on the living body; then any artificial line would be useless, as the operator only needs to divide the skin along the apparent ridge. Secondly, when the exposed flexor sublimis is turned aside outwardly, the second fascia is almost always merely cellular, and needs not to be divided along a director.

*Brachial Artery*—near the elbow-joint; a superficial artery.—Incision—in the direction of a line extending from the middle of the anterior surface of the elbow, up to the internal border of the biceps. (17)

(17) It is easy to determine the direction of the incision. We have explained above, when speaking of the radial artery at the upper third of the forearm, how the middle of the anterior surface of the elbow can be marked. This point being determined, it is only necessary to mark the internal border of the biceps two inches above, and to join these two points by a straight line. Now, whether the amount of adipose tissue require a longer incision, or the incision ought to be made, for some peculiar reasons, a little higher or lower than the above-stated place, the direction is always the same, and must be determined in the same manner.



As soon as the skin and cellular tissue are divided,—the operator taking care by the way to avoid the median basilic vein, if by a rare chance, when the direction of the incision is the aforesaid one, it should be discovered in the depth of the wound,—the fascia is exposed; through its transparency the biceps is easily perceived. The fascia then is divided by the help of a director, a little internal to the muscle.

Had we intended to explain here all the obstacles that the operator may meet with in the performance of these various operations, we should have found in the varied abnormal dispositions of the arteries, a subject of great extent; but, as such is not our object, we have not mentioned them. However, there are some anatomical dispositions so frequently met with, as to counterbalance almost the general rule. Here, for instance, we find a disposition of that kind; and without insisting upon too long a display of the anatomical reasons which explain the fact, we will only say, that sometimes we find the brachial artery, near the elbow, sheltered behind two fasciæ. In such cases, which are not unfrequent, we do not find the artery, after we have divided the skin, the cellular tissue, and then the general fascia along the director; when this occurs, inexperienced beginners are usually inclined to seek the artery behind the biceps muscle, an unaccountable fault, except in those rare opportunities where the biceps possesses a third head by anomaly. I cannot too much recommend beginners not to touch the muscle, as the artery lies always internal to it, and even sometimes to a certain distance. Should it happen that the artery be not exposed after the division of the general fascia upon a director, look if there should not be, still internal to the biceps, a second fascia separated from the former, already divided, by a thin layer of cellular tissue; if you perceive that second fascia, you then divide it as the former upon a director, and the artery is exposed, unless there be any anomaly.

*Brachial Artery*—at the middle third of the arm; a deep-seated artery. Rallying-point—the internal border of the biceps muscle, which must be very lightly drawn aside. Incision—along this border.(18)

(18) This artery in that place might as well be considered as superficial as a deep-seated one. However, practice proves it is more conveniently exposed, chiefly with respect to the facility of isolating it afterwards, by following the rule as for a deep-seated artery.

Therefore it becomes important to ascertain exactly the place of the incision. On many arms, the internal surface of the limb presents two well-marked longitudinal elevations, from the biceps backwards; the first one is the ridge of the border of the muscle itself; then comes a small longitudinal groove; and behind it a second elevation, still more marked even than the former, especially if the limb is somewhat stretched outwards; the latter is produced by the median nerve. But it frequently happens that the ridge of the nerve is confounded with that of the muscle, and nothing is easier than to fall into that confusion. Never trust to your eyes for ascertaining the situation of the internal border of the biceps; but lay the pulp of the four fingers of your hand on the skin, on the supposed right place; draw outwards with these united fingers the muscle wholly, to the extent of about half an inch; and then you are enabled to distinguish with great precision the peculiar ridge of the nerve which remains in its place, and the precise situation of the internal border of the biceps—that is to say, the proper place for the incision.

*Axillary Artery*—in the arm-pit; a superficial artery. Incision—from the top of the arm-pit down to the junction of the arm-pit with the arm, rather nearer the tendon of the pectoralis major than the posterior boundary of the axilla. The fascia is by far more easily ascertained towards the arm.(19)

(19) We find here exactly the reverse of the brachial artery. The axillary artery in the arm-pit, might be very well considered as a deep-seated one, with the coraco-brachialis muscle for its rallying-point; but it always appeared to me it was a useless complication.

Some explanation is necessary as to the place of incision. The top of the arm-pit is well understood by every one; it is the upper or deeper part of the hollow. But every one does not recollect at first the true limits or junction of the arm-pit with the arm. These limits are indicated by a line passing from the posterior boundary of the axilla, to its anterior one, transversely across the inner surface of the arm; so that the upper part of this inner surface (of the arm, as it is commonly understood) above the lower attachments to the humerus of the pectoralis major, belongs to the arm-pit, in Surgical Anatomy.

Though we have not insisted, in this paper, upon the position that is to be given to the part of the limb upon which the operation is performed, the axillary artery requires too peculiar a position for us to overlook it. As long as the operator divides the skin, cellular tissue, and fascia, the limb must be stretched and raised up as high as possible; but, as soon as the operator begins to isolate the artery, the limb must be lowered so as to be at most horizontal, the trunk being supposed to be vertical.

While he divides the subcutaneous cellular tissue, the operator ought to recollect, that the fascia must be searched towards the arm only; the reason is, that towards the top of the arm-pit the fascia loses more or less its aponeurotic character, and is apt to confound itself with the cellular layer surrounding it. Therefore, if we attempt to expose the fascia towards the top of the arm-pit, by cutting through the subcutaneous cellular tissue, we run the risk of dividing the fascia, together with the cellular tissue, without having noticed it. Towards the arm, on the contrary, the fascia is perfectly characterised and distinct from the subcutaneous cellular tissue; and confusion cannot take place in the hands of a cautious operator.

[To be continued.]

## ILLUSTRATIONS OF THE TREATMENT OF FRACTURES BY THE STARCHED APPARATUS.

By JOHN ZACHARIAH LAWRENCE, Esq.

Surgeon to the Northern and Farringdon Dispensaries; late House-Surgeon to the University College Hospital.

It is not long that a very excellent treatise on this subject emanated from the pen of one of our most distinguished pupils, Mr. Gamgee. Yet the starched apparatus does not seem to have gained that ground in the London Hospitals that it so eminently deserves. The main objection I have invariably found Surgeons raise against its *immediate* application to recent fractures, is the danger of mortification that they suppose is incurred in the adaptation of a tight bandage to a part likely to become the seat of swelling. But those gentlemen seem to entirely lose sight of the essential difference that exists between the dead pressure of a bandage applied directly to a limb, and the same pressure exercised through the medium of a yielding elastic layer of cotton-wool, as it is in the starched bandage. That sloughing *will*, in rare instances, occur from causes that are often not very appreciable, is perfectly certain. A remarkable illustration of this occurred to myself. Two young children were, in the early part of my career as House-Surgeon, brought on the same day with the same accident, viz., fracture of the femur. Both were treated as out-patients, with the starched apparatus. One made an excellent recovery within a month; in the other, extensive sloughing of the foot and anterior part of the leg followed; on the separation of the sloughs the extensor tendons were found laid bare, the ankle-joint opened into, and the first phalanx of the great toe necrosed; all this while the child became emaciated to the last degree, got incessant vomiting, and an attack of bronchitis; indeed for some time its life was in such jeopardy, that I recommended amputation below the knee as the last resource; the parents, however, would not consent to this procedure, and as far as the ultimate result is concerned, proved themselves the better judges. After a time the child began gradually to regain flesh, and the wound to cicatrise over, the necrosed phalanx coming away in the discharge. At the moment I write the child is strong and hearty. The condition of the leg and foot is as follows. The only portion of the cicatrix that retains the character of scar, is a narrow line, extending down the outer side of the leg to the front of the ankle-joint; this has recovered the freest possible mobility. Where the phalanx detached itself, shortening of the great toe has occurred, but a perfect false joint has established itself between the metatarsal bone and the remaining phalanx. The only permanent deformity is some loss of substance of the soft parts of the lower half of the leg. The sole of the foot rests entirely on the ground, when the child stands; but the whole of the foot is slightly turned in. No shortening of the limb has taken place. I have thought proper to publish this case, from the conviction that it is not by a report of selected cases, intended to advocate any particular plan of treatment that this latter is advanced, but only by a fair and open recital both of the lights and shadows that it is ever likely to gain confidence. Independent of any reference to the subject in question the above case is a very striking one, illustrating, as



it does, in so remarkable a manner, the high amount of reparative power enjoyed by the early frame.

One of the main advantages this plan of treating fractures of the lower extremity affords is, that it obviates that long, exhausting confinement in bed, which the ordinary plans of treatment imply. This disadvantage is not felt in fractures of the upper extremity; here all the starched apparatus has in its favour, is, that it is less irksome than wooden splints, and does not involve that "taking down" the fracture the latter every now and then require. I have used it in fractures of the humerus, even those implicating the elbow-joint, and found it answer well, as it did in two or three fractures of the olecranon. But in fractures of the lower end of the radius, both Mr. Hillier and myself were obliged to relinquish its use. Our experience leads us to the conclusion, that it is not adequate to maintain that efficient extension this class of fractures requires. Whereas of the many cases I have treated with the common pistol-splint, I have had only one attended with considerable stiffness and immobility of the joint after its removal. Patients express no discomfort from the pistol-splint, and it would be injudicious to expose them to the chances of a permanently painful and disabled limb for the sake of applying an apparatus which really in these cases can possess but little advantages, or rather, as I am inclined to believe, great disadvantages. At any rate, it should be employed with great caution in these cases, only in very young subjects, and where there is little or no tendency to any displacement of the fragments.

If there be any one class of cases in which the applicability of the starched apparatus might, *à priori*, be more called into question than any other, it is in oblique fractures of the femur, occurring in strong muscular subjects. A strong middle-aged working man was brought into the Hospital with an oblique fracture of the femur, and the limb shortened to the extent of an inch. The fracture was at once put up in the starched apparatus, with a temporary long splint to maintain the extension made by assistants till the apparatus should have dried. On cutting this up, the shortening was found undiminished. Resolved to give the starched bandage a fair trial, I re-applied a new one, enforcing the most thorough extension during its application, and maintaining that extension for a while as before by the long splint. Yet, on cutting up the apparatus, shortening of an inch still existed, and I was forced to relinquish the starched apparatus, and have recourse to the long splint. Within a month the fracture had united with a firm callus, without any shortening; the patient could raise the limb freely from the bed, but could not bend his knee much without considerable pain. The long splint was now thrown aside, and a starched apparatus applied from above the knee to the groin, and the man allowed to get about the ward on crutches, and in another fortnight walked out of the Hospital without any artificial support whatever, having entirely lost all stiffness of the knee. This case goes to show, that with no other means of keeping up the extension than those employed, the starched apparatus will not answer in a case of this description. It further illustrates the importance of not maintaining the knee-joint confined longer than is absolutely necessary. I was formerly in the habit, in all cases of fracture of the leg, of carrying the paste-board splints some inches above the knee; and in cases of fracture of the femur, of maintaining the apparatus from foot to groin to the end of the cure. Last June, a woman was re-admitted into the Hospital, after having previously been treated for a fracture of the femur in this manner. At the time she came under my observation the knee was swollen, stiff as cast-iron, and at times excruciatingly painful. The boy, Thomas Ponfrit, (*Case IX.* of Mr. Gamgee's work,) was an illustration of the same condition, though, no doubt, here the seat of the fracture was the main cause of the unfortunate result. I have seen several other instances of the same condition in a less degree; but the case of the woman first seriously attracted my attention to the fact, more than once, however, previously impressed on me by Mr. Quain; and since then I have always been in the habit of curtailing the splints to a little distance below the knee, in about a fortnight after first putting up the fracture in the starched apparatus. By this proceeding the efficiency of the apparatus will be by no means impaired, and all chance of a result happening avoided, which cannot but reflect discredit on the Surgeon, and misery on the patient.

The following case may be taken as illustrating favourably the application of the starched apparatus:—

A woman of dissipated habits had fallen from the parapet of a house on to some flag-stones from a height of some twenty or thirty feet. Both femurs were broken, the right transversely, the left obliquely, and her right shoulder-joint luxated under

the coracoid process. After some difficulty the luxation was reduced, and both lower limbs put up in the starched apparatus, two temporary long splints being applied. In the evening she began to exhibit very decided symptoms of delirium tremens, which, however, disappeared under the use of large doses of laudanum. When the apparatus of either thigh was cut up the limbs were found symmetrical and of equal length. A month after the accident both fractures had consolidated with very large, strong, provisional calli, and the two limbs were of the same length. A month after the patient left the Hospital, and continued getting about with the aid of a stick, but died about a year after the accident, from some inflammation of the chest, aggravated, no doubt, by the unheard-of privations this poor woman suffered. Had she been in a better class of life, no doubt she would have lived to have walked about with comfort.

It is in fractures of the leg that the starched bandage finds its most advantageous application; indeed, I have no hesitation in saying, it is unequalled by any other form of retentive apparatus. A half imbecile old man was brought into the ward with a severe comminuted fracture of the tibia, and a simple fracture of the fibula. He was treated successively with three different splints, viz., Mr. Winchester's, M'Intyre's, and the fracture-box. Not one was equal to keeping the fragments in quiet apposition; and, from the continued irritation, the man got into a most dangerous typhoid condition, when the starched apparatus was applied. Now, be it mere coincidence or not, he recovered without a bad symptom, and was discharged with the fragments united by a large firm callus. In this case there was a great tendency to the protrusion of one of the fragments of the tibia through the skin; and still more so in another oblique fracture of the tibia that was treated very successfully with the starched apparatus. Yet it is in this class of cases that the greatest prejudice will be found to exist against its use, "lest the fracture become compound." Now, I maintain, from what I have seen, that such a result is very much more likely to happen from the mediate crucifixion of the broken member by the M'Intyre splint than from the equable support afforded to it by the uniform casing given by the starched bandage. Of the many fractures of the leg I treated with the starched bandage, I may, before concluding, shortly advert to a case, of Pott's fracture, which did exceedingly well. A young man, thrown in wrestling, got his ankle-joint luxated outwards, and his fibula broken loosely about three inches from the joint, and the lower border of the inner malleolus splintered off. Two days after the accident he was about in the wards, and in three weeks made an out-patient. Fractures of the patella do very well if care be taken not to leave off the extending back splint too soon. I saw a case which, this precaution having been neglected, turned out very badly. Two cases which are detailed in my note-books were attended with admirable results; and I may say so with the more confidence, from having seen the patients several months after the receipt of the injury.

I must state, that I intend the above remarks, not as any detailed clinical exposition, but rather with a view of bringing a plan of treatment more prominently before the Profession, that they may feel more universally inclined to test the powers of one of the most admirable mechanical contrivances Surgery has produced.

## CASE OF STRANGULATED HERNIA, RELIEVED UNDER PECULIAR CIRCUMSTANCES.

By DR. BROWNING SMITH.

A short account of the following case may prove interesting to the readers of the *Medical Times and Gazette*, as it illustrates some of the difficulties practical men meet with at the bed-side, but seldom find elucidated in books.

A gentleman, 72 years of age, residing at Bayswater, called me in early in the morning of November 9, on account of obstinate vomiting, which had continued for two days without any action of the bowels. The vomited matter was dark and fluid, of an intensely acid character; and he informed me that, during the preceding night, while vomiting, he suddenly found a swelling in the left groin. He was a gouty subject, and I attributed his condition to gouty irritation of the stomach. The swelling in the groin I immediately feared was direct inguinal hernia. It was exceedingly tense, but not in the least tender, his occasional pains being about the umbilical region. My attempts to reduce it under chloroform were unavailing; and enemas, being returned immediately, were of little service in



producing action of the bowels. The usual remedies to check the vomiting and act on the bowels were also fruitless, as everything was immediately returned.

The following day, matters being in the same state, with no pain in the tumour, or impulse on coughing, the usual signs of strangulated hernia not being present, and the gastric disorder being sufficient to account for nearly all the symptoms, I called in Mr. Spencer Wells, on Friday, the 10th; and, after a consultation with him, it was decided that he should make an exploratory incision, to discover the nature of the tumour. He did so, the patient being under the influence of chloroform; and, after dividing the skin, and a very thick layer of fat, exposed a portion of intestine, about two inches long, (covered by a very thin, transparent sac,) of a reddish, chocolate colour, and excessively tense. After dividing all the tissues between the skin and the neck of the sac very carefully, he found it still impossible to effect reduction. He accordingly opened the sac, which did not contain a drop of fluid, divided its neck, and the intestine was at once returned without difficulty.

I need not detail the subsequent progress of the case. It is enough to say, that the gastric symptoms continued without cessation, and that the patient died on Sunday, the 12th, at ten o'clock p.m.

We made a *post-mortem* examination on the following night, when it appeared that the strangulation had been effectually reduced. About six inches of the small intestine appeared in a state of congestion; but we could not discover the exact portion which had been strangulated. There was no sign either of peritonitis or of hæmorrhage.

The question may be raised, whether, in a case where a hernia is secondary, and not the cause of existing symptoms, an operation should be performed for its reduction; but I think no one would be justified in adding to a patient's danger that of strangulated hernia. The propriety of making an exploratory incision in case of doubtful diagnosis is also an open question; but I have no doubt upon the subject. In this case, none of the gentlemen present could detect the least impulse on coughing, owing, I suppose, to the tightness of the stricture; yet an incision at once revealed the true nature of the case.

Bedford Place, Notting Hill, Nov. 17, 1854.

## TREATMENT OF PROLAPSUS ANI WITH THE STRONG NITRIC ACID.

BY J. H. BROXHOLM, M.D., &c.

HAVING seen, in a previous Number of your Journal, several cases of prolapsus ani treated successfully by the application of the strong nitric acid, it gives me much pleasure in being able to testify to its efficacy in cases of that description, having treated several lately with the acid, some of them of very long standing, accompanied with piles, which at times bled profusely. If not infringing too much on your valuable columns, may I beg the favour of your inserting two cases selected from a number treated by me; all of them, I may say, most satisfactorily, no relapse having occurred in any one case. I was consulted, on October 6, by Mrs. C., residing in my neighbourhood, the mother of five children, for prolapsus ani, complicated with hæmorrhoids, which at times bled profusely for several days together. She informed me this state of things had existed for the last five years, obliging her at times to lay up for several days, and compelling her to reduce the prolapsed parts five or six times daily, the parts coming down while walking even the least distance, and causing acute pain till returned. She says she has always enjoyed good health, and should not have consulted a Medical man was it not for this intolerable nuisance, rendering life, according to her expression, a misery and burden to her. On examination, I found the parts very much prolapsed, excessively vascular, and tender to the touch, the piles being of a purplish red tinge, from congestion, and the mucous membrane very much relaxed. I applied the acid on the following day, and preparatory to replacing the parts after applying the acid, I smeared them well with the ung. cetacei. The pain was trifling, and soon passed off. On examining the parts, five days after the application, there was not the least appearance of prolapse, the parts all being now within the external sphincter. The piles no longer existed, the inflammation set up no doubt having produced absorption of their contents, with obliteration. She informed me that no prolapsus had occurred since the application, either after defecation or walking, as she was now able to take long walks with ease and comfort.

The next case occurred in a gentleman somewhat advanced in years, residing in the City. He consulted me on the 18th Oct., informing me he had been suffering from prolapsus ani for the last three years, accompanied at times with considerable hæmorrhage from the relaxed mucous membrane. He had enjoyed very good health till lately, when, owing to the large size of the prolapsed parts, he had been compelled to remain in doors; the pain being very acute, and compelling him to replace the parts several times a day, and that considerable force was requisite to reduce them. Having tried various remedies without relief, he fully made up his mind that his complaint was incurable. On examining the parts, I found the mucous membrane enormously protruded, being exceedingly vascular, of a dark red colour, and highly sensitive; several piles protruded with the mass. I applied the acid at once freely to the prolapsed parts and piles. Of course the pain was very acute for a few minutes, but soon subsided; and, after smearing the parts with ung. cetacei, I replaced them.

On examining the parts six days after, the effects were truly surprising. No prolapsus now existed, and he was able now to walk without the least pain or inconvenience; and he has remained perfectly well up to the moment of writing this.

29, Albert-street, Regent's-park, Nov. 17, 1854.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING OCTOBER.

THE following report includes, as usual, University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing Cross, St. Mary's, the Metropolitan Free, the Marylebone, the Hospital for Sick Children, and the City Hospital for Chest Diseases.

#### LITHOTOMY.

In *Case 4* of last month's report, a fair recovery has since resulted. The man has left the Hospital, but the wound is not quite healed. He is the subject of phthisis.

Number of cases, 3; recovered, 3.

*Case 1.*—A boy, aged 5, in fair health, under the care of Mr. Marshall, in University College Hospital. The operation was the usual one, but some little difficulty was encountered in entering the bladder. By a second incision, however, it was satisfactorily accomplished, and a moderately-sized stone removed. The patient recovered without a bad symptom. *Case 2.*—A boy, aged 3, in good health. The usual lateral operation was performed, Blizard's knife being used for the incision of the prostate. A small, very light stone was removed, and nothing unusual occurred until the following day, when a small portion of fecal matter escaped by the wound, and made it evident that the rectum had been injured. During the three succeeding days, feces in large quantities passed by the wound; the latter, however, kept throughout a healthy appearance, and the boy's health was good. The fecal discharge ceased on the fifth day, and the wound did not take more than the ordinary time in closing. The ultimate recovery appeared to be complete in every respect. The operator inclined to attribute the injury of the bowel to the staff not having been kept hooked up sufficiently close under the arch of the pubes. A second point of interest was the difficulty which had been experienced before the operation in detecting the stone. Several had been inclined to suspect that there was only a thickened condition of the vesical mucous membrane, with adherent sand. The small size and very light specific gravity of the calculus fully accounted for this obscurity. *Case 3.*—A boy, aged 6, in good health, under the care of Mr. Cock, in Guy's Hospital. The usual operation was performed, and recovery without a bad symptom ensued.

#### LITHOTRITY.

The case under the care of Mr. Adams in the London Hospital, and mentioned last month as recovered, has again come under treatment. A week or two after his discharge, the man voided a fragment the size of a hazel-nut; and Mr. Adams has since detected the presence of other portions. It is intended to repeat the operation.



## HERNIOTOMY.

Number of cases, 16; recovered, 8; under treatment, 1; died, 7.

*Case 1.*—A woman, aged 34, under the care of Mr. Coote, in St. Bartholomew's Hospital; hernia femoral, strangulated thirty-six hours; sac opened. Some suppuration in and about the sac followed, but the patient made a good recovery. *Case 2.*—A man, aged 70, under the care of Mr. Stanley, in St. Bartholomew's Hospital; hernia femoral, strangulation twelve hours; sac not opened. Death followed on the eighth day. At the autopsy, there were found evidences of peritonitis; suppuration both in and around the sac had occurred, and the pus extended between the abdominal muscles as high as the umbilicus. *Case 3.*—A woman, aged 76, under the care of Mr. Paget, in St. Bartholomew's Hospital; hernia femoral, as large as a small apple, strangulated sixteen hours; sac not opened. Recovery without a bad symptom ensued. *Case 4.*—A man, aged 45, under the care of Mr. Tatum, in St. George's Hospital; hernia scrotal, strangulated twelve hours; sac opened. Death from peritonitis on the fourth day. At the autopsy, besides the evidences of peritonitis, there were found an abscess in the structure of the cord and diffuse inflammation of the cellular tissue of the scrotum. *Case 5.*—A man, aged 45, under the care of Mr. Prescott Hewett, in St. George's Hospital; hernia scrotal, period of strangulation not known exactly, but of several days; sac opened. The strangulation was found to have been caused by recent bands of adhesion in the sac. The gut down was large intestine, and so adherent that reduction could not be attempted. The neck of the sac, having been freely divided, it was accordingly left *in situ*. A week after the operation, fecal discharge from the wound occurred, and lasted subsequently for eight days; after which it ceased for a day or two. During a slight attack of erysipelas, however, the artificial anus re-opened, and has since continued to discharge. The patient is doing fairly. *Case 6.*—A man, aged 55, under the care of Mr. Johnson, in St. George's Hospital; hernia inguinal, strangulated seven hours; sac opened. Death from peritonitis followed on the third day. *Case 7.*—A man, of middle age, under the care of Mr. Luke, in the London Hospital; hernia femoral; sac not opened. Recovered. *Case 8.*—A man, aged 55, under the care of Mr. Ward, in the London Hospital; hernia femoral, strangulated twenty-eight hours; sac not opened. The patient in this case was the subject of advanced phthisis, and the protrusion had been caused by severe coughing. In the operation a very small incision of the integument was made on the inner side of the sac, and the stricture divided with a bistouri caché. Afterwards, erysipelas spread from the wound over the whole side of the trunk, and an attack of broncho-pneumonia occurred. From the combined effect of these maladies the patient sank on the fifth day. At the *post-mortem*, besides the tuberculous mischief, evidences of recent inflammation were found; the portion of bowel which had been strangulated was still deeply congested, but there were no traces of peritonitis. *Case 9.*—A woman, aged 39, under the care of Mr. Cock; hernia femoral; strangulated nine hours; sac opened: recovered. Mr. Cock's rule is to avoid opening the sac where practicable; in the present instance he deviated from it, because there was reason to expect very close adhesions of the sac to the surrounding tissues. The patient had been operated on two years previously on the same side, and she had for many years worn a truss over the part. *Case 10.*—A man, aged 27, under the care of Mr. Tatum, in St. George's Hospital, hernia scrotal; strangulated 8 hours; sac opened. The hernia was of a large size, and fifteen inches of gut were exposed in the operation. Recovered well. *Case 11.*—A man, aged 39, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital; hernia scrotal and of large size, strangulated 14 hours; sac opened. The seat of stricture was the neck of the sack itself. The case was complicated by hydrocele of the same side. The man recovered without bad symptoms. *Case 12.*—A man, aged 24, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital, hernia scrotal, strangulated 10 hours; sac opened. As in the preceding case, the seat of stricture was the neck of the sac itself. The after treatment was complicated by great flatulent distension of the bowels, which persisted in spite of treatment for several days. Recovered. *Case 13.*—A woman, aged 70, under the care of Mr. Quain, in University College Hospital; hernia femoral; strangulated 20 hours; sac not opened. Recovered. *Case 14.*—A woman, aged 40, hernia femoral; strangulated 50 hours; sac opened. The intestine being gangrenous in spots, was only partially returned. On the next day it was slit up, and a tube introduced to evacuate the feces. No action of the bowels occurred per anum. Death took place on the fourth day. At the *post-mortem* much blood was found in the abdominal

cavity, and on dissection it was discovered that the obturator artery given off from the epigastric had crossed the neck of the sac, and had been divided in the operation. No external bleeding had at first occurred. *Case 15.*—A man, aged 48, the subject of old standing inguinal hernia, was an inmate of the Westminster Hospital, under the care of Mr. Holt, on account of a fracture of the skull. He had been about a week under treatment, and was doing well, when suddenly his hernia came down, and got so tightly strangulated that reduction by taxis could not be effected. Ten hours after the strangulation the operation was performed; the sac was opened; death from peritonitis ensued on the fourth day. *Case 16.*—In this case the operation amounted only to an exploration, as no bowel was found in the sac. A man, aged 40, the subject of congenital hernia on the right side, was admitted at four p.m. on October 8, into Guy's Hospital, under the care of Mr. Birkett. His rupture was down, and a Surgeon had in vain tried to reduce it, even after practising venesection. On admission, he was at once placed in a warm bath, and the bowel was then without difficulty returned. An hour afterwards the bowels acted spontaneously, a fluid, very offensive evacuation being passed, very soon after which he began to complain of severe pain in the abdomen, the belly became tympanitic, and great prostration came on. Stimulants and opium were given, and he somewhat rallied. Mr. Birkett saw him at ten p.m., when the symptoms of strangulation were present, but not in a degree such as deemed to warrant an operation. Calomel and opium (gr. ss. and gr. j.) were ordered every hour. At one p.m. on the following day his condition was worse; face anxious; pulse small and rapid; the vomiting had ceased, but there was more of tympanitis. The left inguinal canal being decidedly fuller than the right, Mr. Birkett decided to perform an exploratory operation. The sac having been opened, it was found very greatly thickened, but containing only a little serum. The finger was passed freely into the abdomen, and a portion of the colon drawn into sight; but no stricture could be discovered. Death took place on Oct. 15, eight days from the first protrusion, seven after the reduction by taxis, and six after the exploratory operation. The treatment subsequent to the operation had consisted in the application of blisters to the abdomen, and the exhibition of opium and stimulants. The prostration had continued extreme, and there had been troublesome diarrhoea. *Autopsy.*—Very slight evidence of peritonitis. Jejunum and ileum intensely congested and distended with thick port-wine-coloured fluid, the intensity of colour increasing as the cecum was approached. There was great difficulty in determining the portion of bowel which had been strangulated. No obstruction existed in any part.

## OVARIOTOMY (EXPLORATION).

An exploration, with the intention of removing an ovarian cyst, had it been found practicable, was performed in September, by Mr. Paget. The patient was a woman, aged 43, in a very reduced state of health, under the care of Dr. West, in St. Bartholomew's Hospital. The tumour had only been known to exist for six months, and had increased rapidly until it nearly filled the abdomen. Paracentesis had been attempted, but failed, from the fluid being too thick and glairy to escape by the canula. The woman's condition was such, that it was evident a fatal result would ensue before long, if nothing could be done to relieve her; and, she being very anxious to have an operation performed, Dr. West thought it warrantable to attempt ovariectomy. An incision about two inches long was made in the median line, midway between the pubes and umbilicus, and the cyst exposed. Very intimate adhesions were found between the cyst and the abdominal walls, and the operation was consequently not persisted with. The cyst was opened, and a large washband-basin full of jelly-like fluid removed. The wound was closed with sutures and plaster. During the first week the patient did better than might have been expected; but subsequently inflammation of the cyst occurred, and she sank. The wound had not united, the sutures having required removal five days after the operation.

## TREPHINING OF THE SKULL.

*Case 1.*—A boy, aged 13, under the care of Mr. Pollock, in St. George's Hospital, admitted with compound fracture of the skull, and depression of bone in the left temporal region. The trephine was used, and the bone elevated. The boy has made a good recovery. *Case 2.*—A man, aged 35, under the care of Mr. Tatum, in St. George's Hospital, with compound fracture of the right parietal bone. On removing a portion of bone, a quantity of bone was seen between the dura mater and skull, and a bleeding vessel was observed in the former. The bleeding ceased



on exposure to the air. The patient has done well, and is now nearly convalescent. *Case 3.*—A man, aged about 30, admitted, under the care of Mr. Adams, into the London Hospital, with a severe compound fracture of the right half of the frontal bone. There was much ecchymosis in the orbit, and the eye was partially protruded. The dura mater was not torn. The trephine was employed, and the depressed portions of bone either removed or restored to position. The man was at the time in profound insensibility, and he did not regain any degree of consciousness until the following day. Subsequently, he again relapsed, and death took place a few days after the operation. *Case 4.*—A female child was admitted into the London Hospital, under the care of Mr. Wordsworth, after being knocked down by a cab and run over. About five hours afterwards vomiting came on, and, a few hours later, she became insensible. Mr. Wordsworth now saw her, and determined to explore beneath a puffy swelling, which, from the first, had been perceptible over the left parietal eminence. A crucial incision having been made, the bone was found fissured; by the means of the trephine and Hey's saw, a portion was removed; but, as the fracture was then perceived to extend downwards, in a direction towards the base of the skull, it was not thought prudent to attempt anything further. She lingered till the next morning in a state of insensibility, and then died. At the *post-mortem* the fracture was found to extend across the base of the skull, and to terminate in the right temporal bone. In the posterior fossa of the skull, between the brain and its membranes, was about an ounce and a-half of coagulated blood. The skull was everywhere very thin. The viscera of the body were healthy.

#### LIGATURE OF ARTERIES.

*Case 1.*—A man, under the care of Mr. Solly, in St. Thomas's Hospital, with a large popliteal aneurism. Compression treatment was tried; but, on account of the irritability of the patient, had to be relinquished on the fourth day. Mr. Solly then placed a ligature on the femoral. The case has since done well; but, as yet, remains under care. The ligature came away on the twentieth day. *Case 2.*—Ligature of the radial at the wrist, on account of wound. Recovery.

#### TREATMENT OF ANEURISM BY COMPRESSION.

Mr. De Morgan's case remained under treatment through October, but the femoral has since been ligatured. Mr. Solly's case has just been mentioned. In King's College Hospital Mr. Fergusson has a case of subclavian aneurism under treatment by pressure. The patient is a robust man, aged 46, in whom the disease has been known to exist for upwards of two years. He has been under care in King's College Hospital repeatedly during the last year. The tumour is about the size of half an orange, and situate in the last part of the course of the right subclavian, possessing a very forcible pulsation. Pressure by means of bags filled with shot was first tried, but did not benefit; and an apparatus has now been constructed to allow of pressure, by means of a screw pad, being kept up. It is thought the tumour has a little diminished in size during the short trial that the latter plan has had. Mr. Fergusson does not, we believe, consider ligature of the subclavian a warrantable procedure.

#### AMPUTATIONS.

The case (8), left under treatment by our last report, has recovered. Mr. Lloyd's case of primary amputation of both legs just below the knee, may now be ranked as recovered. The stumps are healed, and the man has quite regained his health. Upwards of six months has been occupied in the recovery; the length of time being caused by the deficiency of soft parts, and the consequent necessity for the healing of a large part by granulation. The patient is an Irishman, aged 35, of good constitution, but not remarkable for temperance.

Number of cases, 12; recovered, 5; under treatment, 4; died, 3.

*Of the Thigh.*—*Case 1.*—A man, aged 24, of good health, and not very intemperate habits, under the care of Mr. Adams, in the London Hospital. Primary amputation was performed. Delirium tremens followed, and the stump became a little sloughy. Death from pyæmia resulted, and at the *post-mortem* pus was found in the internal iliac vein; the femoral and external iliac being plugged with lymph. The lungs were congested, but there were no secondary deposits. *Case 2.*—A man, aged 22, under the care of Mr. Luke in the London Hospital. The knee-joint was quite destroyed by disease, and the man's health undermined. He made a good recovery. *Case 3.*—A lad, aged 7, admitted into Guy's Hospital, under the care of Mr. Hilton, on account of extensive injury to the soft parts of the leg. He was a deli-

cate youth, and subject to convulsions. Primary amputation was performed. During convalescence he had several fits, and at one period suffered extremely from pain in the stump, for which there appeared no cause. It was treated by the local application of chloroform on slips of lint, under oil-silk, which soon effected complete relief. *Case 4.*—A man, aged about 30, under the care of Mr. Erichsen, in University College Hospital; amputation of the thigh, on account of malignant disease within the head of the tibia, was performed. Progressing favourably. *Case 5.*—A boy, aged 5, under the care of Mr. Erichsen, in University College Hospital, on account of diseased knee-joint. The disease had begun in the head of the tibia, and about six weeks before a trephining operation had been performed on the latter by Mr. Marshall. The inflammation had subsequently, however, involved the knee, and amputation had become necessary. Doing well. *Case 6.*—A man, aged 24, under the care of Mr. Cock, in Guy's Hospital, on account of old-standing disease of the knee-joint. He was of strumous habit, and much reduced in health. Recovered.

*Of the Leg.*—*Case 7.*—A man, of temperate habits and good health, aged 35, admitted into the London Hospital under the care of Mr. Adams, on account of a severe compound fracture of the leg into the ankle-joint. Primary amputation was performed; but three weeks later, on account of sloughing of the stump, exposure of the bones, and finally an attack of secondary hæmorrhage, it became necessary to amputate above the knee. The man sank, and died about a fortnight after the last operation. At the *post-mortem*, one kidney was found much inflamed, and the posterior lobes of the lungs were much congested, but there was no actual proof of pyæmia.

*Of the Foot.*—*Case 8.*—A woman, aged 49, of delicate health, under the care of Mr. Fergusson, in King's College Hospital, on account of diseased tarsus. Five months previously, excision of part of the cuboid bone had been performed; but the parts had not become sound, and it was evident that more diseased bone remained. Mr. Fergusson intended to have performed a second removal of bone, and to have saved the foot; but, after having scooped out the entire cuboid, and cut away the heads of the adjacent metatarsal bones, there appeared to be still so much disease left, that a successful event could scarcely be expected. Amputation through the tarsus was accordingly performed. The articular facets of the astragalus and os calcis were sawn away. The patient is doing well.

*Of the Upper Extremity.*—*Case 9.*—A man, aged 30, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of diseased carpus and wrist-joint. Amputation through the fore-arm was performed. On the tenth day an attack of secondary hæmorrhage occurred, which was arrested by cold; on the fourteenth it again recurred, and the perchloride of iron was now applied. The man is doing well. *Case 10.*—A man, aged 54, under the care of Mr. Moore, in the Middlesex Hospital, on account of laceration of the fore-arm, the brachial artery being torn through. The man was in weak health, and the subject of chronic bronchitis. Recovered. *Case 11.*—A man, aged 44, under the care of Mr. Birkett, in Guy's Hospital. Three months ago excision of several of the carpal bones had been performed; subsequently there had been profuse suppuration, and it became evident that the hand could not be saved without risk to life. Amputation through the forearm was accordingly performed. The man has made a rapid recovery. *Case 12.*—A man, aged 37, under the care of Mr. Adams, in the London Hospital. The forearm had been most severely injured by a circular saw. Primary amputation above the elbow was performed. Symptoms of pyæmia came on about a fortnight after the operation, and death followed ten days later. The stump had soundly healed. At the autopsy, deposits of pus were found in the lungs and liver.

#### EXCISION OF BONES AND JOINTS.

Numerous cases of this class remain under treatment from our previous reports.

During the month, the following have been performed:—*Case 1.*—By Mr. Erichsen, in University College Hospital, excision of the knee-joint. The patient was a delicate, strumous boy, aged 4. The disease had begun in an abscess in the head of the tibia, and had thence extended into the knee-joint. The boy has progressed favourably since the operation. *Case 2.*—By Mr. Shaw, in the Middlesex Hospital, excision of the elbow-joint for scrofulous disorganisation consequent on fracture six months before. Doing well.

#### EXCISION OF MALIGNANT GROWTHS.

The cases left under care by last month's report have recovered.



During the month the following have been performed:—  
*Case 1.*—By Mr. Solly, in St. Thomas's Hospital, excision of some nodules of scirrhus cancer from beneath the cicatrix of a removed breast. Recovered. *Case 2.*—Under the care of Mr. Mackmurdo, in St. Thomas's Hospital, an elderly man was admitted on account of two large growths beneath the scalp, each about the size of half an orange. They adhered to the scalp, were of soft texture, and had a slight pulsation. Mr. Mackmurdo excised one of them. The bone was found to be involved, and had to be scraped. Very profuse bleeding took place, and the actual cautery was needed in order to arrest it. The growth proved to be a very vascular form of soft cancer. The second tumour was not attacked. The man sank after the operation, and died on the seventh day. *Case 3.*—By Mr. Birkett, in Guy's Hospital, excision of almost the whole of a breast, and of a large mass of soft cancer which had involved it. The patient was a woman, aged 47, in tolerably good health, who had known of the existence of the disease for upwards of seven months. The tumour, which was very soft, had been punctured by a Surgeon, after which ulceration and sloughing rapidly took place. The mass presenting a large, ulcerated, and sloughy surface, and the patient's health appearing to be no more affected than the local disease would account for, it seemed fair to attempt its removal. The axillary glands were not affected. After excision, the mass was seen to be well circumscribed, and did not in any way infiltrate the gland. The patient has made a good recovery, and is now nearly well. *Case 4.*—By Mr. Birkett, in Guy's Hospital, excision of a small ulcerated cancer of the skin from over the upper part of the sternum of a man, aged 50. In August, 1850, Mr. Birkett had destroyed the disease by escharotics. In February, 1851, it had re-appeared, and was then excised. For several months following, the man was now free from the disease; but, subsequently, another nodule appeared, which, slowly ulcerating, caused the present condition. The ulcer was about an inch and a-half in diameter. The man complained of extreme pain in its edges, which formed the chief reason for again attempting its removal. Under treatment. *Case 5.*—By Mr. Birkett, in Guy's Hospital, excision of the outer half of the mammary gland, on account of carcinoma. The woman was a married but sterile person, aged 30, in apparently good health. The tumour was about three inches in length, had grown rapidly, and was very hard; from its very loose connexions with the gland, it was, however, not supposed to be cancer until after the operation. Its appearances on section resembled those of scirrhus, and the microscope confirmed the opinion. The wound was afterwards affected by Hospital gangrene, which, however, by the use of strong nitric acid, was arrested, and cicatrization is now nearly complete. *Case 6.*—By Mr. Birkett, in Guy's Hospital; excision of the entire right breast from a patient, aged 45, on account of scirrhus. The tumour had been growing for a year, but it was confined to the gland; the axillary lymphatics were not affected, and the woman's health was good. The first symptom had been retraction of the nipple; but, during the last few months, the nipple had again come out, and was now very prominent, of a purple colour, and liable to bleed. A section of the mass, after removal, showed infiltration of the entire gland. Mr. Birkett remarked, that he considered this to be a specimen of the form of cancer of the breast most favourable for operations. The patient has recovered quickly. *Case 7.*—By Mr. Prescott Hewett, in St. George's Hospital, excision of the breast of a woman, aged 60, on account of a small, non-ulcerated, scirrhus tumour. Under treatment. *Case 8.*—By Mr. Tatum, in St. George's Hospital, excision of the breast of a woman, aged 33, on account of scirrhus. Under treatment. *Case 9.*—By Mr. Brooke, in the Westminster Hospital, excision of the breast, on account of scirrhus. The woman was in good health, and aged 35. Some axillary glands were also removed. Recovered. *Case 10.*—A man, aged 56, under the care of Mr. Hilton, in Guy's Hospital, for cancer of the thyroid gland, had part of the tumour removed by excision. The mass was pendulous and ulcerated, and the removal only of the sloughy part was attempted, merely as a measure of temporary relief. The man lived about three weeks afterwards, and then sank. At the *post-mortem* there was found gangrene of part of the spleen, apparently from obstruction of a branch of the splenic artery by a plug of lymph. The thyroid gland was the seat of infiltrated medullary cancer.

#### EXCISION OF NON-MALIGNANT GROWTHS.

The cases left under care by last month's report are either recovered or progressing favourably.

During the month there have been performed:—*Case 1.*—By Mr. Hawkins, in St. George's Hospital, excision for the ninth

time of a recurrent fibroid tumour. The patient was a woman, aged 45, whose case has often before been mentioned. *Case 2.*—By Mr. Cock, in Guy's Hospital, excision of fibroid recurrent tumours from the thigh of a young woman, the subject of very numerous previous operations. (*Case 3* of last report.) Mr. Cock applied strong nitric acid to the wound after the last operation, in order to produce a slough, in the hope of diminishing the chance of recurrence. The wound has nearly healed. *Case 3.*—By Mr. Stanley, in St. Bartholomew's Hospital, excision of a fatty tumour, the size of a pear, from a girl, aged 14, in whom it had been growing three years. Recovered. *Case 4.*—By Mr. De Morgan, in the Middlesex Hospital, excision of the breast, on account of a fibrous tumour. The patient was a single woman, aged 39. The tumour had been six months growing. Recovered. *Case 5.*—By Mr. Heury, in the Middlesex Hospital, excision of a small glandular tumour from beneath the tongue of a woman, aged 50. Profuse secondary hæmorrhage followed, which was only arrested by continuous pressure, kept up by a Lousdale's apparatus for fractured lower jaw. *Case 6.*—By Mr. Hilton, in Guy's Hospital, excision of a large ulcerated follicular tumour on the head. The patient was a man, aged 56, and the growth had existed several years. Its history was that of a follicular tumour, but there were none others in the scalp. It simulated to the naked eye exactly the appearances of an open cancer. It was pretty exactly circular, somewhat larger than an adult fist; it adhered immovably to the bone, and was very hard. The upper surface presented a deep sloughy excavation, with irregular and overhanging borders, which, in some parts, had wart-like nodulations. Mr. Hilton removed the whole, with a surrounding margin of skin. The pericranium was taken away, and the bone exposed. In spots the growth dipped into the bone, and small portions as large as peas had to be scooped out. To the naked eye the growth had a very suspicious appearance. It has, however, been submitted to Professor Quekett for examination, who reports it a good specimen of follicular tumour, and quite free from malignant character. The man has since, with the exception of a slight attack of erysipelas, done well; the bone is not yet covered. *Case 7.*—By Mr. Hilton, in Guy's Hospital, excision of a large fibrous tumour from over the parotid region of a woman, aged 46. It had been growing six or seven years, and was the size of a large fist. Its section showed numerous cysts, the size of hazel-nuts, filled with a transparent, jelly-like material, much resembling colloid. Professor Quekett examined the tumour as to its microscopic character, and pronounced it not malignant. The patient recovered well, and had no paralysis. *Case 8.*—By Mr. Childs, in the Metropolitan Free Hospital, excision from the breast of a woman, aged 40, of a fibrous tumour, of twenty years' growth. Recovery. *Cases 9, 10, and 11.*—Fatty tumours removed successfully from different parts of the body by Mr. Tatum, in St. George's Hospital, and Mr. Childs in the Metropolitan Free.

#### REMOVAL OF NECROSED BONE.

Several very interesting cases of this class have among others been operated on. *Case 1.*—A man, aged 28, under the care of Mr. Stanley, in St. Bartholomew's Hospital. He was admitted a month after an injury of the left leg, just above the ankle, during which he had, although suffering pain, followed his usual work. From a line of irregularity obliquely across the bone, it was thought that fracture must have occurred. After remaining in the Hospital nearly six months, and the pain and enlargement still continuing, it was determined, in consultation, to expose and examine the injured part. Mr. Stanley did so, and found embedded between two large overhanging ridges of new osseous material a small portion of detached and dead bone. The loose fragment, about the size of the tip of a finger, was removed. The wound has healed well, and the operation has been completely successful. The most interesting feature in the case is, that no suppuration had occurred, and that there were consequently no sinuses. *Case 2.*—A woman, aged 55, had her thigh amputated by Mr. Lloyd in St. Bartholomew's Hospital a year ago. She recovered with great difficulty, and the stump being deficient in action, the bone remained long exposed. The stump never healed. In October of the present year she was again admitted, having quite regained her health, but the stump being much swollen, and with sinuses on its face, leading down to dead bone. Mr. M'Whinnie laid open the sinuses, and extracted the whole remaining shaft of the femur in a state of necrosis. She is doing well, but the stump is not yet sound. *Case 3.*—A boy, aged 14, now under the care of Mr. Birkett, in Guy's Hospital, has had most extensive necrosis of the jaw bones as a consequence in typhus fever, from which he suffered five months ago. Mr. Birkett removed, a month ago, very large portions of



the superior maxilla, and more recently he has extracted the right horizontal and ascending rami, together with the articular head of the lower jaw. The parts have healed well. The lad is now suffering from small-pox.

#### PARACENTESIS OF THE CHEST.

A miserably emaciated and hectic boy, aged 5, was admitted, under the care of Dr. Birkett, at the City Hospital for Chest Diseases. There were found, on examination, the evidences of fluid in the right pleural cavity, and, on inquiry, the history of acute pleuritic symptoms, six weeks previously, was obtained; prior to which, it was stated, the boy had been in good health. The hectic present made it extremely probable that the fluid present was purulent in its nature, and, as the lung could be made to float against the lateral parietes of the chest by change of position, the case seemed a very promising one for operation. There was, as to dyspnoea, no immediate urgency. It was determined, in consultation, to use an exploring trocar, and, if the fluid proved to be pus, to make a free incision, and leave it open. This practice was decided on, from the consideration, that, in the great majority of cases of empyema which end in recovery, the evacuation ultimately takes place by a permanent fistula; that the establishment of such an opening is Nature's method; and that, if thoracentesis be performed, and the wound closed, the case, after many repetitions of the puncture, almost always ends in a permanent opening being established, either externally, or through the bronchial tubes. The part selected in the present case was in the lateral region, between the fifth and sixth ribs. The operation was performed by Mr. Hutchinson. A very fine trocar having been introduced, pus escaped; the canula was then withdrawn, and, with a small scalpel, the integument and intercostal muscles were divided horizontally for about half-an-inch. A free discharge of pus followed. To prevent the entrance of air, a large poultice was immediately laid over the wound. The opening had purposely been made valvular as regards the skin. During the four following days a strong tendency to close was shown by the opening, and every day it was requisite to break down the adhesions by the probe, and, on one occasion, to enlarge the opening by the lancet. Very profuse discharge ensued, but the child has acquired a good appetite, and thus far bears up under it. The discharge is at present very little, but there is still a large quantity of fluid in the chest. The ultimate result must be deemed very doubtful. The lung has, to a considerable extent, expanded, and has acquired adhesions close above the opening.

#### OPERATIONS FOR NÆVUS.

*Case 1.*—A woman, aged 52, was admitted, under Mr. Birkett's care, into Guy's Hospital, with a venous nævus, the size of half a walnut, situated on the inside of the upper lip, near its centre. The account given was, that there had been a mark there from infancy, but that it had latterly much increased, and had been attended by pain. The affected portion of lip was excised; the wound healed well. *Case 2.*—A lad, aged 16, under the care of Mr. Stanley, in St. Bartholomew's Hospital, had a nævus excised from the right side of the tongue. It was of venous character, and consisted chiefly of one cavity, by the sides of which were numerous others, and some true erectile tissue. A month previously Mr. Paget had operated on it by cutting into its structure, emptying it of blood, and then breaking it up with a probe. Not much bleeding attended the operation, but it was afterwards necessary to apply caustic, and to plug the wound with lint. When it had healed, the vascular structure refilled. Mr. Stanley's operation consisted in a free excision, and was quite effectual. No ill-consequences attended it. The whole nævus was not at first larger than half a walnut. *Case 3.*—A large cutaneous nævus on the abdomen of an infant was treated by Mr. Athol Johnson, at the Hospital for Sick Children, by means of ligature on needles. It sloughed off and was cured. *Case 4.*—A child, under the care of Mr. Athol Johnson, at the Hospital for Sick Children, had a subcutaneous nævus at the end of the nose. Injection of the perchloride of iron has been practised. Under treatment.

#### PUNCTURE OF THE BLADDER.

A man was admitted into University College Hospital, under the care of Mr. Quain, having sustained, from an injury, a rupture of his urethra, and suffering from retention of urine. Mr. Quain punctured the bladder by the rectum. Doing well.

#### OPERATION FOR URETHRAL STRICTURE.

A man under the care of Mr. Erichsen, in University College Hospital, for impassable stricture in the bulbous portion of the

urethra, has had perineal section performed. There were fistulae in the perinaeum. These Mr. Erichsen laid open into the urethra, and passed a director by it into the bladder, in order to serve as a guide. A catheter was then introduced per urethram as far as the stricture; the latter then divided, and the instrument carried on into the bladder. Some bleeding occurred, and several ligatures were necessary. The perineal incision was afterwards brought together by quilled sutures, but union did not take place in its whole extent. The man is doing well. The urethra is free, and the perineal wound promises soon to heal.

#### AMPUTATION OF THE PENIS.

Mr. Paget's case, mentioned last month, has recovered.

In a case operated on during October by Mr. Cock, in Guy's Hospital, amputation was avoided by the excision of the entire prepuce, with part of the integument of the penis. The disease was epithelial cancer, but had not involved the glans. The man left with the part soundly healed.

#### PLASTIC OPERATIONS.

*Rhinoplasty.*—*Case 1.*—By Mr. Ward, in the London Hospital, on a man in good health, aged 28. The flap of skin was taken from the right side of the forehead, after the manner recommended by Mr. Skey. Perfect union has resulted. A second operation will shortly be necessary to form the septum. *Case 2.*—By Mr. Erichsen, in University College Hospital, on a woman aged 32. The case is doing well.

*Harelip.*—In five cases, by Messrs. Fergusson, Quain, Erichsen, and Ward, all successful, and none of them presenting unusual features. In one of Mr. Quain's cases, the patient was only 8 days old.

## Medical Times & Gazette.

SATURDAY, NOVEMBER 25.

#### THE MEDICAL STAFF OF OUR HOSPITALS.

MORE than a year ago (*Medical Times and Gazette*, July 2, 1853) we drew attention to the fact, that the Governors of St. Thomas's Hospital appeared disposed to take the lead in a very necessary measure of Hospital reform,—namely, an increase in the number of the Medical Staff. The increase has, however, been only nominal. The number of Surgeons was raised from three to five by the election of Messrs. Clarke and Solly, but no Assistant-Surgeons were appointed. The preposterous proposition was adopted, that the two junior Surgeons, each, be it observed, with forty beds under his charge, should also continue their attendance upon out-patients. The practical operation of this absurd regulation has been as melancholy as can well be imagined. The Surgeons have not been able to do their own duty and those of an Assistant-Surgeon also. The consequence has been, that the out-patients have been left to the care of the House-Surgeons or of some senior pupil. The evil of such a course has been made very clear. We do not say that a well-known *pebble case* (a case where a pupil at St. Thomas's industriously probed the oesophagus, to remove a pebble from the trachea, and thus killed a poor child) has occurred more than once; but we do say, that the out-patient department of a large Hospital is one of very great importance, not only from the large numbers of poor which apply for relief, but as a school of study of common things for students, and a training school for those who are to qualify themselves for the position of an Hospital Surgeon. Such a department ought not to be left to a House-Surgeon, who has very important duties of his own to attend to, quite sufficient for any ordinary man; still less to a senior pupil, however intelligent. We repeat now, what we said last year, that five Surgeons are by no means too many for St. Thomas's; that "forty beds are as much and more than any man can attend to, we do not say that he may have time for scientific investigations of disease



and its consequences, but simply to do justice to his patients ;" and that five Assistant-Surgeons should be elected to attend to the out-patients, and to be trained up to fill the position of Surgeon hereafter. Were a vacancy to occur now in the Surgical Staff of St. Thomas's, there are no Assistant-Surgeons to fill it. Election must necessarily be made from men who have no previous Hospital experience as practitioners. We need hardly point out the results likely to follow such an appointment. Recent experience affords too notorious an example.

But it is not only at St. Thomas's that an increase of the staff of our Hospitals is called for. Since we first drew attention to this subject, four additional Medical officers have been appointed at St. Bartholomew's—a Physician, Surgeon, Assistant-Physician, and Assistant-Surgeon. An Assistant-Surgeon has been appointed at Charing-Cross Hospital, and an important move has been made at Guy's, by giving a few beds to the Assistants, thus recognising the principle of gradually training the juniors by practical experience for the post they may fill as seniors. But the reform has not extended to other Institutions, if we except one to which it can hardly be supposed that men of reputation or character will belong under its present governing body. At St. George's there are 8 senior, and only 4 junior officers. At the Westminster 6 senior, and only 4 junior. At the Middlesex 6 senior, and only 3 junior. At King's College and at University College the seniors have a majority of 1, and at Charing-Cross there are still 4 seniors to 2 juniors. Nor has the plan of apportioning special wards and out-patient departments, which is imperatively called for, been adopted in more than a few instances. At several of the Hospitals, it is true that beds have been assigned to the Physician-Accoucheur for the Diseases peculiar to Women; and at St. Mary's, the Physician and Surgeon-Accoucheur, the Ophthalmic Surgeon, and the Aural Surgeon, have charge of limited, but well defined departments, and at University College and Guy's there are Ophthalmic Surgeons. The sooner this system becomes universal, the better will it be for Medical science and for the interests of the larger Hospitals. The monopoly of patients by a few senior Medical men drives ardent and aspiring juniors, who see their natural path of advancement closed, to dun the charitable into the establishment of Hospitals and Dispensaries, which could never have diverted funds from the parent Institutions had the officers in the latter been sufficiently numerous to secure full justice to the poor patients, and offer a reasonable hope of promotion to young and zealous cultivators of Medical science. If special wards and out-patient departments were established in our great Hospitals, where diseases of women, of children, of the skin, eyes, and ears, were placed under the direction of special officers, we should see no more useless little special institutions springing up in all directions, and many of those now existing would soon be numbered with the things that were. So far from encouraging the present tendency to the abuse of the system of specialties, such a course would evidently control this abuse, and support those who, while assisting to advance the science and art of our Profession by devoting themselves principally to one course of study, would be prevented from falling into contracted habits of thought and routine practice by associating and consulting with their colleagues, and by the influence of the inquiring students by whom they would be surrounded. The day must come when all our great Hospitals will follow the course we have indicated. Those who take the lead in the movement will hereafter obtain well-deserved praise in the history of British Medicine; for furthering the cause of charity and Medical science at the same time, and, what they will perhaps prize more highly, the warm and general approbation of a vast majority of the Medical Profession and the charitable public.

#### THE MEDICAL BENEVOLENT COLLEGE.

WE have been requested to announce, that the Twelfth List of Contributors to this great undertaking will be published in the Medical and other Journals, on the 9th of next month, and to inform those who have not yet supported it, that remittances should be made before the 4th of December, in order to be in time for publication in this list. We have great pleasure in again calling the attention of the Profession to an Institution which, if effectively supported, must prove of inestimable service to our body. How many are there among us who have passed through years of toil and anxiety, but have not been able to secure a resting-place for themselves in the evening of life, or a home for the widow and orphans they may leave, if prematurely called away? This they may secure, by assisting in the hour of prosperity to support an Institution which may be required for themselves in the time of adversity; or, if that time should not arrive for them, will comfort and solace many a less fortunate Professional brother. Not only is there an Asylum for the broken-down Medical man and his widow, and a school for the orphan, but a pension may be obtained by those who may not desire to live in the College; temporary pecuniary assistance also is afforded in case of pressing necessity. These are noble ends, and they have led to noble support; but it must not be said, that, at the eleventh hour, the Council should be prevented from throwing open the Institution in June next, as they hope to be able to do. Dr. Jephson, of Leamington, has just forwarded *one hundred guineas* to the Treasurer,—a good example to the leaders of the Profession, not only in London but in the provinces. But it is not by such contributions as these that the undertaking has been so far successful. It is by the one or two guineas of the hardworking General Practitioner, and the sums they and their families have collected, that the building has been raised. If all those who have not yet sent their guinea would do so by the 4th of December, the objects for which the structure has been raised would be in a great measure secured.

#### PROFESSOR EDWARD FORBES.

THE unexpected death of Professor Edward Forbes has excited but one feeling of the deepest regret, not only in the scientific community of which he was so distinguished a member, but also throughout a far wider circle of personal friends than it falls to the lot of most men to possess.

Professor Forbes was originally destined for the Medical Profession, and passed through the regular curriculum of study in Edinburgh, without, however, taking his degree. He very early showed a strong preference for the study of Natural History, and pursued this science in the most enlarged and philosophic spirit. His laborious researches in the Egean Sea, on the distribution of marine life at different depths, first brought him prominently into notice, especially among the eminent cultivators of geological science of this and other countries, by whom his investigations were most highly estimated. From that time his scientific career was one of increasing honour to himself, and of the most eminent service to the sciences of zoology and geology, which he was continually enriching by original contributions of the greatest value.

He was successively appointed to the Professorships of Botany in King's College, to the office of Palæontologist to the Geological Survey, and to the distinguished post of President of the Geological Society, all of which he resigned last spring, on being chosen to succeed the late Professor Jameson in the Chair of Natural History in the University of Edinburgh, which he had long regarded as the summit of his ambition, but upon the duties of which he had scarcely entered ere his life was cut short by the development of a disease, which (as the event proved)



must long have been pursuing its fatal course without any external indication.

To know the *Professor* was to know but little of Edward Forbes. Probably no man of his generation was so *many-sided*. Not only science, but literature and art, found in him a hearty appreciation of all that was excellent. No *clique* could claim him as its own, for his sympathies were universal; no man was more unselfish, or used his influence more generously for the advancement even of those who might be in some sort his rivals, than Edward Forbes. Hence no one could know him, without not only admiring, but loving him; and to every one who was worthy of his regard he freely extended it. His genial humour and good-natured wit, joined to his other high qualifications, caused him to be universally welcomed as a companion; yet, however "petted," he was never "spoiled" by the attentions he received, but remained the same genuinely-good fellow, when he had climbed to the top of the tree, as he was when, in the days of his fellow-studentship with the writer of this brief and imperfect tribute to his memory, he exercised that wonderful power of attaching others to him, which would have doubtless been exerted to the great advantage of his University and of science, had it been the will of Providence that his labours should have been prolonged in the new sphere on which he had so recently entered.

## REVIEWS.

*How to Nurse Sick Children.* Intended especially as a Help to the Nurses at the Hospital for Sick Children; but Containing Directions which may be Found of Service to all who have the Charge of the Young. Pp. 79. London. 1854.

THIS little book contains much information of a valuable kind for those engaged in nursing sick children; at the same time, we think some parts might be omitted, and others condensed, with advantage to its usefulness.

The subjoined extracts will illustrate our meaning in regard of the latter points. The book, we may observe, is anonymous.

"My dear Friends,—It is a matter of no importance who it is that thus addresses you. You would not, I trust, read a book intended to help you the less attentively, or consider what it contains the less thoughtfully, because it was written by a stranger. It will, therefore, be quite enough for me to say that it is written by a person who has seen a great deal of little children, especially of little sick children, who loves them very much, and believes that you would not have undertaken to nurse them unless you loved them too."—P. 7.

"I would not advise anyone whose health is indifferent, whose temper is fretful, or whose spirits are low, to undertake the office of a nurse. Even those whose health, and temper, and spirits are the best, and who have the truest love for children, need something more to help them to bear it. And this something more is, the thought that all these blessings—the good health, the sweet temper, the cheerful spirits, the very love for children which you feel in your heart—are so many great gifts of God, to be used for His glory, for the good of these little ones, whose Father as well as your Father He is, and whose special blessing is promised for every kind act, even for the very least, which you may do for every sick child in the Hospital. But if this be so—if God condescends to take especial notice of such work as yours—if He promises to it an especial blessing—you may be sure that He will mark whatever you do ill; that any bad temper, angry feeling, etc. etc."—P. 12.

And again:—

"Any doubt as to the result of a plan which the doctor is pursuing, must be stated to him quietly, respectfully, in the absence of the friends, and no doubt should be expressed without a corresponding reason; and one more definite than the opinion, that this or that has done no good, or that the child has been worse since this or that remedy was employed."

But for the nurse to be able to discuss the question at issue with the doctor, she must understand something of disease.

"It is of course only by degrees that you can expect to learn what the most important symptoms are, showing that the head, or chest, or stomach, is the seat of disease; but time will bring

you this knowledge; and if you set out just bearing in mind some very simple rules, you will not be long in acquiring it. For instance, remember that it is the brain, by means of which we think and wish, and love and hate; that the brain governs our power of talking, and our power of moving, and is, as it were, the fly-wheel which sets all the machinery in motion; and you will then expect to find the manner, disposition, likings, and affections altered, when the brain is diseased, and the power of moving, the power of talking, more or less interfered with," etc. P. 37.

Now, we doubt the propriety of all this in a work on "How to Nurse Sick Children," intended for the use of professional nurses. It seems to us, that the nurse's knowledge of the nature and situation of the child's ailments should be derived from the Medical attendant; and that the smatterings of diagnostic skill conveyed to nurses, parents, and guardians, by works on medicine, are something worse than useless.

We will now offer the reader an extract from what we regard as the really good part of the book:—

"*How to Arrange the Warm Bath.*—One caution more I perhaps should give you, as applying more particularly to cases of disease of the lungs,—and that concerns the employment of the warm bath. Often ordered by Medical men, often extremely useful when properly managed, it yet is frequently made a source of needless distress and terror to little children. If the bath is brought into the room, prepared in the child's sight, and he is then taken out of bed, undressed, and put into the water which he sees steaming before him, he very often becomes greatly alarmed, struggles violently, cries passionately, and does not become quiet again till he has sobbed himself to sleep. All this time, however, he has been exerting his inflamed lungs to the utmost, and will probably have thereby done himself ten times more harm than the bath has done good. Very different would it have been if the bath had been got ready out of the child's sight,—if, when brought to his bedside, it had been covered with a blanket so as to hide the steam,—if the child had been laid upon the blanket, and gently let down into the water, and this even without undressing him, if he were very fearful; and then, if you wish to make a baby quite happy in the water, put in a couple of corks or bungs with feathers stuck in them for baby to play with. Managed thus, I have often seen the much dreaded bath become a real delight to the little one, and have found, that if tears were shed at all, it was at being taken out of the water, not at being placed in it."—P. 64.

It seems to us, however, that, in this section, even the reference to "inflamed lungs" is worse than superfluous, because there are many other affections in which a warm bath is employed, and in which it is as necessary, as in inflammation of the lungs, to avoid a fit of screaming; while most nurses would conclude, from the exhortations given above, that care in the employment of the bath was of no importance save in inflammation of the lungs.

We mention what seem to us the defects of the work, because its author, or authoress, promises, "at some future time, to go more into particulars" than he or she has now done. We say authoress, for the tone and style of the work lead us think that it may be the production of some intelligent Lady Bountiful.

*Painless Tooth-Extraction without Chloroform:* with Observations on Local Anæsthesia by Congelation in General Surgery. By WALTER BLUNDELL, Surgeon-Dentist. Pp. 64. London. 1854.

IN this pamphlet the history of operations under anæsthetic influence is set forth; and the demerits of chloroform and ether are exhibited in forcible terms. Mr. Blundell states that he has invented an instrument by means of which local anæsthesia is induced by means of cold, and that the apparatus is capable of being adapted to the operation of tooth-extraction by a slight modification of its adjustments. Mr. Blundell adduces several instances in which local insensibility has been adequately attained, and in which tooth-drawing was accomplished without pain. He argues further, that the application of cold has a tendency to check hæmorrhage, which is occasionally troublesome after tooth-drawing.

*On the Triple Aspect of Chronic Disease;* having Especial Reference to the Treatment of Intractable Disorders Chiefly Affecting the Nervous and Muscular System. By WILLIAM BAYES, M.D. Pp. 56. London. 1854.

DR. BAYES divides the vital forces into three groups, viz.,—the psychical, or soul and mind forces; the musculo-vital, or locomotive forces; and the chemico-vital forces; and he considers



that the object of treatment should be to preserve the harmonious action of all these powers. The tone of Dr. Bayes's work is rather mystical, but the practical precepts are unobjectionable. He speaks with some approbation of the Kinesipathic treatment introduced by Ling, when combined with other remedial means.

*The Watering-places of England, Considered with Reference to their Medical Topography.* By EDWIN LEE. Third Edition, Considerably Improved. Pp. 280. London. 1854.

WE are happy to welcome another edition of this very amusing and instructive book, which surveys with great impartiality the various claims presented by the different watering-places to the patronage of the travelling public, in quest either of health or of recreation.

## FOREIGN CORRESPONDENCE.

### MUNICH.

#### DISCUSSION ON CHOLERA.

THE following is an abstract of the discussion alluded to in Professor Liebig's paper published last week. The report was forwarded by the learned Professor expressly for this Journal. The subject was the State of the Cholera in Munich and its Environs. His Excellency, Count von Reigersberg, invited Dr. Friedmann to proceed with his discourse.

Dr. Friedmann: As I am allowed to add a few words, I would ask, whether it would not be well to bring into application prophylactic measures, based upon the principles of medicine. The purification of the air from the decomposition-products of animal and vegetable matter constitutes a most important means of keeping all epidemic diseases in check. Proper diet, I allude especially to antibilious articles of food, must act as a great preventive against cholera. A third prophylactic consists in pharmaceutical agents.

Dr. Pettenkofer then followed.

The modern theories, as to the mode of diffusion of cholera, are essentially twofold. The first is laid down in the report of Jameson, written by command of Government, upon the epidemics of India in 1817, 1818, 1819, which attributes the spread of the disease to the condition of the atmosphere and to miasmata. The second is the contagion theory, which admits direct infection by communication with those sick of cholera.

The supporters of both theories have collected a great number of examples: the one, of cases of the outbreak in places where no direct intercourse with cholera patients could have taken place; further, of cases where the cholera had been brought to a certain district by patients, but had not spread, having disappeared sporadically. The other party has collected a copious register of cases, where the cholera was first brought to a sound district by a patient, and had thence spread in an evident manner which no one could ignore. Dr. Pettenkofer proposes a third theory, which he endeavours to support by all the facts which experience can bring. The development of cholera requires—

(a.) A germ or ferment, which cannot of itself excite cholera in the human organism.

(b.) A material or soil which receives the first factor, and gives rise to a fermentation or gemination, through which

(c.) A miasma is generated, which excites cholera so long as it can be developed, and is inhaled by human beings in a certain state of concentration.

No one will deny, that for the production of cholera some germ is required, which is beyond the circle of our ordinary relations, whether organised, like the yeast cell, or unorganised, as so many ferments in organic chemistry. Dr. Thiersch, who has paid particular attention to the evacuations of cholera patients, attaches much importance to this organised germ. Dr. Pettenkofer lays greater stress upon the local disposition. He mentions, as the germ-soil, the loose soft ground, the porous stones, or the modern woodwork of our dwellings, the decomposing human and other animal excrements in privies and cess-pools; but he finds no other soil for the germ of cholera. Cholera is generated when the proper ferment mixes with the soil, and it is then spread by the agency of the atmosphere. In small quantities the miasma will cause cholericine; in larger quantities it produces the severer form of the disease. A high temperature and a moist soil will render the development quicker and more equable. A fermentation theory requires that the

disease should pursue a narrowly circumscribed course in individual houses; this is shown by the returns to have been the case. If the proximate cause of the disease had been generally diffused over a certain number of streets or a certain district, and its invasion had been opposed by individual disposition alone, one might have expected that both the cases of disease and the instances of death would have occurred in single houses, where many such cases appeared together, at similar periods of time throughout the whole street; but, supposing that the proximate cause of disease were not general, but local, then it would act in such a manner that the period of time within which the disease would show itself in single houses would be very different from that which was applicable to the entire street.

The Adelgunden-street has 6 houses. In 5 of them there occurred 12 deaths within 14 days.

In No. 1	...	...	3 deaths within 7 days.
" 3	...	...	" " 4 "
" 4	...	...	" " 5 "
" 5	...	...	" " 2 "
" 6	...	...	" " 6 "

Canal-street contains 42 houses. There were 22 deaths in 18 houses within 34 days.

In No. 16	...	...	2 deaths within 4 days.
" 17	...	...	" " 7 "
" 42	...	...	" " 8 "
" 45	...	...	" " 2 "

Wurtzer-street contains 14 houses. There were 14 deaths in 8 houses within 23 days.

In No. 8½	...	...	5 deaths within 23 days.
" 13	...	...	" " 4 "
" 9	...	...	" " 5 "

It was shown by the same returns that cholera, as a fatal disease, was decidedly local, and spread mostly from house to house. It was not yet proved whether it spread from one street or district to another. There was reason, however, to believe that such was the case, inasmuch as it occurred in Ludwig-street, Aug. 7; Amelia-street, Aug. 8; in Türker-street, Aug. 6; in Barrer-street, Aug. 21; in Lower Louisa-street, Aug. 9; while in the streets which cross the preceding parallel streets at right angles, namely, in Shönfeld-street, it appeared Aug. 11; in Frühling-street, Aug. 6; in Theresa-street, Aug. 10; in Löwen-street, Aug. 13; in Adalbert-street, Aug. 5.

Dr. Thiersch observed, that he had previously had the honour of making a communication upon the section of a dog which had died with symptoms of cholera, and in whose body all the anatomical signs of cholera had been found. He referred to the discovery of Carl Schmidt, according to whom amygdalin becomes mixed with the blood of cholera patients in the same manner as an emulsion; and he added thereto, that this admixture can be effected with both the contents of the intestines of cholera patients and with different parts of the cholera corpse. Therefore the intestinal contents of cholera patients contain an albuminous body; and Dr. Thiersch believes that this body, in one of its stages of decomposition, is in the condition necessary to excite cholera in the animal organism. He has not yet succeeded in isolating it. Dr. Voit, however, has proved that amygdalin may be combined with the blood of patients suffering from other diseases, and likewise with the blood of people executed. But Dr. Thiersch affirms that his experiment succeeded best, most distinctly, on the blood taken from subjects who had died in the localities where there was at the time the greatest amount of infection. The idea is not a new one, to seek for the material of infection in the blood or the evacuations. The last experiments were instituted by Carl Schmidt, in Dorpat, 1849, and by Joseph Meyer, in Berlin, 1850. Dr. Thiersch believes, that the reason why Schmidt's experiments gave only a negative result was that his attention was especially directed to the volatile products of decomposition. He, on the other hand, seeks for the material in the fixed products, which he supposes hold the infecting material in some combination. He accordingly collected the intestinal contents, or the evacuations of cholera patients, in glasses; allowed them to decompose under the influence of air and heat. From day to day he dipped in pieces of filtering paper, which he dried, subjecting each subsequently to physiological experiment. For the subjects of his experiments he took white mice. Two animals at a time were exposed to infection for four days by having a square inch of the prepared filtering paper moistened with water mixed with the food. Each mouse took daily  $\frac{1}{2000}$  grain. The facts observed were the following:—The preparations from the first days of decomposition were innocuous. To this period succeeded an interval of decomposition from six to nine days. Preparations from this second period caused disease in 30 out of 34 animals,



and of these 12 died. The hair fell off, the ears drooped; there was less activity; the evacuations were first white, then watery. The urine lost its odour, and was at last suppressed; a spurious appetite arose, and the animals filled their stomachs with wool. There was no sickness; they became so stiff as to be apparently dead, and Dr. Thiersch found his mistake upon one occasion by finding the animal move when he seized the skin of the abdomen with his forceps, preparatory to laying it open. The section invariably exhibited accumulation of blood in the vessels of the small intestines; watery contents of the small intestines, with abundant epithelial flakes; fatty degeneration of the cortical substance of the kidneys; bladder empty. Amygdalin was readily mixed with the blood and the visceral contents—a process which cannot be effected in the healthy animal. A third period of decomposition succeeded, the effects of which were either negative or very slight. There is sufficient similarity in the anatomical structure of the alimentary canal, and in the alimentary of man and the mouse, to justify the application of these experiments. In both, a proportionate dose of the infecting matter works a similar result. Next, it must be asked, in what form does this matter enter the human organism? As gas, it cannot mix with the atmospheric air, save in the form of fine mechanical subdivision. But the evacuations of cholera patients do not dry readily into a powder; they remain rather as a clay-like matter by evaporation. Parasitic growths readily appear, and act as the scavengers or removers of the matter. It is supposed that it may be received, mixed with water, from impure cisterns and tanks. A number of animal substances, introduced into the body of a sound individual, even in small quantities, cause a series of changes, during which the morbid material may increase and multiply; and Liebig has shown the striking resemblance between these substances and ferments. A comparison was then instituted between the exanthemata and cholera. In the former, the blood accumulates in the skin; in the latter, in the intestine; in both, the morbid poison accumulates and multiplies.

Dr. Pfeufer made some highly interesting remarks upon the disease, among which the following deserve especial attention:—“We possess many works on this interesting subject. Professor Buhl has shown the pathological changes which take place in the cortical substance of the brain. He has exposed an error; namely, that of attributing to cholera a peculiar state of the intestinal and mesenteric glands, swelling of Peyer’s glands, the accumulation of white blood-corpuscles in the spleen. The same appearances were found in the body of an executed criminal; and hence it is inferred that they belong to the digestive process. The smallness of the spleen, the state of the nerves, etc., is due to the want of the watery element. Finally, urea has been detected unchanged in the different organs, whence it is expelled, upon recovery, in great quantities, upon the re-establishment of the urinary secretion.”

As regards treatment, no important therapeutical directions were given, different from those now generally received.

## PROVINCIAL CORRESPONDENCE.

### SCOTLAND

EDINBURGH, Nov. 20, 1854.

The present Session of the University has opened most auspiciously, as far as the number of students is concerned; and it certainly does not appear that the fame of this ancient seat of Medical instruction is on the decline.

Professor James Forbes, who lectures on Natural Philosophy, and who is justly esteemed by the students as one of the ablest and most indefatigable of their teachers, and whose contributions to science—more especially his works on the Alps and Norway—have made him celebrated in the world of letters, has been enabled this Session partially to resume his duties, which had been interrupted for some years by severe illness.

But, alas! the veteran Alison has not resumed his place. A few days only before the commencement of the Session he was seized with sudden and severe illness, which has rendered it quite impossible for him to fulfil his duties, which are performed for him, meanwhile, by Professors Christison and Bennet.

And sadder, since, has been the blow sustained, but two days ago, in the death of Edward Forbes. This is a loss which will be felt almost as severely among you in London as here. Though we knew him here in the days of studentship, and had no doubt even then of the eminence to which he was destined to attain,

and proudly followed his rapid and brilliant rise, yet London has benefited most by the force of his genius, and the indefatigable application of his gifted mind.

In the Professorship at King’s College, in the Museum of the Geological Society, in the Economic Museum in Jermyn Street, the result of his labours can still be seen and appreciated; while his social qualities and scientific attainments endeared him to a wider circle of friends than perhaps any other scientific man could boast of.

Little more than six months have elapsed since his appointment as Jamieson’s successor; he had thus time only to show what he was capable of effecting; but those who knew the enthusiasm of his sanguine character, and the magnitude of his mental grasp, will be at no loss to believe, that in his grave will be buried schemes for the extension of the study of Natural History which would have given to the Chair of that branch in Edinburgh the importance it deserved, and extended its benefits to the whole scientific world.

One of these sad misfortunes recalls another. The death of poor Mackenzie is still mourned among us. A meeting was held on the 12th inst., largely attended by the leading Practitioners, and a great body of the students, at which steps were taken to perpetuate his memory by the erection of a marble tablet in the Royal Infirmary. He has been succeeded in the Lectureship at the School of the College of Surgeons by Mr. Spence, an able and promising Surgeon.

Notwithstanding the manner in which Mr. Syme has been insulted by the *Lancet*, it is said that he has agreed to an alliance with it, offensive and defensive, on terms which are pretty well known here, at the solicitation of a Physician-Accoucheur who has been here on a visit, an emissary of that Journal.

## GENERAL CORRESPONDENCE.

### NAVAL ASSISTANT SURGEONS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am one of those few Assistant-Surgeons who were tempted to enter the Navy this year, with the hope of seeing a great deal of Medical and Surgical practice at the seat of war, and also trusting that this year would not elapse before the Admiralty had done justice towards the Naval Assistant-Surgeon. But, Sir, I believe I am almost the only one of the new Assistant-Surgeons who has not as yet been abroad, and, in addition to the great annoyance of being kept in a home port for the last few months, while my services were urgently needed in the Black Sea, I have been obliged to mess with the midshipmen and youngsters. A short time since, I was informed by the Surgeon that the commander and officers of the wardroom mess had expressed their wish that I should join their mess, where a person can live comfortably, be free from all noise, etc., and be treated as a gentleman. Of course I acquiesced, and said I should be most happy; for, although the regulations of the Service state that an Assistant-Surgeon is not entitled to enter the wardroom until he has served three years, still this is frequently broken through, and I know several Assistant-Surgeons junior to myself who are now enjoying the comforts of the wardroom. The Surgeon accordingly spoke to the captain, who immediately stated that he could not allow it, as, although I had always done my duty to his satisfaction, still he required my presence in the gun-room to keep the youngsters in order, and carry on the mess. So that it appears to be a part of the duty of the Naval Assistant-Surgeon to act as “pater familias” over the youngsters.

I trust that the publication of these facts will serve to enlighten the minds of those persons who think of entering the Medical branch of the Naval Service. Their services are not only required as Surgeons, but also as messmen and correctors.

I am, &c.

AN UNFORTUNATE NAVAL ASSISTANT-SURGEON.

### PATHOLOGY OF DIABETES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I know not whether a student may venture a suggestion in your columns; yet as it is not your custom to reject a hint, if likely to advance the interests of Medicine, on account of its source, I leave it to your judgment whether this communication be worth insertion or no. The confessed ignorance of the Profession as to the seat of diabetes may prove an apology for me.



It occurred to me, while observing several cases of diabetes which are continually entering our Hospital, to notice the almost invariable chest affection (bronchial or pulmonary) accompanying it. Dr. Bardsley does not remember a case of diabetes without this thoracic attendant. Coupling this with the fact, that M. Reynoso observed, that in impeded respiration the urine becomes saccharine,—that M. Bernard states that puncturing the floor of the fourth ventricle near the origin of the eighth pair of nerves, rendered the urine of rabbits saccharine, evidently by impairing the innervation of the pneumogastric,—taking, I say, the observations of these gentlemen together, and also the everyday experience of the Physician, there seems little doubt but that to some fault in the function of respiration must be attributed the symptoms termed diabetes. To the same conclusion is it arrived by reasoning *à priori*, e.g., the sugar is eliminated from the blood by means of the kidneys. This is evident, since the sugar is detected in the blood, and, as a matter of course, to eliminate this abnormal (?) ingredient, a quantity of fluid will be required in exact proportion to the amount of sugar continually supplied to the kidney. Next, how comes the sugar into the blood? Sugar, gum, etc., appear to be taken up and conveyed into the circulation through the capillaries of the intestines by endosmose, as stated by Carpenter in his “Manual of Physiology,” p. 293; and at p. 294 he says:—“Sugar injected into the general and venous system is found in the urine, but if it be injected into the vena portæ, passing thence through the liver, and of course through the lungs, none is found in the urine. The starch group, then (including sugar), if a sufficient supply of oxygen be afforded, become converted into carbonic acid; but if the aeration of the blood be impeded, the starch ( $C_{12}H_{10}O_{10}$ ) combines with four equivalents of water to become grape sugar, and then the change (at least as regards a large portion of this group taken into the system) ceases, and the sugar retained in the blood finds its escape through its only channel of exit—the kidneys. Whether the dryness of skin generally seen in diabetic patients be purely effect, and not also partly cause, by that dryness interfering with its function of aeration, might be a question. At any rate, if this idea be correct, and imperfect oxidation of the blood be the cause of diabetes, the method of course must be very different from the empirical method now adopted by all writers on this subject, excepting only the warm bath.

Should not the first object in a diabetic case be to discover the condition of the bronchi and lungs? and is it not important to examine into the condition of the skin, and apply remedies to re-establish, if possible, the healthy function of aeration, instead of the numbers of remedies whose object their admirers are themselves ignorant of? To remove sugar, starch, etc., from the diet, does not at all affect the course of the disease. May I hint that, as far as remedies of this kind go, chlorate of potash or some similar salt of easy deoxydation might at least be tried, the more important fact not being overlooked, namely, the state of the respiratory organs. A student's shortness of time will, perchance, excuse the incoherence of this very hasty note. I simply offer the suggestion with due deference.

I am, &amp;c.

A STUDENT.

#### ESTIMATE OF PROFESSIONAL SERVICES. HANWELL ASYLUM.

[To the Editor of the Medical Times and Gazette.]

SIR,—Allow me to point out for reprobation an advertisement from the Visitors of the Hanwell Lunatic Asylum, in which they seek for the services of a Licentiate of the Apothecaries' Company, “to make up and dispense all Medicines as prescribed, and to assist the Medical officers in making entries in the Medical books and journals of the establishment.”

The Institution contains about 1000 patients, and the salary offered is 80*l.* per annum, with board and lodging.

I consider that whether such pitiful offers come from Poor-law authorities, Governors of Lunatic Asylums, the Admiralty, or whatever quarter, the Medical Press will be well employed in stigmatising the injustice done to the Profession by the low standard habitually taken in appreciating and rewarding Medical services.

Are the Medical authorities connected with Hanwell parties in any way to this inadequate and unworthy offer? If not, they certainly owe it to themselves to express their opinion, and protest against it in the proper quarter.

Nov. 21, 1854.

I am, &amp;c.

S. T. (M.D.)

[We quite agree with our Correspondent.—ED.]

#### ABUSES AT ST. THOMAS'S HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Things are going on ten times worse than ever at St. Thomas's with the new Surgical Staff of five full Surgeons. During the absence of four of the Surgeons for recreation or illness, during the summer, all the regular business of the Hospital (the going round, and the entire care of the in-door as well as the out-door patients) has been conducted by the House-Surgeons. Of course the older Pupils and the Dressers still regard them as their equals, though they have just obtained their diplomas, and nothing but dissatisfaction prevails. That the out-patients should be under the care of these young and temporary officials, is too bad; but that the in-door patients should not command better attendance is truly a disgrace to the Hospital. They want a few more of your Leading Articles.

I am, Sir, &amp;c.

Homo.

#### REPORTS OF SOCIETIES.

##### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, Nov. 14th.

Dr. COPELAND, President, in the Chair.

A PAPER was read by Mr. Critchett on

##### A CASE OF SUCCESSFUL OPERATION FOR CONGENITAL CAPSULAR CATARACT ON A FEMALE, AGED TWENTY-TWO, WHO HAD BEEN BLIND FROM BIRTH.

Jane S—, aged 22, was brought to the Royal Ophthalmic Hospital in the spring of 1849, suffering from cataract in both eyes, with slight internal strabismus, and considerable involuntary rolling and oscillation of the globes from side to side. The corneæ were bright; the anterior chambers large; pupils small and irregular, and filled with an opaque white substance; perception of light was good. She had frequently been operated on before. Mr. Critchett first succeeded in detaching the adherent iris from the capsules by the usual needle operation, the puncture being made through the cornea. By a second proceeding, he made a small opening through the scleroticæ, and dragged the capsule from the sphere of vision by means of a hook in one eye, and fine forceps in the other. Then, to remedy the oscillatory movement, which prevented the impression of any object distinctly upon the retina, he divided, first the internal, and then the external recti muscles. The sight is now improving, and by education she is slowly beginning to make some valuable use of her newly-acquired sense.

Mr. Fergusson asked if chloroform was employed in the case mentioned by Mr. Critchett, and in general in operations of that kind, and, if so, with what success. The author had described in his case a movement of oscillation, such as was often observed in cases of congenital cataract; and he (Mr. Fergusson) should imagine that chloroform might have been more than usually serviceable in such a case.

Mr. Critchett said, that chloroform was not used in the case he had related. At that time chloroform was not so much in use as at present, and the nature of the operation did not render its employment of much importance. On opening the lids with a silver wire speculum, the globe might, if necessary, be controlled by a pair of forceps; but ordinarily the needle, when introduced, was sufficient to fix it in such a way as to enable the operator to complete any manœuvres he might desire. In the Ophthalmic Hospital they had latterly used chloroform for the operation of extraction of cataract, especially in cases where there was considerable natural irritability in the patient, or where spasm was apprehended. The first practical application of chloroform at the Ophthalmic Hospital was made by Mr. Bowman; (he Mr. Critchett) followed the example. Sometimes it had been of very great value. One objection to its use was its tendency to induce sickness; but that might partly be obviated, by giving it when the stomach was empty. Even where sickness had occurred, he had never known it produce any injury to the eye. Where there was good reason for believing that the patient would be tolerably quiet, he should not, perhaps, use chloroform; but he was satisfied that it was a valuable adjunct in many cases, and particularly in the operation of extraction.

Mr. Dixon said, that a patient might not vomit soon after the inhalation of chloroform, but he might remain twelve or twenty-four hours in a sickly, squeamish state, with but little



appetite for food. This was more injurious than vomiting, for it was of the greatest importance that during that time, especially in old persons, the nutrition of the patient should be well maintained, and the eye kept perfectly at rest.

Mr. Holmes Coote said, he administered chloroform in two cases in which Mr. Lawrence operated with perfect success. The patients were insensible; the eye-balls were quite motionless, and there was no difficulty in making a section of the cornea. In a third case, also, operated upon by Mr. White Cooper, chloroform was administered with complete success.

Mr. Hale Thompson thought that in operations of the eye chloroform was less useful than in any other department of Surgery. The experience of oculists generally proved that in nineteen cases out of twenty they had succeeded better without than with chloroform, and he (Mr. Thompson) had never seen a case which had been benefitted by it. The case mentioned by the author was peculiar and interesting, from the fact that so many operations had been performed on the same organ; and the wonder was that they had not entirely destroyed vision. He (Mr. Thompson) had performed a similar operation upon a youth, 14 years of age, who had been blind from his birth. On the removal of the bandages, fourteen days after the operation, when sight was given to him, everything seemed perfectly different from what he had preconceived, and he had to go through twelve months' study at home before he could believe that sight and touch conveyed similar sensations. The author's patient clearly never attained perfect vision; and one of the reasons for this, he believed, was the mistake of dividing the recti muscles, to obviate the rolling of the eye. Such an operation was calculated to deteriorate rather than improve the sight; and he (Mr. Thompson) considered that it took away one-third of the patient's chance of recovering perfect vision. He did not approve of puncturing the cornea to detach the lens from the iris; the best plan was to introduce the needle through the sclerotic.

Mr. Critchett did not agree with Mr. Thompson with regard to the alleged inexpediency of passing the needle through the cornea,—a method adopted and recommended by the best ophthalmic Surgeons of the day. As to the number of operations, he did not believe they at all interfered with ultimate success. Many of the best cases at the Ophthalmic Hospital had been operated upon seven, eight, or nine times. The division of the recti muscles, to prevent the rolling, was, to some extent, experimental. He had to choose the least evil; and he believed that, if the rolling of the eye had continued, the patient would not have enjoyed the amount of vision she now possessed. His experience did not go to prove that the division of the muscles was injurious to sight. In almost a hundred cases of strabismus, he had been able distinctly to trace an improvement in sight after the operation; and the sight of the eye operated upon was as perfect as that of the other.

A paper was then read by Mr. Henry Thompson on

#### INGUINAL TUMOUR, ASSOCIATED WITH SYMPTOMS OF STRANGULATED HERNIA, AND ABSENCE OF THE TESTICLE ON THE AFFECTED SIDE.

The following case often presents itself to the Surgeon:—A man, subject to swelling in one of the groins, finds it suddenly increased in size after physical exertion. The tumour becomes tender, and the abdomen is painful on pressure. On examination, the testicle is found to be wanting on the affected side. The author believes that sufficient attention has not been paid to the symptoms accompanying this form of disease, and rendering its diagnosis from hernia not always easy. He also describes the effect which a congenital arrest of the testicle in the inguinal region would have in complicating the operation for hernia combined with this defect. He proceeds to the relation of a case under his care in the Marylebone Infirmary. A man, aged 55, was brought to this Institution, labouring under symptoms of strangulated hernia. The symptoms were so severe as to justify immediate operation, the taxis having already been unsuccessfully employed. The deficiency of the testicle in the corresponding side of the scrotum was noticed on examination. The hernial sac having been opened, two loops of small intestine, of deep chocolate colour, were seen turning upwards over the tendon of the external oblique, much the same as in a femoral hernia; beneath them lay an atrophied testicle and spermatic cord, at lower angle of the opening. The stricture was divided, the intestine was returned, and the testicle left in the canal. On the third day after the operation, the bowels opened freely and natural, but the patient died shortly after of peritonitis. The loops of intestine (ileum) were seen, upon examination after death, lying in the abdominal cavity, (which contained some

pus,) of deep brown colour, and mortified in those parts which corresponded with the stricture. The author concluded with some remarks showing the importance of early operation, even in doubtful cases.

The President had no doubt that the case mentioned by the author was strictly one of hernia of the intestines.

Mr. Spencer Wells, in allusion to the author's remarks on exploratory incisions for the purpose of diagnosis, mentioned that on the previous Friday he was called to see an elderly gentleman at Bayswater, who had been suffering from violent vomiting for about thirty-six hours, arising, as was supposed, from gouty irritation of the stomach. On examination, a tumour was found in the left groin, which appeared to be a small direct inguinal hernia. The question arose, how far was the hernia the cause or the effect of the vomiting; and some doubt was expressed as to the tumour being hernial, as there was no perceptible impulse on coughing. He (Mr. Wells) made an incision, and found a small portion of intestine very tightly strangulated. He opened the sac and returned the intestine; but the symptoms continued without alteration, and the patient died in about forty-eight hours. On a *post-mortem* examination it was found that the strangulation had been completely relieved, and there were no marks of peritonitis or hæmorrhage, so that the hernia, he thought, had little to do with the fatal result of the case, while it would have been obviously improper to leave it in its state of strangulation.

Mr. Fergusson thought the author's paper very valuable, illustrating as it did the propriety of not remaining long in doubt in regard to tumours such as had been described. While the Surgeon doubted and hesitated, much valuable time was lost; and, when at last an operation was performed, he perhaps discovered that it would have been much better if he had performed it at first. In cases of suspected hernia, exploratory incisions should be made much earlier than was at present usual, especially now that chloroform had been brought into extensive use. Too much stress had been laid upon the danger of the operation for hernia, and not enough on the danger of the disease itself. A simple exploratory incision, however, could do little or no harm. He had certainly known deaths occur in consequence of carelessness or accident during the operation; but these were very few in comparison with the number of deaths from hernia itself.

At this meeting, Dr. Billing, of the London Hospital; Mr. P. H. Bird; Dr. Collins; Mr. Booth Eddison, of Nottingham; Mr. Haviland; Dr. Edward Smith, and Mr. B. Travers, jun., were elected Fellows of the Society, after ballot in the usual manner.

### MEDICAL SOCIETY OF LONDON.

SATURDAY, November 18.

E. HEADLAND, Esq., President, in the Chair.

DR. RICHARDSON mentioned a case of intestinal obstruction occurring in a gentleman, 22 years of age, who, from boyhood, had suffered considerably from constipation, and had been in the habit of taking large doses of aperient medicine. One day he suddenly became almost prostrated, and was laid up, suffering from sickness, coldness, shivering, and a peculiar swelling in the groin which was thought to be hernial, but which Dr. Willis, who saw the patient with Dr. Richardson, believed to be cellular tissue blown up with gas from the intestines. The patient died the next day, and, on opening the body, it was found that the colon was obstructed; the cæcum was filled with feculent matter, and at one point it had become adherent to the peritonæum. The transversalis and internal oblique muscles had given way to a kind of sloughing, and the feculent matter had escaped through those muscles, and was laid in layers between the external oblique and the internal. Through the oblique opening the flatus had escaped, and thus the cellular tissue had become inflated.

Dr. Wyndham asked if there was any faecal vomiting during the progress of the case.

Dr. Richardson said there was vomiting, but not faecal.

The President thought it was the extraordinary opening at the groin that caused death, the case proving fatal from perforation rather than from sheer obstruction.

Dr. Wyndham said, that death from obstruction was usually accompanied by faecal vomiting, great distension of the belly, and



death more from gradual exhaustion rather than from any other immediate cause.

Mr. I. Baker Brown asked if it would not be advisable in such a case to puncture the swelling, and allow the escape of the flatus, and perhaps of the feculent matter?

Dr. Richardson said, that no doubt would be the proper course to pursue, if the diagnosis could be correctly established, which was often a matter of considerable difficulty.

Dr. B. Daniell mentioned a case of spasmodic asthma of long standing in a very delicate female, aged 45, which had been cured by small doses of the liquor potassæ arsenitis, three drops three times a-day.

Dr. O'Connor thought the case was an illustration of the disease connected with some functional derangement of the spinal cord, so faithfully described by Dr. Griffin; and that the liquor potassæ arsenitis acted as any ordinary tonic would do.

Dr. Mackenzie said the case was not singular, and that he had published several cases of asthma and its allied affections, which had been relieved by arsenic.

Dr. Webster suggested, that the patient mentioned by Dr. Daniell, having arrived at the critical age of females, the catamenia might have ceased; and that the change had some influence in removing her complaint.

Dr. Daniell said there was reason to believe that the catamenia had ceased.

The President asked, if the arsenic was used with or without reference to periodicity, or to the co-existence of any skin affection.

Dr. Mackenzie said, there was no concomitant skin affection, and no periodical form of disease. He was induced to use the arsenic, believing it would relieve an irritated condition of the mucous membrane.

A paper was read by Dr. Hughes Willshire,

#### ON THE CACHECTIC CONDITION IN CHILDREN.

The twofold aspect under which the term "cachexia" is usually regarded, was first commented upon, viz., as a disease in itself, in virtue of its once special potency, as indicated by the terms of "general cachexia," "infantile marasmus," "tabes," "atrophia," etc.; and, as a secondary affection, dependent upon, or associated with, some primary diseased condition, in the shape of various but well-defined acute and chronic maladies. While it might be true, that the older pathologists went too far in viewing the cachectic condition too constantly as the disease, it was not the less so, that modern writers on infantile disorders had shown too great a desire to always reduce it to some local lesion, and neglect such evidence as proves that a general state of the economy, to be called the "cachectic," exists often prior to any specialised or local disturbance, and under whose influence various inflammatory affections, congestions, dropsies, gangrenes, exudations, and deposits ensue, marked by peculiarities of character and of progress, bestowed by the general condition of the economy alluded to. Such was the case as regarded the catarrhal, the diphtheritic, scorbutic, and diathetic states or forces; and it also came within the bound of legitimate inquiry to ask, whether the "cachexias" known as the syphilitic, scrofulous, saturnine, etc., may not have a common bond between them, and identical with that cachexia following no diathetic malady or empoisonment of the blood. In the former cachexias a dyscrasic specialty was always superadded, (as the terms of the proposition implied); while, as regarded the latter, it might be; but such must not necessarily be the case. The relations of the cachectic condition in the child were then discussed under the following heads:—1st, in connexion with deficient alimentation and defective hygiene; 2ndly, as associated with certain diathetic maladies; 3rdly, as connected with not only several chronic, but certain acute, more or less localised lesions or disorders. These topics being considered, the reflex influence which the cachectic condition itself has in impressing a peculiarity of type, etc., upon local inflammatory and other diseases arising in a system under its sway, was then adverted to. From what had been stated, it was not improbable the author might be accused of having mixed up two great forms of systemic debilitation undoubtedly distinct in their nature and associations. It might even be urged against him, that he had thrown into one the sexual cachexias, associated with several different specific diseases, dyscrasies, or diathetic states, such as syphilis, tuberculosis, rachitis, etc., that which follows defective alimentation and hygiene, and that consequent upon severe structural changes of the gastro-intestinal mucous surface. Of course, in answer, he would reply, that,

except as regards degree, he believed the fundamental cachexia was much the same in all, and that the point where a difference existed was in a superaddition to the cachexia rather than in the cachexia itself. Particular reasons for this opinion were then given, after which the author proceeded to inquire as to what constituted the most fundamental change in the economy that we could arrive at as connected with, if not genetic of, the cachectic state. In most instances, it would be found that a condition of spanæmia existed; there was defibrinisation of the blood, a diminution of its red corpuscular element, and frequently an increase of the blood's alkalinity. The latter did not seem, it must be admitted, in the cachectic state, associated with scorbutic manifestations, even if the salts of potash were not diminished. Still the late inquiries of Messrs. Paget, Bennett (Hughes), Wharton Jones, etc., and illustrations deducible from comparative physiology and the diseases of adult life, might be brought forward in support of the views now asserted; at least so their author was of opinion. Of course, a more profound analysis might be attempted, viz., what is (it might be asked) the peculiarity which thus so absolutely necessitates this impoverished condition of the blood? This is the most difficult inquiry of all, because the more extreme generalisation. But even this must be undertaken, and, though most imperfectly, as the author admitted, the present paper had offered its aid.

Mr. Ross thought the author's views rather vague. He believed that cachexia was, in nearly every instance, dependent upon some constitutional condition. The different kinds of cachexia ought not to be confounded. A common symptom, but one often overlooked, was an enlargement of the tonsils.

Dr. Brinton believed, with the author, that one great cause of cachexia was deficient alimentation and hygiene. He drew attention to the Returns of the Registrar-General, as showing a far greater mortality among children in large towns than in rural districts, and dwelt on the extreme importance of an improved hygiene, in order to render the contrast less marked.

Dr. Andrew Clarke said that two conditions were necessary to proper alimentation—good food, and a certain state of tissue capable of assimilating it. Children of apparently healthy parents were often born with certain psychical and physical conditions predisposing them to cachexia, and which, in fact, constituted a kind of cachexia. The psychical conditions were,—a highly emotional tendency, a readiness to respond to any ordinary stimulus, followed by a rapid prostration, a lack of perseverance, and a fondness for anything new—qualities which were often carried on to adult life. The body also yielded readily to ordinary causes of excitement, having but little power of vital resistance. There was likewise a great tendency to rapid epithelial growths and rapid disintegrations. These states occurred without any definite local manifestations, the specific forms depending upon other circumstances afterwards to be developed. Scrofula, in its local manifestations, appeared to consist in a rapid accumulation, imperfect composition with disintegration; while, in the cancer form, the cells which were produced were found asserting an independent existence.

Mr. Power drew attention to the great mortality among children in Lapland, Finland, and other countries of a high latitude.

Dr. Webster said, that in the northern countries the great mortality was caused by bad food and a severe climate; but it was fearful to consider, that, in civilised England, with all its wealth and advantages, a third of the children born should die before they were a year old. Some portion of this mortality was owing to a want of proper nourishment from the mother.

Dr. Chowne looked upon cachexia rather as a condition than a disease. When the Foundling Hospital was first established, the children were brought up by hand; but the mortality among them was so dreadful that the Governors adopted the wet-nurse system; but if the nurses put out their own children the general mortality would be much the same. With regard to cachexia, he contended that it could not be the subject of accurate diagnosis, as to whether it was mercurial, phthisical, or the like, if the superadded condition were kept out of sight.

Mr. Hinton thought we should not be satisfied with accounting for cachexia by a depraved condition of the blood, but should endeavour to investigate the forces which led to the origination of the blood, without correct ideas upon which cachexia could not be successfully treated.

A Member repudiated the notion that the children who died early would, if they lived, prove to be a sickly race. It was often, he said, easy to crush nascent life; but, after passing a certain period, organisms which before yielded readily to accidental forces, frequently attained a high state of development.

The Author having replied, the Society adjourned.



WESTERN MEDICAL AND SURGICAL SOCIETY  
OF LONDON.

NOVEMBER 17, 1854.

Dr. SEATON, Vice-President, in the Chair.

The Minutes having been confirmed, and several gentlemen proposed for ballot at the next meeting,

Dr. W. Vesalius Pettigrew read a paper, entitled,

OBSERVATIONS UPON TUMOURS, THEIR REMOVAL,  
NATURE, AND TREATMENT.

Dr. Pettigrew having stated, in his introductory observations, that he hoped to elicit from members their opinions upon the diagnosis and treatment of such tumours as had fallen under their notice, and having glanced at the difficulties in the way of successful classification, proceeded to speak of diagnosis, dwelt strongly upon its importance, and related some sad and melancholy results of false diagnosis. The difficulty of diagnosing abdominal tumours was dwelt upon at some length,—how frequently were impacted faeces mistaken for diseases of liver, pancreas, mesentery, or ovarium, by some of our best Practitioners, large doses of calomel alone being sufficient for the removal of this state. Easy as the diagnosis of the uterus being gravid might appear to the inexperienced, yet how often the really experienced Practitioner has been deceived. A puzzling case of tumour in the lumbar region was mentioned by the author, which, after death, proved to be Bright's disease occurring in a horse-shoe kidney, producing during life contraction of the lower limbs upon the abdomen, from pressure of the nerves supplying them. He passed rapidly on to speak of the causes of tumours, and stated that they depended upon extra-vascular supply, from irritation, local or distant, and congenital. Thus, in polypoid tumours, probably resulting from irritation of mucous membrane, the author seldom resorted to operation, which did not eradicate the disease. But he as seldom failed to effect this object by the use of an ointment composed of equal parts of sulphate of zinc and lead, applied twice daily. Troublesome polypi of the nose were, by this means, speedily removed. Three cases were related as arising from blows, and occurring in divers parts of the body, which, upon due exploration, were found to contain echinococci. Irritation producing near or distant tumours was dwelt upon; and the author related several cases in illustration,—one, in which some lymphatic glands in the spermatic chord had enlarged, and had been subjected to treatment for several years, but without avail. These tumours were the result of distant irritation; for the urine, upon examination, was found to be loaded with crystals of oxalate of lime. The mineral acids, and abstinence from saccharine matters, restored the patient to his usual health, and the tumour eventually disappeared. An instance of tumour from immediate local irritation was presented in the case of a young lady, who, having cut three of her wisdom teeth, all in irregular places, was waiting the appearance of the fourth, when an osseous tumour developed itself, involving the whole of the angle of the jaw as high as the condyle. It was deemed advisable that this tumour should be removed. No tooth was found in it, but a pulpy substance existed in the centre, and gave rise to the supposition, that it was either the degenerated pulp of the tooth, or a malignant disease. The patient speedily recovered the operation, and three months ago the wisdom tooth appeared opposite the second tricuspid tooth, on the inner side of the jaw. Operations and observations upon congenital tumours were referred to, and an interesting and original method of operating upon a naevus of the tongue was demonstrated; and the removal of small naevi by the pressure caused by the peculiar stringent property of collodion was mentioned. The author then related three cases of removal of cerebral tumours, arising from arrest of development; one in the parietal region, where there was deficiency of bone and protrusion of brain, nine years ago. The child is still living, and perfectly cured. The second arose from deficiency of occipital bone, and consisted merely of fluid and membranes. The operation was successful, and the child died fifteen months afterwards of scarlatina. The third was also in the occipital region, and was removed. The sac was found to contain the whole of the cerebellum. The child lived seventeen days, not a symptom of disease occurring. The wound healed; the child could cry, feed, had power of all its movements, but suddenly, on the seventeenth night after the operation, died in a convulsive fit. Our limited space does not permit us to dwell further upon this paper; but many more interesting cases were related; and, in conclusion, the author

offered some observations upon the local, constitutional, and operative treatment of tumours; and also upon the question, whether it is expedient to operate upon malignant tumours, or not,—himself evidently leaning to the operation side.

THE MEDICO-CHIRURGICAL SOCIETY AND THE  
EXCLUDED JOURNALS.

The following Circular has been sent to the Fellows of the Medico-Chirurgical Society. It has only reached us at the time of going to press, so that we must defer all comment until next week :—

53, Berners Street, Nov. 15, 1854.

SIR,—We are directed by the Council of the Royal Medical and Chirurgical Society to transmit to you the following statement.

We have the honour to be, Sir,

Your obedient servants,

W. R. BASHAM, } Secretaries.  
HOLMES COOTE, }

On the 27th of June last, the President and Council of the Royal Medical and Chirurgical Society received a parcel, wherein were contained a number of printed papers, each endorsed with a direction to Dr. Barclay, and representing apparently the return to some circular issued by that gentleman.

The contents of each printed paper ran as follows :—

"We, the undersigned Fellows of the Royal Medical and Chirurgical Society, feeling dissatisfaction at the recent proceedings of the President and Council of the Society, in first acknowledging their inability to come to any decision on the Resolutions of the Annual Meeting held on the 1st of March, in any other way than by convening a Special Meeting of the Fellows, in order to ascertain the wishes of the majority; and secondly, after having convened such Special Meeting, in not carrying out the opinion of the majority, both as it was expressed at the Annual Meeting; and as it was recorded in certain Requisitions subsequently presented to the Council; do hereby, without offering any opinion on the merits of the said Resolutions and Requisitions, protest against the course pursued by the President and Council, as unprecedented and injurious to the best interests of the Society."

To these papers were attached the signatures of 61 out of the 338 resident, and 40 out of the 239 non-resident, Fellows, of whom the Society consists. Contrary to what is usual with such communications, the parcel was not accompanied by any letter or message denoting from whom it came, or who might be able to authenticate its contents.

The Council might fairly claim the right of leaving unnoticed a protest so irregularly made. Waiving this point, however, and admitting the signatures as genuine, the Council must express their unanimous opinion, that the course adopted by the promoters of this protest—the course of canvassing the Society in printed circulars, by unauthorised persons, and on *ex parte* statements—is one hostile to the constitution of the Society, and extremely dangerous to its best interests. Having regard to these interests, and to the great scientific objects for which the Society was established, the Council would earnestly deprecate the continuance or repetition of such irregular and injurious agitation.

In reference to the present case, it appears to the Council that the dissatisfaction expressed in the protest is founded, partly on an imperfect knowledge of the occurrences adverted to, partly on a misconception of the functions of the Council as fixed by the Charter and Bye-laws of the Society; and they believe it may conduce to better information and fairer judgment, that the facts of the case should be laid before the Fellows of the Society as an explanation of the grounds on which the Council have proceeded.

At the Anniversary Meeting of the Society, 1st of March, it was moved, without previous notice, by Mr. De Morgan, and was carried after discussion by a majority of 47 to 19 :—

"That this Report be received, adopted, and circulated among the Fellows in the usual manner; and that, as the Society was established for the promotion of science, and to uphold the honour and dignity of the Profession, it is of the highest importance that it should not in any way encourage the circulation of works, the tendency of which is at variance with these objects; and that inasmuch as the tone and spirit of the *Lancet* have not been such as to entitle it to the confidence of the Society in these respects, the meeting recommends to the Council its withdrawal from the List of Weekly Periodicals."



Subsequently, and with similar absence of previous notice, a Resolution to the same general effect was carried in respect of the *Medical Circular*.

Mr. De Morgan's Resolution was nominally an Amendment to the usual complimentary vote, "That the Report of the Council be adopted;" but this so-called Amendment, being entirely irrelevant to the subject-matter of the Report, (which it did not pretend to negative or modify,) may justly be regarded, like the Motion which followed it, as a substantive Resolution moved without previous notice.

On no occasion, since the foundation of the Society in 1805, has a course like this been adopted. The Annual General Meeting is a Special General Meeting fixed by the Charter and Bye-laws solely for the election of the Council and officers; and, according to every reasonable construction of the Bye-laws, no other business than that for which this meeting is specially convoked, can, without further special notice, thereat be entered on. Excepting votes of a purely ceremonial or complimentary kind, the passing of which is without influence on the constitution of the Society, no Resolution or Amendment, without previous notice, has ever been put from the chair. In the absence of this safeguard, no vote of the Society can fairly be regarded as the deliberate act of its majority; least of all, where so important a matter is concerned as the virtual suspension of that Bye-law which places the selection of books in the hands of the Council. And especially, whether such notice be given or withheld, the Council appeal with confidence to the Fellows of the Society against the inexpediency of obtruding on a General Meeting any resolution partaking of a political character, and appealing to personal or party animosities, and calculated to excite angry discussion on topics foreign to the business of the Society.

The resolutions of the Anniversary Meeting embodied a "recommendation" which neither assumed the form of an injunction on the Council, nor could legally have the force of one. Within certain assigned limits, there is vested in the Council, during their term of office, the absolute management of the Society's affairs; and no such recommendation as that adverted to can release them from their responsibility of administering these affairs to the best of their own judgment. The arrangements under which books are purchased for the library, and the right of discretion now exercised in this respect by the Council and officers, are part of the constitution of the Society; and no Resolution of a General Meeting can avail to alter this, unless passed with all the forms and notices which are required for changing the bye-laws of the Society.

If that which the Council had to entertain was a "recommendation" from the Society, they were obliged to consider to what extent it represented the voice of that body; and with every disposition to pay proper respect to the gentlemen who had supported the two Resolutions of the Anniversary Meeting, the Council could not regard their recommendation as more than a concurrent expression of opinion from 47 out of 577 Fellows of the Society.

While the Council were thus on all grounds unable to regard the Resolutions of the Anniversary Meeting as an authoritative decision of the question, their inevitable doubts as to the real wishes of the Society were increased at their first subsequent meeting (March 14) when they received a requisition, in an opposite sense to those Resolutions, signed by 89 resident, and 15 non-resident Fellows.

Under these unusual circumstances, seeing that great difference of opinion prevailed in the Society, and that much importance was attached to the question at issue, the Council waived their right of deciding on the "recommendation" according to their own estimate of its merits; and, using the authority vested in them by the Bye-law, c. 16, s. ii., they resolved:—

"That a Special Meeting of the Society should be called, 'for the purpose of giving every Fellow an opportunity of recording his opinion upon the question as to whether the *Lancet* and *Medical Circular* should be withdrawn from the list of weekly periodicals subscribed for by the Society.'"

The following is the view under which this course was adopted. It is provided in the Charter of the Society, "that it shall be lawful for any three Fellows, by writing under their hands, transmitted to the President, or such other officer or officers as may by the Bye-Laws thereafter to be made, be designated for the purpose, to recommend to the Council any new Bye-Laws, or alteration or repeal of any existing Bye-Laws; and in case the Council shall not agree to such new Bye-Laws, or alteration or repeal of any existing Bye-Laws, that such propositions shall, if required by the said three Fellows, be submitted to the consideration of the Society at large, and determined on by them." The endeavours made at the Anniversary Meeting, and subse-

quently by the requisition of March 14th, to bring the general opinion of the Society to bear upon the Council, corresponded so exactly in intention to the course here indicated, that, although these endeavours were informal, the Council believed they would be acting most thoroughly in the spirit of the Charter and Bye-Laws in convening a Special General Meeting to which the final decision might be referred.

This meeting was held on March 24th, and was attended by 189 Fellows of the Society. It was moved by Sir Benjamin Brodie, was seconded by Dr. Webster, supported by Mr. De Morgan, and unanimously carried, "that the question sent to Fellows be referred to Council to act on the question as they think fit."

For this Resolution, or for anything else which occurred at the meeting, the Council are in no respect responsible. They are responsible solely for the manner in which they have since carried into effect the Resolution then and there regularly and constitutionally made. The meeting was called to decide a specific question. It referred the decision of that question to the Council. The Council(a) met, deliberated, and decided.

Endeavouring to act with the impartiality and justice which the Society has a right to expect from them, the Council have felt that specially to exclude from the reading-room, on the grounds set forth in Mr. De Morgan's motion, one or both of the Journals alluded to, would be inconsistent with their duty to the Society and to the Profession. Serious breaches of the principles on which the journalism of a scientific Profession should be conducted, had not been charged only against the two Journals named in the reference to the General Meeting; and a censure pronounced exclusively on them would, in the judgment of the Council, have been a partial verdict. Nor was this the only fact which the Council, acting judicially in the matter, were bound to consider. All respectable members of the Profession must concur in thinking it reason for very great regret, if scientific Journals are perverted to the advocacy of private interests, or occupied with the vulgarity of personal recrimination.

But the Council have also reflected, that if these faults be with justice imputed to Medical periodical literature, the reproach of their existence cannot fall exclusively upon the Press. Journals can have no separate interest in personal puffing or personal detraction; and the Council believe themselves sure of the general concurrence of their constituency, when they affirm that the prevention of these evils must depend, not on the exclusion of this or that Journal from the reading-room of the Society, but on the cultivation of high self-respect in the Profession, and a general contempt being shown for those successes which are gained by self-advertisement.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 17th inst. :—

DARBY, EDMUND, Bath.

HALE, THOMAS EGERTON, Macclesfield, Cheshire.

LANE, WILLIAM RALPH, Army.

MAYNE, ROBERT FURLONG, Newton Abbot, Devon.

REYNOLDS, THOMAS, Necton, near Swaffham.

SEWARD, THOMAS, Petersfield, Hants.

SHUTER, HENRY, North End, Fulham.

SULLIVAN, JOHN BOND, William-street, Dublin.

TAYLOR, CHARLES GIBSON, Australia.

At the same meeting of the Court, Mr. ROBERT SPROULE passed his examination as Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date Dec. 20, 1850.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Nov. 16, 1854 :—

DYSON, EDWARD, Almondbury, Yorkshire.

NEWMAN, WILLIAM, Bradfield, Sheffield.

**APOTHECARIES' HALL.**—The names of the gentlemen who passed their examination in Classics and Mathematics at

(a) At this stage of their deliberations, the Council received a requisition, signed by 100 resident and 51 non-resident Fellows, urging (on what the Council considered insufficient grounds) that the Resolution of the 1st March should be adhered to.



Apothecaries' Hall, on Tuesday and Wednesday, the 21st and 22nd of November, 1854 :—

ABBEY, WALTER, Queen's College, Birmingham.  
 BELL, JAMES VINCENT, Rochester.  
 BROWNE, HENRY ERNEST, 13, Berkeley Square.  
 DAVY, JOHN SWEET, Chulmleigh.  
 FERGUSON, GEORGE, Giltspur Street.  
 FREER, JOHN HENRY, Rugeley, Staffordshire.  
 GODDARD, LEONARD, St. John's Street Road.  
 GRIFFIN, RICHARD WM. W., Weymouth.  
 HAMMOND, SAMUEL, Lower Edmonton.  
 HORNIBLOW, WILLIAM R., Shipston-on-Stour.  
 HOSKINS, EDM. JOHN, College, St. Bartholomew's, Hospital.  
 HUNTSMAN, THOMAS, 6, Mount Street.  
 LEACHMAN, ALBERT WARREN, Compton Terrace.  
 MACY, ERNEST A., West Town, Somerset.  
 MILLIGAN, PERCY, Keighley.  
 MOXON, WALTER, Belitha Terrace, Islington.  
 PHILLIPS, DANIEL WELD, Queen's College, Birmingham.  
 POWELL, WILLIAM L., Macclesfield.  
 ROULSTON, WILLIAM HENRY, Helperby, Boro' Bridge.  
 SANSON, ARTHUR ERNEST, King's College.  
 SHEA, JOHN, Blackfriars Road.  
 SIMONDS, THOMAS, Abbott's Barton, Winchester.  
 SPRAGUE, CHARLES GORDON, Ashford, Kent.  
 WILLIAMSON, HENRY, Sherborne.  
 WINTERBOTHAM, W. L., Strond.

#### BEQUESTS.

MR. JOHN HINCHLIFF, late of Notting Hill, has bequeathed (payable on the death of his widow, now in her 89th year) the following legacies :—London Truss Society, 1000*l.*; Asylum for Idiots, 1000*l.*; Westminster Hospital, 1000*l.*; Charing Cross Hospital, 1000*l.*; Middlesex Hospital, 1000*l.*; London Fever Hospital, 1000*l.*; St. Mary's Hospital, 1000*l.*; Cancer Hospital, 1000*l.*; and Lock Hospital, 1000*l.*

#### TESTIMONIALS.

JAMES F. CRUICKSHANK, Esq., M.D., the Physician to the Dalmellington Iron Company, having been compelled, on account of the delicate state of his health, to retire from practice in the neighbourhood, the inhabitants presented him, on the evening of the 31st ult., at a supper, with a purse of sovereigns and a handsome piece of silver plate, as some acknowledgment of their esteem and gratitude.

MR. AND DR. JOHN ARTHUR POWER, having laboured long and zealously in the discharge of their laborious duties in preparing gentlemen for their examinations at the College and Hall, many of their old pupils desired to present them with some mark of goodwill and gratitude. They therefore subscribed a very considerable sum of money, and, on the evening of the 7th of November, the Chairman and Committee of the Fund, the Messrs. Power, and several of their old pupils and friends, assembled at the Sussex Hotel, Bouverie Street, Fleet Street. After dinner, the testimonials were presented by Dr. Hassall, in an address which was warmly responded to by all present. The testimonials consisted of a first-rate microscope, by Smith and Beck, with a silver vase and candelabra. The presentation was duly acknowledged by the Messrs. Power. Several healths were, of course, drank, and toasts proposed; among others, that of the eldest Dr. Power, who was present, the father of the Messrs. Power. Altogether the affair went off with great spirit. Nothing could exceed the good feeling displayed on the occasion.

#### DEATHS.

ANDERSON.—November 4, at the Military Hospital, Scutari, 2nd Staff Surgeon, David Anderson, M.D., Edinburgh, son of A. Anderson, Esq., Whiteside, Dumfriesshire. Dr. Anderson, as Assistant-Surgeon of the 9th Foot, (23 July, 1844,) bore his share in the dangers and privations of the Sutlej campaign, in which he served at Moodkee, Ferozeshah, and Sobraon. "His premature death," in the words of the *Daily News*, "is deeply lamented. He was an accomplished physician, a skilful surgeon, a dexterous operator; zealous, humane, and unremitting in his attention to the sick and wounded. In performing an operation he sustained an injury of the hand, in consequence of which his general health suffered, and inflammation of the chest following soon after, carried him off in the prime of life, and from a sphere of usefulness in which his services of late have been invaluable. He may be said to have fallen on the Professional battle-field."

DONNET.—November 11, at Excidenil, Dept. de la Dordogne, aged 36, William Hutchinson Donnet, Esq., late Surgeon R.N.

FORBES.—August 21, at Rawul-Pindee, Bengal, Dr. Charles Forbes, H.E.I.C.S., youngest son of the late Dr. George Forbes, of Inverness. (March, 1841, 66th Native Infantry.)

FORBES.—November 18, at South Cottage, Wardie, near Edinburgh, aged 39, Edward Forbes, Esq., F.R.S., F.G.S., Regius Professor of Natural History in the University of Edinburgh. He was an alumnus of the Edinburgh University, his studies in natural history having been conducted by the venerable Professor Jameson, who filled the chair of that department for fifty years, and was succeeded on his demise, last April, by his celebrated pupil now deceased. Mr. Forbes for some time lectured in the extra-academical schools of Edinburgh, and subsequently joined a Government exploring expedition in Asia Minor, in H.M.S. Beacon, under Captain Graves, in the capacity of naturalist. On his return he was appointed Professor of Botany in King's College, London, and soon after Curator to the Geological Society, as well as of the Palæontological Department of the Economic Museum. On the recent vacancy in the natural history chair in Edinburgh, the Town Council unanimously recommended him to Government as the most fit and deserving to be the successor of Jameson, and the appointment was at once conferred upon him. Having thus attained the object of his ambition, Professor Forbes opened a numerous class for the short summer session, and had scarcely resumed his duties for the winter when he was carried away, after an illness of ten days. Since his appointment, he had been ardently engaged in promoting the great object of a national museum for Scotland. He also exerted himself to promote the gratuitous opening of the present University Museum.

HUNT.—Nov. 18, at Forest-hill, Surrey, aged 41, Frederick Knight Hunt, M.R.C.S.E., 1840. Though Mr. Hunt had not been in practice for several years past, his death cannot be permitted to pass without notice. He was one who, by great ability and indomitable industry, had attained a highly respectable social position and a handsome income, at an early age, notwithstanding great difficulties which clouded the early part of his career. He was left, at the age of 17, by the premature death of his father, entirely dependent upon his own exertions for support; yet he followed up an early liking for the Medical Profession, paid for his lectures, hospital practice, and the diploma of the College of Surgeons, by the sums he earned from publishers for assisting in the compilation of dictionaries and other works of reference for the learned, and by preparing class books for the young. Soon after passing the College, he obtained a Union appointment in Norfolk; but after about a year, finding that expenditure exceeded income, he returned to London, and has never since been engaged in the active practice of his Profession, although he never lost his interest in the science, and retained to the last the intimacy and friendship of many of his teachers and fellow-students. His literary habits and tastes led him, on his return to London, to resume his former avocations; and he became connected almost at the same time with the *Daily News* and *Household Words*. The latter he conducted for some years, under the superintendence of Mr. Charles Dickens, and wrote for it many of the papers which contributed to the great popularity of the earlier volumes. He was Sub-Editor of the *Daily News* until about three years since, when he became chief Editor, and continued in that position until his death. It is to him Medical men have to be thankful for the earnest and able manner in which that paper has so consistently advocated the claims and maintained the rights and position of our Profession. His writings, of course, were chiefly anonymous, the only work of any importance to which he attached his name being "The Fourth Estate," a sort of history of the Press. He was a very able writer—clear, forcible, and impressive. He possessed the peculiar power of mastering abstruse subjects or complicated questions, and presenting them in a plain, simple, and readily-intelligible, or perhaps even an interesting form to the reader. He was a man of unbounded energy, and of the strictest integrity. He was deeply impressed with the grave responsibilities a literary man incurs who is in a position to direct public opinion in any degree. He was enthusiastically devoted to his calling, and earnestly endeavoured to unite literary men together, as divines, lawyers, Medical men, or the army and navy are united, by the ties of a common professional brotherhood. He was never a robust man; and the labours of his position,



entailing confinement in his office from about eight o'clock in the evening until one, two, or three o'clock in the morning for six nights weekly, proved too much for him; but he struggled manfully on; and it was not until struck down, about a month since, by an attack of typhoid fever, that he would follow the advice of his friends, and retire for a time from his labours. He was attended in his last illness by three of his oldest Medical friends,—men who have known him for fifteen years, and who, during that long period of intimacy, have never heard him utter an unkind or angry word, and have invariably found him the same sincere, straightforward, upright, cordial companion. He was "Nature's gentleman—an honest man." *Requiescat in pace!*

**MARLEY.**—November 15, at Port Isaac, Cornwall, Miles Marley, Esq., late of Cork Street, Burlington Gardens, and Inverness Villa, Bayswater; F.R.C.S. (Sen.) 1852; M.R.C.S.E. 1820; L.S.A. 1825; M.D. Heidelberg, 1836; Author "On the most frequent Diseases of Children;" Contributor "On the Use of Cubebs in Gonorrhœa;" "On the Re-union of a Finger, after having been separated for a Considerable Time;" "A Case of Disease of the Heart," etc.

**RIGG.**—Nov. 10, at Woodrow, near Wigton, Cumberland, Joshua Rigg, Esq., M.D., aged 85.

**SAVAGE.**—November 12, at West Bromwich, aged 40, John Wordsworth Savage, Esq., Surgeon, M.R.C.S.E. 1843; L.S.A. 1836; Surgeon to West Bromwich Union.

**THE LATE DR. JAMES REID**, whose lamented death we reported in a late number of this Journal, was not a native of Scotland, as has been stated. He was born at Woolwich in 1803, where his father, an officer of the Royal Horse Artillery, was then quartered. He was sent at an early age to the High School at Edinburgh, where he distinguished himself by his great zeal and good conduct. He commenced his medical studies at the University there, and attended the anatomical lectures of Mr. Lizars. In course of time he became a Surgeon's dresser at the Royal Infirmary, and was afterwards House-Surgeon to Mr. Wishart. In 1822 he passed the College of Surgeons, and in the August of the same year took his degree of Doctor of Medicine. He then visited France, Switzerland, Italy, Germany, and Belgium, in search of Professional information. He studied at St. Bartholomew's during the winter of 1823, and afterwards passed three months in Paris. In 1824 and 1825 he passed the Apothecaries' Company and the London College of Surgeons. In the latter year he commenced practice in Charlotte-street, Bloomsbury; and with that modesty of character which distinguished him through life, he dropped his title of M.D. while acting as a General Practitioner, and did not resume it until success justified him in establishing himself as a Physician-Accoucheur. He married in 1827 the only daughter of the late Lieutenant Colonel Herbert Lloyd, of the East India Company's service. After a residence of some years in Bloomsbury-square, Dr. Reid removed, in 1848, to Brook-street, and very soon took his place among the leading Physician-Accoucheurs of the fashionable world. He had been Lecturer on Midwifery at the Webb-street School of Medicine; and on the occasion of the last vacancy in that chair at University College, he filled it during one session with such satisfaction to the pupils that they unanimously signed a Petition to the Council in favour of his permanent appointment. The intrigues which led to his defeat are well known, and need not be repeated here. The offices he held and the works he wrote, having been already enumerated, it only remains for us to add, that we have known no one whose loss has been more sincerely lamented by his patients and Professional friends. He was a thoroughly sound practical man, of very large experience,—a perfect gentleman in appearance, manners, and habits,—upright and honourable in his dealings with his Professional brethren,—kind, attentive, and decided with his patients. He well deserved his success. He was cut off at the age of 51, when just attaining the summit of his career in the line of practice he adopted, by an obscure hepatic disorder, under which he sank, after an illness of only three weeks, and which was afterwards proved to depend upon a large growth of hydatids in the liver.

**PROMOTION.**—Among the promotions for the Naval attack on Sebastopol, Assistant-Surgeon J. F. Pritchard (1850), of the Albion, is to be Surgeon.

**IN MARISCHAL COLLEGE AND UNIVERSITY** the following Medical Degrees were conferred, during the Autumn Examination

term, after the usual examinations, viz.:—The Degree of M.D. on Thomas Mather Ashton, Lancashire; James Dixon, Cheshire; William Philip Harrison, Manchester; Henry Kingsley, Warwickshire; William Johnston Long, H.E.I.C.S.; Thomas Thomson, Aberdeenshire; William Thomson, Kincardineshire. And the Degree of M.B. on John Felix Johnson, Surgeon R.N.

**ABERDEEN UNIVERSITIES.**—At a meeting of the Established Presbytery of Aberdeen, held on Thursday, Dr. Paul submitted a series of Resolutions on the subject of the union of the Universities, which were agreed to, only one member dissenting. By these Resolutions, the Presbytery undertook to give a favourable consideration to any well-matured plan for the union of the two Universities, with a new and more extensive governing body, in which the Graduates of those Universities shall be fairly represented.

**GLASGOW UNIVERSITY.**—The election of Lord Rector took place on Wednesday week, when the Duke of Argyll (opposed by Mr. Disraeli) was elected by a majority of votes in all the Nations.

**EASTERN DISPENSARY OF BATH.**—At the election, on November 13, the number of votes at the close of the poll were:—*Physicians*: Samuel Blackmore, Esq., M.D. (old staff), 150; John Trull, Esq., M.D. (old staff), 150; John Maule Sutton, Esq., M.D., 149. *Surgeons*: W. Bush, Esq. (old staff), 148; T. G. Stockwell, Esq. (old staff), 132; M. J. Tayler, Esq. (old staff), 139; E. Evans, Esq., 14; F. P. Hoblyn, Esq., 25.

**ROYAL SOCIETY.**—We understand that Lord Wrottesley is proposed as the new President, in place of Lord Rosse, who retires; and that G. Gabriel Stokes, M.A., of Cambridge, is proposed as the new Secretary, in place of Professor Christie retiring.

**MEDALS OF THE ROYAL SOCIETY.**—The annual medals for 1854 have been awarded as follow:—Copley Medal, to Johannes Müller, of Berlin. Two Royal Medals: one to Professor Hofmann, for a paper in "Royal Transactions" on the Alkaloids; the other to Dr. J. D. Hooker, for his botanical investigations. The Rumford Medal, to Dr. Neil Arnott, for his numerous economic inventions.

**LORD RAGLAN'S GENERAL ORDER.**—We are happy to find that the injustice of this Order is now generally recognised. The following remarks from the *North and South Shields Gazette* express the feeling of many of the Provincial papers:—"However, Lord Raglan has at last issued a 'General Order' relating to the 'Medical Department.' Is it to thank these brave men, who amid the horrors of cholera at Varna, or of battle at the Alma, have devoted themselves so unflinchingly to their duties,—and many of whom have perished in their harassing efforts to save and succour others? Is it to promise at last that the English army Medical authorities are resolved to imitate the French, and secure for our wounded soldiers and sailors a constant supply of the best Surgeons, by the unheard of method of offering 'the same inducement as other officers to serve their country?' Or, perhaps, it was to notice approvingly the general gratitude of the wounded men to their Surgeons, and the cheers of the Highland Brigade, to brave kind Dr. Mackenzie, as he came up the hill towards them, after the bloody day was won? By no means—Lord Raglan's Order is 'to animadvert strongly upon the conduct of the Medical Department!' The Highland Brigade cheers,—the General strongly animadverts; the Arctic sailors club their hard-earned gains to present a thank-offering to the Surgeon whose watchful care and skill have saved the expedition,—the Government gives promotion and added pay to every officer of the expedition except the Surgeon, thus singled out by his comrades for especial honour. However, if there is no promotion, there is at least strict discipline for the Doctors; if there is no glorious excitement in the battle save that which they must repress,—no renown but that which they sec gathered by their military comrades,—there is at least a fine field for cultivating the martyr spirit; their best efforts will certainly be passed in silence, and their least fault meet with the 'strong animadversions' of their General."

**APOTHECARIES TO THE FORCES.**—In consequence of the large number of applications for these appointments at the office of the Army Medical Department, we have been requested to publish the following Official Memorandum:—"It is understood that Apothecaries to the Forces will be selected from the Dispensers of Medicines who are already employed with the Army in the East." We may add, that Dispensers of Medicine have the same pay and rations as Assistant-Surgeons, and wear a plain uniform. They undergo an examination at the Office of the



Department, and are generally selected from those who have testimonials of ability as dispensers from respectable Druggists.

**THE KILLED AND WOUNDED IN THE CRIMEA.**—Very erroneous statements having appeared as to the number of killed and wounded in the siege of Sebastopol, we are happy to be able to give the following return from official reports:—

Killed and wounded in the British Army before Sebastopol from the commencement of the siege to November 1, 1854:—

Killed ... 20 officers, 213 non-commissioned officers and rank and file.

Wounded... 57 officers, 572 do. do.

This is exclusive of the cavalry loss on the 25th, which was as follows:—

Killed ... 12 officers, 146 non-commissioned officers and rank and file.

Wounded... 15 officers, 163 do. do.

**PHYSICIAN AND SURGEON.**—In the Bail Court, the case *Crowin v. Hall*, came on for hearing. The action was brought by the plaintiff, a Medical gentleman, against Dr. Hall, the executor of the late Hon. Mr. Byng, to recover the sum of 483*l.* 10*s.*, the amount of his bill for professional attendance on the deceased during four years. It appeared that the Hon. Mr. Byng had required the constant attendance of the plaintiff during the period in which the bill had been incurred. The plaintiff had a foreign diploma as a Doctor of Medicine, but he only practised as a Surgeon. The deceased had paid the plaintiff 260*l.* during his life-time. Mr. Serjeant Shee contended that the plaintiff could not recover for fees, as he was not a Physician. His Lordship said that was a question for the jury. The duties for which the amount was charged were those of a Surgeon and not those of a Physician. Mr. Serjeant Shee then urged upon the jury the large amount claimed, and the fact that no bill had been sent in during the life-time of the deceased. The jury eventually found a verdict for the plaintiff for the amount claimed.

**DEATH FROM TAKING CHLORIC ETHER.**—A managing clerk at a brewery, subject to palpitation of the heart, was in the habit of taking chloric ether. He was found dead in his bed, with a phial nearly empty by his side.

**PAROCHIAL BOARDS AND THEIR MEDICAL OFFICERS.**—It will be in the recollection of our readers, that on a late occasion we noticed the dismissal from the service of the Glasgow Parochial Board of Dr. A. Lindsay, in consequence of a demand made through an agent for an increased allowance (over that offered) for cholera services. We understand that a compromise has been made, and that Dr. Lindsay has been restored to his office. We sincerely hope that the stand thus made in Glasgow will prompt others to resist attempts made to deprive Medical officers of their just claims.

**THE CHOLERA** has nearly disappeared in the West Indies. It has never at any time shown itself at Demerara.

**THE NEW SEWERS COMMISSION.**—The following has been published as a list of the gentlemen who are to constitute the new Commission of Sewers for the Metropolis:—Richard Jebb, Esq., (Chairman), Sir John Villiers Shelley, Bart., Thomas Hawes, Esq., Lawrence Redhead, Esq., G. Spencer Smith, Esq., Augustin Sayer, Esq., M.D., James Pascall, Esq., George Ofor, Esq., Francis Chalmers, Esq., John Thwaites, Esq., William Evans, Esq., John Wade, Esq., Cuthbert William Johnson, Esq., Joseph Hodgson, Esq., Frederick Oldfield Ward, Esq., Waller Augustus Lewis, M.D. Mr. Jebb, the Chairman, with Mr. Hawes, Mr. Redhead, and Mr. Spencer Smith, were members of the late Commission; Sir John Shelley, Dr. Sayer, and Messrs. Pascall, Ofor, Chalmers, Thwaites, Evans, and Wade, have been nominated by the representatives of the Metropolitan constituencies; while Messrs. Johnson, Hodgson, Ward, and Dr. Lewis, are selected by the Home-office. It is satisfactory to see that the Medical element of this Commission is in some force. Dr. Sayer is a constituent of Sir B. Hall's, and is understood to have interested himself warmly in the drainage of Marylebone. Mr. Ward, though not in practice, was educated for the Profession, and wrote a work on the Bones. He has lately devoted himself to Hygiene, and is an enthusiastic supporter of the system of pipe drainage carried out by the late Board of Health at Croydon, Sandgate, Tottenham, and Rugby. A speech of his at the Brussels Congress has been published as a pamphlet, entitled "Circulation or Stagnation." It is an eloquent harangue in favour of the system.

**MORTALITY NOTABILIA.**—In the week that ended last Saturday 1309 deaths were registered in London. Having fallen to 1160 in the previous week, the lowest number attained since the late epidemic, the deaths again exhibit an increase, the effect of increased cold in the closing months of the year. The mean

weekly temperature was 60·7° in the second week of September; since that time, it has fallen almost continuously, till it was only 42·2° in the week that ended November 11; and last week it has further declined to 40·9°. The mean temperature of last week is about 5° below the average of ten corresponding weeks; and the effect of this depression is perceptible near the beginning and end of life; for 666 children died, while the average is 539; and 267 old persons died, the average being 212. Between the periods of 15 and 60 years, the mortality did not exceed the ordinary rate. In the ten weeks corresponding to last week of the years 1844-53, the average number of deaths was 1024, which, if raised in proportion to increase of population, becomes 1126.

**Births.**—The births of 666 boys and 627 girls—1293 children—were registered; average, 1402.

**MORTALITY IN PUBLIC INSTITUTIONS** for the week ending Nov. 18:—

	Males.	Females.	Total.
Workhouses...	46	59	105
Military and Naval Asylums	4	...	4
General Hospitals	41	16	57
Hospitals for Special Diseases	6	3	9
Lying-in Hospitals	...	...	...
Lunatic Asylums	5	4	9
Military and Naval Hospitals	5	...	5
Hospitals for Foreigners, etc.	4	...	4
Prisons	...	...	...
	111	82	193

**DEATHS REGISTERED in the Metropolis for the Week ending Saturday, November 18, 1854.**

CAUSES OF DEATH.	Nov. 18.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and npw.	All Ages.	
ALL CAUSES .. .. .	666	360	267	1309	10237
SPECIFIED CAUSES .. .. .	663	360	267	1292	10169
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	255	56	21	332	2604
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	10	24	24	59	432
3. Tubercular Diseases .. .. .	73	114	13	200	1658
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	59	29	37	125	1127
5. Diseases of the Heart and Blood-vessels .. .. .	1	24	29	54	368
6. Diseases of the Lungs and of the other Organs of Respiration ..	137	41	62	240	1709
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	25	23	19	72	610
8. Diseases of the Kidneys, etc. ..	2	5	5	12	107
9. Childbirth, Diseases of the Uterus ..	..	8	..	8	118
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	1	2	2	5	39
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	1	2	..	3	26
12. Malformations .. .. .	7	..	..	7	37
13. Premature Birth and Debility ..	31	..	..	31	226
14. Atrophy .. .. .	40	1	6	48	201
15. Age .. .. .	..	..	36	36	450
16. Sudden .. .. .	7	2	2	11	95
17. Violence, Privation, Cold, and Intemperance .. .. .	14	24	11	49	312
CAUSES NOT SPECIFIED .. .. .	3	..	..	17	68

[Advertisement.]—A SUPPLEMENT, GRATIS, WITH THE WEEKLY DISPATCH, EVERY WEEK UNTIL FURTHER NOTICE.—The unexampled interest which attaches to every incident connected with the operations of the Allied Armies in the East has determined the Proprietors of the *Weekly Dispatch* to devote a greater space to the intelligence from the seat of war than the ordinary limits of this, the largest newspaper published, could possibly afford, and, with the view of giving the amplest details, they have resolved upon the issue of a series of Supplements, gratis, which will include every particular of interest connected with the siege and decision of the contest at Sebastopol, and will be continued whenever demanded by the progress of the Campaign. By the publication of these Supplements the portion of the paper usually devoted to incidents of domestic and political importance will be reserved intact, and the engrossing subject of the War will receive the fullest and most varied illustration. A Supplement will be published on Sunday next (gratis), and on every succeeding week until further notice. Orders may be given to all newsvendors in town and country; and to the Publisher, at the *Dispatch* Office, 139, Fleet-street.



## BOOKS RECEIVED.

Medical Testimony and Evidence in Cases of Lunacy. By T. Mayo, M.D., F.R.S.P. London: Parker. 1854.  
 A System of Instruction in Quantitative Chemical Analysis. By C. R. Fresenius. Second Edition. Edited by J. L. Bullock, F.C.S. London: Churchill. 1854.  
 Plattner and Muspratt's Use of the Blowpipe. Third Edition. London: Churchill. 1854.  
 Mackenzie on the Diseases of the Eye. Fourth Edition. London: Longmans. 1854.  
 Pro. and Con. London: Tweedie. 1854.  
 What to Observe at the Bed-side, and After Death. Second Edition. London: Churchill. 1854.  
 A Disquisition on Certain Parts and Properties of the Blood. By David Tod, M.R.C.S. London: Churchill. 1854.  
 Bruuneudittetik. Von Dr. F. A. von Ammon. Leipzig. 1854.  
 A Practical Treatise on the Choice and Cookery of Fish. London: Longmans. 1854.  
 Lithotomy Simplified. By G. Allarton, M.R.C.S. London: Ash and Flint. 1854.

## TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last week's report of the Pathological Society, I am made to say that Dr. Sharpey had seen my specimen of the epithelial cells lining the air vesicles.

Now, Dr. Sharpey had *not then* seen the preparation; and what I said, in considering it to be unique, was, that, in a conversation I had held with Dr. Sharpey, some time ago, in which I mentioned the possession of such a preparation, he replied that he had never seen one, and that it must be interesting, as settling a much disputed question.

I am, &c.

ANDREW CLARK.

23, Montague-place, Russell-square.

*Chio.*—No such book has been published.

*An Assistant* should make the inquiry of the Clerk of the Company.

*W. S.*—The Act (22 and 23 Charles II. c. xxvi.) for prohibiting the planting of tobacco in England, expressly provides "that this Act, nor anything therein contained, shall extend to the hindering of the planting of tobacco in any physick garden of either University, or in any other private garden for physick or chirurgery only, so as the quantity so planted exceeded not one-half of one pole, in any one place or garden."

*Juvenis.*—No such certificate is required.

The notice of the Nurses Committee in the report read by Dr. McWilliam at the Epidemiological Society, was omitted accidentally by him. The omission in our report was not of importance, as we have so often drawn attention to the useful labours of the Committee.

*M. A. C., Dublin.* will find all the requirements of the Colleges specified in our Students' Number.

*Mr. S.*—The School at St. Mary's Hospital has received the recognition of the College of Surgeons.

*Dr. Pritchard's* account of the Piper Methysticum shall appear.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times and Gazette* of Saturday last, Dr. O'Connor is reported to have said, at a meeting of the Medical Society of London: "The views more recently published by Dr. Marshall Hall, explained very satisfactorily the causes disturbing the functions of the spinal cord; but Dr. Griffin had previously distinctly assigned a reflex function to the spinal cord."

I have looked through the only work Dr. Griffin ever wrote, and I cannot find in it any passage to warrant such a statement. It is only just that Dr. O'Connor should rectify the error he has evidently fallen into.

Nov. 21, 1854.

I am, etc.

M.D.

*W.*—The following is the fifth rule contained in the Act 2 and 3 Vic. c. lvi.:—"Every order of the Surgeon for the admission of spirituous liquors or tobacco into the prison shall be in writing, and entered in his

journal; and he shall enter, day by day, an account of the state of every sick prisoner, the name of the disease, and a description of the medicines and diet, and any other treatment which he may order for such prisoner.

*Mr. Edwards.*—The deaths from cholera in the York division in 1849 were 6346—population (1841) 1,584,116.

*J. P. C.*—1. The Apothecaries' Company will not recognise six years' apprenticeship to a Pharmaceutical Chemist with the dispensing of a public Dispensary,—the indenture must be to a qualified Apothecary. 2. Our Correspondent's other question will be found answered in our News Department.

We have received *Mr. Hall's* letter, but, as we expressed no opinion upon his circular, we need not insert it. The circular was left to speak for itself, and we can assure him that his letter would not cause it to be regarded in a favourable manner.

## ADVERTISEMENT BY A QUALIFIED PRACTITIONER.

THE NERVO-ARTERIAL ESSENCE.—Discovered and Prepared by Dr. William Batchelour, M.R.C.S.E., M.L.A.C.—Acts directly upon the Nervous System. In Nervous Cases relief is almost immediate, and cure certain. Sold in Stamped Bottles, 4s. 6d., and 11s. each, at the Depot, 1½, West-street, Finsbury-circus; Watts, 17, Strand; Bells, Oxford-street, Manchester. Prospectuses, with Testimonials, at the above Depot.

The Doctor may be consulted daily, from Nine to One, at 12, Finsbury-place South, and at 15, Albion-street, Hyde-park-square, after Four p.m.

*Scotus.*—By the 13th Vic., c. xx., s. 3, it is enacted:—"That the Fellows and Members or Licentiates of any other Corporation or Royal College authorised to grant licences or diplomas in Surgery shall, within the City of Glasgow, and Counties of Lanark, Renfrew, Dumbarton, and Ayr, be equally eligible to the same Offices in connexion therewith, as the Fellows and Licentiates of the Faculty of Physicians and Surgeons of Glasgow."

*Justitia.*—Thanks for the paper, but it would serve the purpose of the Wisbeach mountebank to give his testimonial greater notoriety. It is sufficiently annoying to see such folly paraded even in a local Journal. The supporters of such men are, as Faraday says, "ignorant of their own ignorance."

*β* shall be answered fully in our next.

*W. B.*—The Homoeopath named passed the College May 22, 1835.

*J. W. North.*—The College of Surgeons, Edinburgh, retain power, if they think fit, to examine Candidates for the Fellowship who do not possess a diploma obtained in Great Britain or Ireland.

*Oxon.*—Dr. Kidd, the Regius Professor of Medicine, Oxford, died September 17, 1851.

*Dr. Sieveking's* proof had not been returned at the time of going to press.

*Errata* in Dr. Leared's Paper, page 517, 14 lines from top, for *nam talem* read *uns talis*; same page, 19 lines from bottom, for *pylorus* read *pyloric*.

## COMMUNICATIONS have been received from—

DR. ANDREW CLARK; DR. TULL; DR. LINDSAY; MR. GAMGEE; DR. PRETTY; DR. HOLLAND; MR. TOMLINSON; DR. BROXHOLM; DR. FRANK; DR. PRIESTLEY; MR. WILDE; DR. ARMSTRONG; DR. BROWNING SMITH; DR. ATTA; DR. OGILVIE; DR. MCWILLIAM; MR. BLUNDELL; MR. REID; ABERDEEN; DR. NEIL ARNOTT; MR. SPENCER SMITH; MR. WILLS; MR. WINKLEY; MR. WATSON; MR. REED; DR. L.; DR. ANDREW SMITH; MR. WIMBRIDGE; DR. RAMSKILL; DR. S. TAYLOR; PROFESSOR HOFMANN; DR. RUSSELL; DR. SIEVEKING; MR. KEEN; SECRETARY OF THE HUNTERIAN SOCIETY; MR. WILLIAMS; CHIO; AN ASSISTANT; JUVENIS; M. A. C.; MR. S.; DR. PRITCHARD; M.D.; W. S.; W.; J. P. C.; MR. HALL; *β*; MR. STRETTON, St. Bartholomew's; MR. HILLIER, University College; MR. ROLLASTON, the Westminster Hospital; SCOTUS; JUSTITIA; W. B.; J. W. NORTH; OXON; MR. EDWARDS; etc.

## APPOINTMENTS FOR THE WEEK.

NOV.—DEC.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
25. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m. Cambridge Univ., Meeting of Electors of Univ. Scholarships.	<i>Medical Society of London</i> , 8 p.m.: Mr. C. Dendy, "On Antistasis, or Counteraction."
27. MONDAY....	Operations at Charing-cross, 2 p.m. 2nd Exam. for M.D. degree commences London Univ.	
28. TUESDAY....	Operations at Guy's, 1 p.m. 2nd Exam. for M.D. degree, London Univ. Exam. for Fellowship, Royal College of Surgeons.	<i>Royal Medical and Chirurgical Society</i> , 8½ p.m.: Mr. Lousdale, "On Deformities."
29. WEDNESDAY..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m.	<i>Geological Society of London</i> , 8 p.m.— <i>Hunterian Society</i> , 8 p.m.: Dr. Hughes, "On Some Cases of Paracentesis Thoracis."
30. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m. Exam. for Fellowship, Royal College of Surgeons.	<i>Abernethian Society</i> , 8 p.m.
DEC. 1. FRIDAY..	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m. M.D. Exam. <i>viva voce</i> , London Univ.	<i>Western Medical and Surgical Society</i> , 8 p.m.: Dr. Baines, "On Dietetics and their Uses."



# ORIGINAL LECTURES.

## A COURSE OF LECTURES ON ORGANIC CHEMISTRY.

DELIVERED IN THE

Laboratory of the Royal Institution of Great Britain.

By DR. A. W. HOFMANN, F.R.S.

Professor at the Royal College of Chemistry.

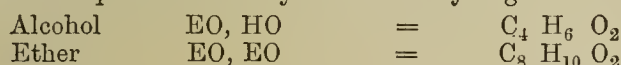
### LECTURE XVII.

#### DERIVATIVES OF THE ALCOHOL SERIES.—ETHYL.— ETHYL.—CONSTITUTION OF HYDRATED AND ANHYDROUS ACETIC ACID.

GENTLEMEN,—In examining the deportment of alcohol under the influence of a series of chemical agents, we were led to view this substance as a compound of water with the oxide of an organic radical, consisting of four equivalents of carbon and five equivalents of hydrogen—a radical to which, you recollect, the name ethyl has been given. Alcohol thus became hydrated oxide of ethyl, and was represented by the formula

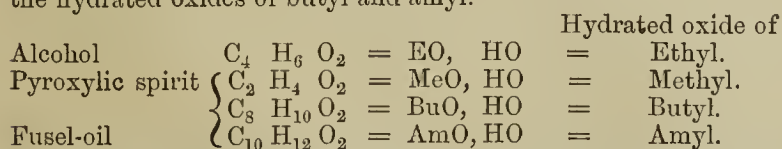


The same radical we traced in a considerable number of substances derived from alcohol; and we especially noticed ether, that remarkable body produced by the action of sulphuric acid upon alcohol. The last lecture was, in fact, devoted to the consideration of this compound. I pointed out to you, that, for a long time, ether had been viewed simply as an oxide of ethyl, as the very oxide of which alcohol was then considered as the hydrate; but you learned, at the same time, how the progress of science has modified this view, and that most chemists now assume in the ether-molecule an amount of carbon double of that existing in alcohol. Ether thus is derived from alcohol not by the separation of water, (the old theory which was long maintained, although contradicted by experiment,) but by the substitution of an equivalent of ethyl for one of hydrogen.



The assumption of the existence of the radical ethyl in the derivatives of alcohol was corroborated in a most unmistakable manner by every new addition to this series of substances; accordingly, chemists began to submit this beautiful speculation to the test of experiment, by the separation of ethyl from one of its compounds, and by its preparation in the pure and uncombined state. Nor was it the interest attached to ethyl alone which determined the direction of experimental inquiry. In one of the future lectures I have to bring under your notice a series of compounds, which, although differing in composition from alcohol, imitate the deportment of this substance in so remarkable a manner, that your knowledge of alcohol enables you to predict with certainty the phenomena exhibited by these compounds under given circumstances. Whatever constitution we may ascribe to alcohol, it will apply equally to the compounds in question; and, if we consider alcohol as a combination of water with the oxide of the radical ethyl, these compounds become combinations of water with the oxide of radicals similar to ethyl.

In the last lecture I had already occasion to refer to the methyl-series, at the head of which we found ourselves justified in placing a liquid known as pyroxylic spirit, a substance differing from alcohol by containing the radical methyl,  $\text{C}_2 \text{H}_3 = \text{Me}$ , in the place of ethyl. Again, the alcohol formed in the fermentation of certain saccharine solutions, such as the juice of grapes, an infusion of malt, etc., is accompanied by a product called fusel-oil, consisting of several substances, which are the representatives of alcohol in two other series of bodies. These substances are regarded as the combinations of water with the oxides of butyl and amyl, radicals similar to ethyl and methyl, but differing in composition from these latter. Butyl contains  $\text{C}_8 \text{H}_9 = \text{Bu}$ ; amyl,  $\text{C}_{10} \text{H}_{11} = \text{Am}$ ; and the two constituents of fusel-oil may be viewed as the hydrated oxides of butyl and amyl.



Other instances might be quoted, but these may suffice for the present; for a moment's reflection will now convince you how im-

portant it must be to establish our views of the constitution of alcohol on the basis of successful experiment. The same reasoning which applies to alcohol, is equally applicable to pyroxylic spirit and to the alcohol-like constituents of fusel oil.

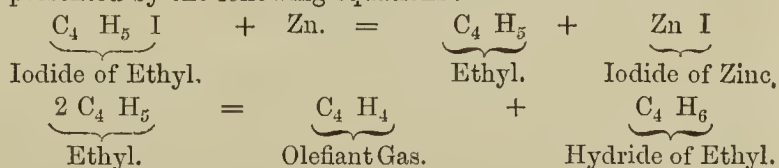
The earlier attempt at isolating ethyl, or one of the analogous radicals, did not lead to a satisfactory result. It was believed for a considerable time that these radicals did not exist in the free state. The researches of the last five or six years have led to a different opinion. In a very important investigation on the deportment of certain organic acids under the influence of the galvanic current, (an inquiry with the details of which I hope you will become acquainted bye-and-bye,) Dr. Kolbe succeeded in obtaining the radical butyl  $\text{C}_8 \text{H}_9 = \text{Bu}$ . The same chemist, in conjunction with Dr. Frankland, showed that cyanide of ethyl is powerfully attacked by potassium, a colourless gas being evolved, in which the presence of methyl was supposed to be traced. Lastly, Dr. Frankland conceived the happy thought to submit iodide of ethyl, a substance which, as you have seen, may be produced in any quantity, to the action of metallic zinc, at a temperature higher than the boiling-point of iodide of ethyl, *i. e.*, under pressure. From the gaseous product of this re-action, he succeeded in isolating a substance containing carbon and hydrogen in exactly the proportions in which these elements occur in ethyl.

The experiment is performed in the following manner.



A tube of hard Bohemian glass, about half-an-inch in diameter, twelve inches in length, is sealed at one end before the blow-pipe, care being taken not to diminish the thickness of the glass. Granulated zinc is then introduced, and the open extremity of the tube drawn out to the thickness of a straw. By applying the hottest part of the blowpipe flame, a small portion of this thin tube is drawn out into a fine capillary bar. It is then bent twice at right angles (see the figure). The tube is now to be filled with iodide of ethyl. This is readily effected by the tube being gently warmed, and its open point being immersed into the liquid. The tube is now left to cool, when the liquid is forced into the apparatus by atmospheric pressure, by means of an air-pump. The air in the tube is then replaced by the vapour of iodide of ethyl, which, during this operation, enters into violent ebullition. All that now remains is hermetically to seal the tube, and to immerse it half its length into an oil-bath of about  $150^\circ \text{C}$ . ( $302^\circ \text{Fahr.}$ ) After two hours the decomposition is complete. On removing the tube, the zinc is found

encrusted with white crystals, and the iodide of ethyl replaced by half its volume of a mobile liquid of a somewhat different appearance. This liquid is ethyl, but, during the process just described, several other substances are simultaneously produced. Among these are olefiant gas, and another gas, which may be viewed as a compound of ethyl and hydrogen, and to which the name hydride of ethyl has been given. Thus, it appears that two re-actions are going on side by side, which may be represented by the following equations:—



The separation of ethyl from the two bodies which accompany it presents some difficulty, for ethyl, although a liquid at the pressure under which it is generated, rapidly assumes the form of a gas as soon as the pressure is removed. Nevertheless, the separation succeeds pretty well, if, on opening the point under water, a considerable amount of gas is allowed to escape uncollected. Olefiant gas and hydride of ethyl, being only compressed, and not liquefied, are evolved first in a rapid current. After a few moments the liquid ethyl begins to boil, and to assume the gaseous state. As soon as a sufficient amount has been volatilized to expel the last traces of the other two bodies, the gas is separately collected over mercury.

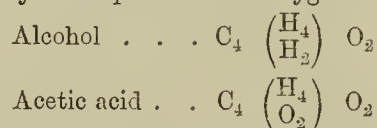
Ethyl thus obtained is a colourless gas, of a specific gravity of 2, and burning with a brilliant white flame; it is not condensed at  $18^\circ \text{C}$ . ( $6^\circ \text{F.}$ ) at the ordinary temperature of the atmosphere, but is liquefied at  $3^\circ \text{C}$ . ( $37.5^\circ \text{F.}$ ) by a pressure of  $2\frac{1}{2}$  atmo-



spheres. The boiling point of liquid ethyl is probably as low as 23° C. (94° F.) Ethyl is soluble in alcohol, and is not affected by concentrated sulphuric, nitric, or chromic acids. In its deportment with other substances it exhibits the same indifference which we observe in hydrogen at the common temperature. Hitherto chemists have not succeeded in reproducing from ethyl any one of the numerous substances in which we assume the existence of this body, such as alcohol and ether; but the substance has been scarcely sufficiently studied in this direction. It deserves to be noticed, that many chemists are inclined to assume a difference between ethyl in combination and ethyl in the free states, and to view free ethyl as a compound of two of such ethyl-molecules as exist in alcohol and its derivatives, *i. e.*, to consider free ethyl as  $C_3H_{10} = C_4H_5 + C_4H_5 = E + E$ . The formula which we have adopted would therefore have to be doubled, exactly as we have seen that there are good reasons for doubling the formula of common ether. However, the line of argument adduced in favour of this view being scarcely intelligible to you at this stage of the course, I will dismiss this subject for the present moment, but shall return to it in one of the subsequent lectures.

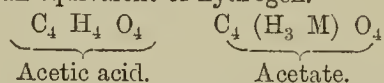
The short account of ethyl itself which I have given you in the preceding remarks was necessary for the completion of the sketch, I have endeavoured to delineate, of our present notions regarding the molecular construction of alcohol and ether. It is now time that we look somewhat more closely into the constitution of acetic acid, which is the most important of the derivatives of alcohol.

In a former lecture (Lecture XIII.) the several modes of producing acetic acid, some of its salts and products of its decomposition were fully described, so that I need not return to this subject. I have likewise given you the composition of this acid and the relation which it bears to that of alcohol. The formula of acetic acid being  $C_4H_4O_4$ , and that of alcohol  $C_4H_6O_2$ , we may regard acetic acid as alcohol, in which two equivalents of H are replaced by two equivalents of oxygen.

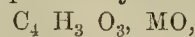


This view, which is in perfect accordance with the formation of acetic acid in a process of oxydation, involves no theory respecting the molecular construction of acetic acid; it is a simple expression of the result of experiment. Various have been the opinions regarding the constitution of acetic acid which chemists have held at different periods. This substance, indeed, furnishes an illustration not only of the rapidity with which new views succeed each other in chemistry, but of the uncertainty of these views, which are after all merely the interpretations of certain re-actions.

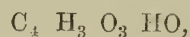
Acetic acid, as we have seen, forms a series of well-defined salts, which differ from the acid by an equivalent of metal being substituted for an equivalent of hydrogen.



Inasmuch, however, as the salts were generally obtained by treating metallic oxides with the acid, it was assumed that the metallic oxide continued to exist as such. The newly-formed salt was consequently expressed by the formula—



and considered as a compound of the metallic oxide with an imaginary substance  $C_4H_3O_3$ , called *anhydrous acetic acid*, because it is  $C_4H_4O_4 - HO$  (acetic acid *minus* water). The formation of an acetate, accordingly, would take place by the expulsion of water from acetic acid under the influence of a metallic oxide. What, then, was simpler than to assume the existence of water ready formed in acetic acid, which thus becomes a combination of anhydrous acetic acid with water,

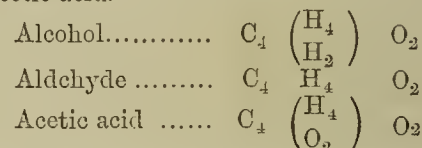


or hydrated acetic acid? It is true that acetic acid furnishes acetates also by acting upon the metals directly; but this is readily explained. The metal decomposes the very water of hydration whose hydrogen is evolved, while the newly-formed oxide unites with the anhydrous acid; or the metal in the presence of the acid absorbs oxygen from the atmosphere, and the oxide replaces the water of hydration. You perceive on what slender foundation the assumption of water existing as such in acetic acid, rests. The only safe conclusion as to the constitution of acetic acid, which can be drawn from the formation of the acetates, is, that there is one hydrogen-equivalent in this acid in

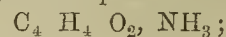
a peculiar mobile condition—a hydrogen-equivalent which is capable of being replaced by an equivalent of metal, this replacement taking place either directly by the metal alone, when the mobile equivalent of hydrogen is evolved, or by the joint action of the metal with oxygen, this latter being either in combination with the metal, or free, when the mobile hydrogen is converted into water.

The progress of science soon furnished new materials for speculation on the constitution of acetic acid. The process of acetication, that is, of the conversion of alcohol into acetic acid, was submitted to a careful examination. It was found—and you are acquainted with the fact—that the formation of acetic acid is preceded by that of a peculiar volatile body, to which the name of “aldehyde” was given.—(Vide Lecture XIII.)

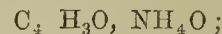
The composition of aldehyde is intermediate between that of alcohol and acetic acid.



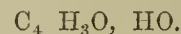
Although less apt to produce salts than acetic acid, aldehyde combines with the metallic oxides. From the combination of this substance with ammonia, there results a magnificent white crystalline compound, the simplest formula of which is



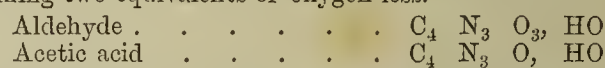
but chemists, assuming ammonia to be present in the form of oxide of ammonium, represented the substance, as expressed thus—



and aldehyde itself as



Aldehyde thus becomes a compound of water with an hypothetical body,  $C_4H_3O$ , differing from anhydrous acetic acid by containing two equivalents of oxygen less.



In these formulæ of anhydrous aldehyde and anhydrous acetic acid, all the elements are constant except the oxygen. Hence arose the idea that these constant elements might exist in a peculiarly intimate state of chemical union—that, in fact, aldehyde and acetic acid were the respective products of different equivalents of oxygen, when combined with this elementary group and a constant quantity of water.

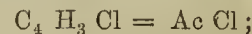
Chemists thus arrived at the conception of a new organic radical, differing from ethyl by containing 2 equivalents of hydrogen less, to which the name *acetyl* was assigned, and which was represented by the symbol *Ac*. Aldehyde thus becomes hydrated protoxide; acetic acid, hydrated teroxide of acetyl.



The same radical was subsequently traced in several other compounds. You recollect that the action of chlorine upon ethylene (olefiant gas) gives rise to a series of substitution-products, of which the first is monochlorinetted ethylene. (Lecture XV.)



It is obvious that this substance may be viewed as chloride of acetyl,



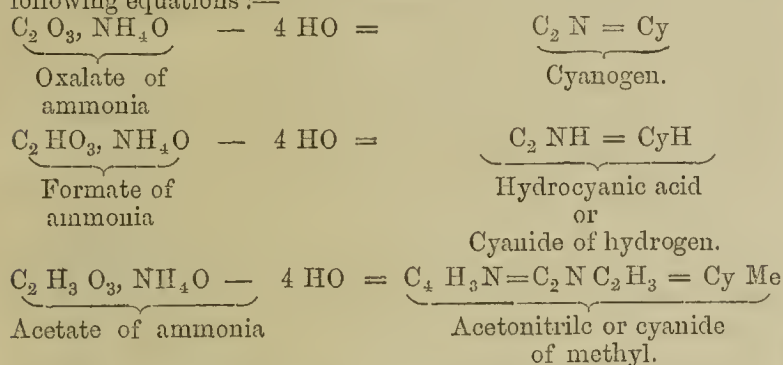
and even in ethylene itself, the hydrogen may be viewed as existing in two different forms.

The acetyl-theory stood not long alone. The multiplication of experimental inquiries could not fail soon to suggest some other ideas. The deportment of ammonia-salts in general, and especially of acetate of ammonia, was made the subject of a minute investigation, with the results of which you are already acquainted. (Lecture XVI.) It was found that acetate of ammonia, when distilled with anhydrous phosphoric acid, furnishes a substance called *acetonitrile*, which was subsequently found identical with cyanide of methyl, the cyanogen-compound of the radical, analogous to ethyl, which we assume in pyroxylic spirit. (Lecture XVI.) The change which acetate of ammonia undergoes, under these circumstances, is perfectly similar to that of oxalate of ammonia, which is known to furnish cyanogen under these circumstances.

Oxalic acid and acetic acid are not the sole instances of this kind. There are many other acids that exhibit a perfectly similar deportment. Of these formic acid is one which especially claims our attention. Its composition is intermediate



between oxalic and acetic acid, differing from the former by a surplus of 1 equivalent of hydrogen, from the latter by the same difference of 2 of carbon and 2 of hydrogen which constitutes the difference of ethyl- and methyl-alcohol. Now, formate of ammonia, when heated with anhydrous phosphoric acid, also gives off a certain quantity of water, and is converted into prussic acid, the hydrogen-compound of cyanogen. The similarity of these re-actions is appropriately illustrated by the following equations:—

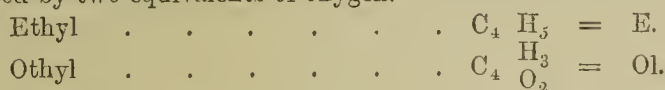


On being boiled with acids or alkalis, these several substances are decomposed, yielding, on the one hand, ammonia, and, on the other, respectively, oxalic, formic, and acetic acid. The perfect parallelism of these several re-actions has suggested the pre-existence of oxalic acid in both formic and acetic acid, which, according to this view, become conjugated oxalic acids, associated respectively with hydrogen and methyl.

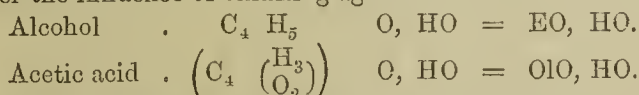


This view has received considerable support from Kolbe's important observation, that acetic acid, when submitted to the action of an electric current, yields methyl and carbonic acid, the latter being supposed to arise from the oxidation of the oxalic acid. Many other phenomena exhibited by acetic acid become equally intelligible if this mode of viewing it be adopted.

Nevertheless, the oxalic acid-theory has never been generally received, and a third view has been advanced, which is rapidly gaining ground. This third view assumes in acetic acid a peculiar radical, containing carbon, hydrogen, and oxygen, to which the name *othyl* has been given—a radical, in fact, which may be considered as ethyl, in which two equivalents of hydrogen are replaced by two equivalents of oxygen.

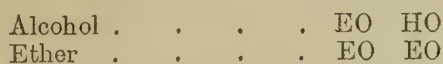


The conversion of alcohol into acetic acid, according to this view, would consist in the transformation of ethyl into othyl under the influence of oxidising agents.



The othyl-theory, which maintains a perfect analogy between the composition of alcohol and acetic acid, derives its chief support from a series of beautiful researches, carried on during the last year by Mr. Gerhardt.

I have repeatedly alluded to the different views entertained with regard to the nature of common ether. While this substance was formerly almost universally considered as  $C_4 H_5 O = EO$  (*i. e.*, as dehydrated alcohol,  $EO, HO - HO$ ), many chemists, even at a very early period, were inclined to assume another relation between alcohol and ether. They regarded this substance as originating from alcohol by the assimilation of another equivalent of ethyl, or, better expressed, by the substitution of an equivalent of ethyl for an equivalent of hydrogen in alcohol.

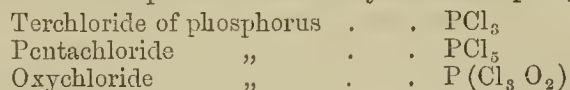


This view has been almost established by the experiments of Dr. Williamson on etherification.

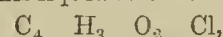
The question which now arises is—If acetic acid has actually a constitution similar to that of alcohol, is it possible to produce a substance which stands to acetic acid in the same relation in which ether stands to alcohol? in other words, is it possible to replace in acetic acid an equivalent of hydrogen by othyl? This question has been answered by Mr. Gerhardt, who has succeeded in producing such substitution-products; and he has described them under the appellation of “anhydrous organic acids.”

In order to render intelligible the process in which these substances, and especially anhydrous acetic acid, are formed, it is necessary to describe to you briefly some other compounds used in their preparation, the existence of which also gives a powerful support to the othyl-theory.

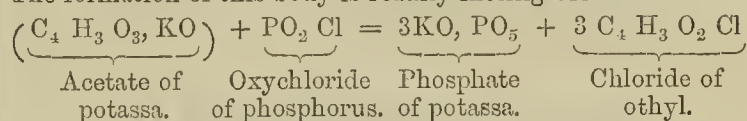
Phosphorus, when coming in contact with chlorine, according to the quantity of the latter, is known to give rise to the formation of two compounds—terchloride,  $PCl_3$ ; and pentachloride of phosphorus,  $PCl_5$ . The pentachloride absorbs moisture with great avidity, disengages hydrochloric acid, and is gradually converted into a compound named “oxychloride of phosphorus.”



The latter body is the point of departure of Gerhardt's researches. This substance, when coming in contact with an acetate—acetate of potassa, for instance—gives rise to a lively reaction, the products of which are phosphate of potassa and a volatile body of suffocating odour, which boils at  $55^\circ C.$  ( $131^\circ F.$ ) The analysis of this liquid has led to the formula—



which obviously represents the composition of chloride of othyl. The formation of this body is readily intelligible—



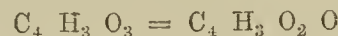
Chloride of ethyl is a substance similar to chloride, bromide, and iodide of ethyl.



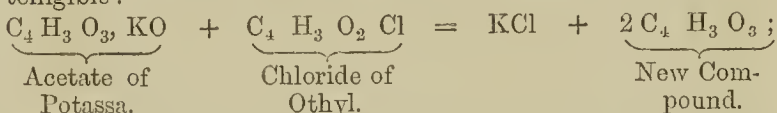
and stands to acetic acid and its compounds in the same relation as chloride of ethyl to alcohol and its compounds.

If chloride of ethyl be submitted again to the action of acetate of potassa, a new re-action takes place; the acetate is now converted into chloride of potassium, and a dense liquid of an aromatic vinegar-like odour, which boils at  $137.5^\circ C.$  ( $279.5^\circ F.$ )

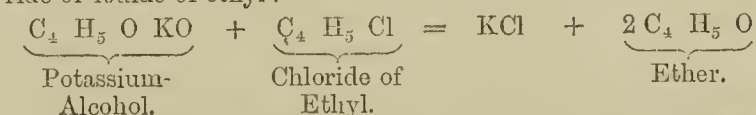
The simplest atomic expression of this substance is the formula,



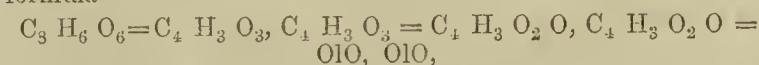
It may be viewed as a compound corresponding to chloride of othyl—as chloride of othyl in which the chlorine is replaced by oxygen; in fact, as oxide of othyl. The formation is readily intelligible:—



the re-action being perfectly analogous to the change which potassium-alcohol undergoes when coming in contact with chloride or iodide of ethyl:—



It is obvious that the new compound has the composition of anhydrous acetic acid, and that it stands to acetic acid in the same relation as ether does to alcohol. The question now presenting itself is, whether this body is really the anhydrous acetic acid which many chemists assume in the hydrate of acetic acid, and in the acetates. There is no doubt that the discovery of this substance was hailed with great delight in the camp of the followers of this theory, and regarded by many as the key-stone of the edifice. The powerful analogy between the formation of ether and that of the new liquid, however, compels us to adopt for the latter whatever view we have taken regarding the former; and since, in the case of ether, we were led by many considerations (*Vide* Lecture XVI.) to regard this body rather as being derived from alcohol by the substitution of ethyl for hydrogen than by the removal of water, we must infer that the composition of the new substance has to be represented by the formula—



which makes the substance a compound of two equivalents of oxide of othyl.

Permit me here to refer to the line of argument which I adopted, when speaking of the theory of etherification and the constitution of ether. I would only add, that exactly as we suc-



ceeded in substituting for the hydrogen in alcohol, in place of ethyl, an analogous radical methyl, or similar elementary groups, it is possible to replace the hydrogen in acetic acid by butyryl,  $C_3H_7O_2=Bul$ , or benzoyl,  $C_{14}H_5O_2=Bz$ , or an equivalent of radicals analogous to ethyl. A series of bodies is thus produced which stand to acetic acid in the same position which the so-called mixed ethers, methyl-ethyl ether, for instance, occupy with reference to alcohol.

In the following Table, the alcohols, ethers, hydrated and so-called anhydrous acids, are referred to a double equivalent of water. It exhibits the remarkable relation in which these substances stand to one another:—

Water . . . . .	HO, HO
Methyl alcohol . . . . .	MeO, HO
Ethyl alcohol . . . . .	EO, HO
Methyl ether . . . . .	MeO, MeO
Ethyl ether . . . . .	EO, EO
Methyl-ethyl ether . . . . .	MeO, EO
Acetic acid . . . . .	OIO, HO
Butyric acid . . . . .	BulO, HO
Benzoic acid . . . . .	BzO, HO
(Anhydrous) acetic acid . . . . .	OIO, OIO
(Anhydrous) butyl acetic acid . . . . .	OIO, BulO
Anhydrous benzoyl acetic acid . . . . .	OIO, BzO

## ORIGINAL COMMUNICATIONS.

### ON THE USE OF COTYLEDON UMBILICUS IN EPILEPSY.

By EDWARD H. SIEVEKING, M.D., F.R.C.P.

Assistant-Physician to St. Mary's Hospital.

So long as the nature of epilepsy continues enveloped in obscurity, and our treatment as empirical as it now is, we are justified in employing such remedies as offer a reasonable prospect of being beneficial. Among the cases of epilepsy in my own practice, of which I have preserved notes, there are several which appear to have received marked benefit from the juice of cotyledon umbilicus, so much so that there seems reason for giving it a more extended trial. *In limine*, I distinctly state, that I always mistrust a case of cure of epilepsy, as I believe that even a single paroxysm indicates a tendency which probably can never be eradicated. I have no wish to exalt the cotyledon umbilicus above the various other remedies at our command; but I desire that other Practitioners would give it a fair trial, always remembering that epilepsy is by its nature prone to exhibit free intervals of greater or shorter duration, which may render any seeming cure fallacious. If an exciting cause of the epileptic paroxysm can be discovered, we necessarily seek to remove it—we go to work in the rational way, but when, as in the majority of cases of this disease, we find no definite indication, we are left to a copious *apparatus medicaminum*, and are at times glad to have a new item on our list. One word in recommendation of the cotyledon. Although its active principle has not yet been discovered, but would appear to be analogous to that of digitalis, from its slightly sedative and diuretic action, it does not appear to exert the least inconvenience upon the human system,—certainly not in the medicinal doses in which I have exhibited it; the only organs that are at all affected by the cotyledon are the kidneys, and they, too, often manifest no especial action. No patient has ever complained of being nauseated or purged by it, so that one would scarcely expect a remedy apparently of an innocuous character to exercise any control over so fearful a disease as epilepsy. As I wish the reader to form his own estimate of the value of the drug, so far as my cases prove anything, I subjoin the following memoranda:—

*Case 1.*—Feb. 8, 1853.—Anna D., aged 35, the wife of a painter, has been subject to epileptic fits for six years; sometimes with intervals of two or three months; lately they have become more frequent; and since yesterday week she has had six. The fits last two hours; she is insensible, foams at the mouth, struggles, and bites her tongue. The paroxysm is preceded by an aura in the shape of a choking sensation; she also feels the eyes growing dim a minute or two before the attack, but there is not sufficient time to take any precautions. The fits are generally worse during pregnancy; she is not so now; the tongue is bitten; there is no hereditary taint; no headache. The patient attributes her fits to anxiety. Pulse small.

R Liq. cotyl. umbil.  $\mathfrak{z}\text{j}$ ., ter. die., continued to Feb. 15, with one slight fit, which only lasted ten minutes.

The cotyledon was persevered in, with an occasional colocynth pill, and a little cough medicine, to the 29th of March, only one fit having taken place during that period. On the 6th she was discharged, but the cure was not permanent; for, on the 19th of April, 1853, she returned, stating that the fits had returned the previous week, and that seven paroxysms had occurred since.

The liq. cotyl. umb. was again ordered in the same dose.

May 3.—One fit since last visit. Pergat.

20th.—No fit for a fortnight. Pergat.

June 11.—One fit since last visit. Pergat.

July 5.—One fit in the night, the week before last, from excitement; none since.

Electuar. ferri  $\mathfrak{z}\text{j}$ ., ter. die.

12th.—Pergat.

25th.—One fit since last visit.

R Nitr. arg. gr. ss. extr. gent., gr. iv., pil. ter. die. sumenda.

Aug. 2.—Had a fit during the last visit, lasting a short time and a slight fit last night. Rep. pil.

16th.—Has had two fits. Rep. liq. cotyled. umbil.  $\mathfrak{z}\text{j}$ ., ter. die.

25th.—No fits. Pergat.

Sept. 23.—One fit since Aug. 25. Pergat.

After this there was no return of fits during the whole period she continued to take the medicine; she also lost what she called the slight attacks—brief, momentary fits of vertigo and semi-unconsciousness, and was discharged, cured, on Nov. 18th. The cure, however, again was not permanent; and the last notes of the case, I regret to say, appear to show that the cotyledon had lost whatever efficacy it may previously have possessed. She returned in Jan., 1854, after a free interval of three months. She was now pregnant, and continued to have the fits up to the period of delivery, without relief from the cotyledon.

*Case 2.*—Aug. 2, 1853.—Thomas C., aged 44, a widower and messenger, has for three days past been subject to dizziness; three days ago there was loss of consciousness, and paralysis of the hands for a quarter of an hour, of which there is now no trace. There is pain in the forehead; pulse 84; tongue furred. On Sept. 3 he had a fit, in which he lost his senses for about half an hour. Two fits occurred again between August 19 and September 23; another on September 25, lasting ten minutes. The treatment up to this time consisted mainly in counter-irritation and purging, the symptoms being regarded as indicating a congestive, if not inflammatory condition of the brain.

Oct. 7.—Last Sunday (five days ago) his hand became pale and “drawn;” there was a sensation passing up to the head, and he then fell down in a fit, and remained unconscious for about ten minutes. The same symptoms have occurred once a-week. He was recommended to apply a ligature round the arm, and tighten it as soon as he feels the commencement of the aura, and take liq. cotyled. umb.  $\mathfrak{z}\text{ij}$ . ter. die.

Oct. 14.—States that he has derived a great deal of good from the last medicine. Pergat.

21st.—Has a sort of cramp in his hands when he wakes up in the morning, with a “tapping” on the head. Pergat.

28th.—Can't get rid of the ticking in the head; complains of nothing else, except a slight increase of deafness. Says the cotyledon umbilicus acts as a diuretic. Rep. cotyled. umbilicus, empl. vesicat. auricul.

Nov. 11th.—No fit had recurred since the first employment of the cotyledon umbilicus. I have not seen this patient since.

*Case 3.*—This case might have seemed a peculiarly favourable case for the employment of cotyledon umbilicus, from the apparent absence of all complications; but it failed, like the various other remedies which were employed, in effecting any permanent impression. It was that of an intelligent lad, aged 17, who, for three years before coming under treatment had been subject to fits, occurring on an average once or twice a month. There was no hereditary or other taint traceable; masturbation was absolutely denied by the father, who had closely watched his son, and the former attributed the malady solely to over-reading. The cotyledon was given alone, or with taraxacum, from October 18 to November 29; and although the headache of which he complained was relieved by a seton, the monthly fits were not postponed, and have of late even become more numerous.

*Case 4* was one that would be at once pronounced hopeless as regards the efficacy of any drug. The patient was a porter, aged 30, who had been subject to epileptic fits from his infancy, whose father was paralytic and brother epileptic; they were preceded by a sense of his “head going round,” and occurred once or twice monthly; and, during the last twelve months, he had also been affected with choreic movements of the left arm. He took the extract of the cotyledon, first, gr. xv.; afterwards,



gr. xxx., three times a-day, while under treatment, viz., from Feb. 7, 1854, to April 4, with occasional purges. During that period he had four fits.

*Case 5.*—March 14, 1853.—W. L., a lad, aged 15, of a scrofulous habit; had no diseases till the appearance of the fits, to which he has been subject about a year and a-half. The fits commence with a scream, and the unconsciousness sometimes lasts two hours. They are followed by frontal headache. He has not bitten his tongue. The pulse is 80, strong; the bowels open; there are no worms; he passes much urine before the fits; he now has five to six fits daily. He never had a blow on the head as a child. Masturbation denied. Ext. cotyled. umbil. gr. xv. ter die. Mist. magn. et rhei. ʒj. alterna mane.

28th.—Has had no fits since last visit; feels much better; has no headache. Pergat usu mistura et pilul.

April 7.—Has had no return of fits till last night, when he had a "dreadful" fit, and another this morning. Wets his bed at night. The free interval was regarded by the mother as unusually long. Unfortunately, this was the last opportunity I had of seeing the boy; but the case, so far as it goes, may be used as evidence in favour of the cotyledon, the more so, as the patient's age and sex, as well as the duration of the illness, do not favour the assumption of any mere mental impression.

*Case 6.*—In this case, a young clerk, of 17 years of age, epileptic fits had occurred, with gradually increasing frequency, for a year before he came under treatment. Gradually increasing doses of sulphate of zinc, attaining gr. x., effected what appeared to be a cure; but, at the commencement of the treatment, the cotyledon was tried from April 21 to May 9, during which time he had two fits, which were said to have been less strong than the previous, though about the same rate of frequency.

*Case 6.*—This case was one in which, not only from the ancient date of the disease, but the probability of centric disorganization (tubercle) of the brain, and the impoverished circumstances of the patient, treatment promised to be of little avail. He was a porter, aged 18, who suffered from the first fit at the age of five. The fits had remained in abeyance till within about eight months before coming under treatment. It was commenced with the nitrate of silver, but the fits became more frequent; the silver was therefore exchanged for the cotyledon, and the previous interval was restored, and intermissions subsequently were protracted longer than they had been before treatment. A severe attack of pleuritis prevented the further attendance of the patient, and he was lost sight of.

The above cases, I think, hold out some encouragement to the further employment of this certainly innocuous remedy. Whatever its active properties, much undoubtedly depends upon the manner in which the extract is prepared, as in all vegetable extracts; much must also depend, if the active principle is remedial in epilepsy, upon a proper diagnosis of the exact form of the disease to which it is applicable. A good deal remains to be done before these desiderata will be supplied.

Bentinck Street, Manchester Square, Nov., 1854.

## CASES IN PRIVATE PRACTICE.

By T. WIGLESWORTH, Esq., M.R.C.S., and Lic. Mid.

### INDUCTION OF PREMATURE LABOUR.—SPASM.

SOPHIA PHILLIPS, whose case was recorded in the *Medical Times and Gazette* of September 11, 1852, again became pregnant. She is in her 42nd year. Her last menstrual period was on Nov. 20, 1853; and, her seventh monthly period expiring on the 5th of June of the present year, it was determined to induce premature labour. I therefore, in the evening of the 8th of June, injected a large quantity of warm water into the vagina, for the purpose of relaxing it, and which I found completely to answer purpose desired, so that the os uteri was reached without difficulty. I then separated its lips with a female catheter, and introduced a sponge tent, made after the plan recommended by Dr. Rigby, and reported in the *Medical Times* of Dec. 6, 1851, which answered the purpose very well.

During the next day and night, the pains came on slightly at intervals; and on the morning of the 10th the pains recurred every half-hour.

The sponge tent being now well dilated, it was removed, the vagina syringed out with warm water, and a larger tent introduced; on the evening of the same day, the bowels not having been opened, I ordered her an enema of gruel and turpentine, which acted freely.

June 11, ten a.m.—The sponge tent introduced yesterday has

swollen considerably, and the os uteri is dilating; in the afternoon of the same day, finding that the pains, although returning every half-hour, had lost much of their intensity, I ordered her to take half a teaspoonful of the eth. ex. ergot, and repeat the dose every hour. By nine o'clock in the evening she had taken six doses of the ergot, and the pains were now severe and bearing down. The sponge tent was accordingly removed; the os uteri had dilated to the size of half-a-crown, and the waters were beginning to gather. The child's head, during a pain, could just be reached by the tip of the finger. The pains continued strong all night; and at five o'clock in the morning of June 12, finding the os uteri well dilated, I ruptured the membranes, which were rather tough; and the child (a girl) immediately followed. The placenta came away readily, but a good deal of hæmorrhage succeeded, which was soon restrained by the application of cold to the vulva. Soon after the birth of the child, she complained of very severe pain extending down the right thigh, and which she describes as very much worse than any labour-pain she ever experienced, and compares it to "like dogs tearing the flesh from the bone." I gave her forty drops of tincture of opium, which relieved the pain, and left her very comfortable. I saw her again in the evening; she had been very easy through the day, but just before my visit had had a very severe fit of shivering, which still continued. I gave her a dose of opium, and ordered her some tea as warm as she could drink it, and she had no return.

13th.—She continues to improve, but the pain in the thigh has at times troubled her a good deal. Ordered hot fomentation to the bowels.

14th.—The pain down the thigh is to-day very much more severe; the fomentations ordered yesterday, and which then gave relief, appear to have no effect; and she speaks of a "large lump rising in the lower part of the bowels" with which she connects the pain, and which is evidently the uterus contracting. Some little discharge attends the contraction of the womb; there is no clot at the mouth of the uterus; the pulse is 102 and soft; the bowels are not at all tender upon pressure; and the pain appears to be entirely produced by the simple act of contraction. As the tongue was rather coated, I ordered her an effervescent draught, with half a drachm of the tincture of hyoscyamus to be taken every four hours.

18th.—After taking two or three of the draughts the pain entirely left her, and has not since returned. She is going on very well.

26th.—She is now quite convalescent.

### KNEE AND FUNIS PRESENTATION.—HÆMORRHAGE.

Mrs. H. J., thirty-five years of age, and in her seventh pregnancy, was taken in labour on the 24th July, 1854. As the midwife in attendance considered there was something unusual about the case, I was sent for early in the morning of the 25th. I found, upon examination, that the os uteri was just beginning to dilate; but that the presenting part could not be felt. The pains continued strong and regular, and after I had been there about an hour, the os uteri had sufficiently dilated to enable me to ascertain that the presentation was one of the knee; I could also feel a coil of the funis encircling it. As the labour was progressing favourably, and the membranes were unruptured, I considered it advisable not to interfere, but to allow it to take its course. The pains continued regular and of sufficient force, and at eleven o'clock, the os uteri being fully dilated, I ruptured the membranes, the woman standing at the time. The midwife placed a chamber utensil to catch the waters, and I proceeded to get ready the thread for securing the cord. While doing so the waters appeared to be flowing for an unusual length of time, so that I became uneasy, and, on looking into the chamber utensil to satisfy myself that all was right, found that it was nearly filled with the discharge of the liquor amnii and blood, which was still running in a fine stream. I immediately placed her on the bed—passed my finger into the bend of the knee, and endeavoured to bring it down, but each attempt brought away a large quantity of blood. I soon, however, succeeded. The woman was now beginning to feel faint; and there was no time to be lost, so I at once proceeded to complete the delivery. The cord was twisted round the leg of the child. As there had been no discharge of blood during labour previous to the rupture of the membranes, I account for the flooding, on the supposition that the placenta was placed low down in the womb, near its orifice, and had become partially separated; that the pressure of the membranes was sufficient to have kept it firm against the side of the womb; and that when they burst that pressure was taken off, and the position of the leg prevented pressure being kept up upon the placenta. This view I think is strengthened by



the fact, that since the 16th June she has had repeated discharges of blood from the womb every week, and sometimes to a considerable extent; she had very little discharge after delivery, and is now quite well.

Coleford, Aug. 28, 1854.

## CLINICAL REPORTS OF SOME CASES OF SURGICAL DISEASES OF WOMEN.

By I. BAKER BROWN, Esq.

Surgeon-Accoucheur to St. Mary's Hospital, etc., etc.

As a sequel to my work, "On Some Diseases of Women admitting of Surgical Treatment," I think it may be useful to publish from time to time some cases illustrative of the opinions therein expressed. I shall therefore briefly commence recording the result of my further experience, selecting only some of the more prominent cases.

The first will be one of "Ovariectomy—Pregnancy—Delivery—Result." On referring to my work, page 261, the case of Miss B. will be found, the principal points of which I will here recapitulate.

In the year 1843, this lady was tapped for ovarian dropsy, and pressure applied, and no return of the fluid took place for seven years. In 1850 she complained of being stouter. On examination of the abdomen, I found a solid, slightly elastic, but not fluctuating tumour, in the left iliac fossa. In 1851 I again examined her, and found the tumour, but still could not detect fluctuation. In March, 1852, there was a considerable increase of the tumour, and fluctuation was distinct. Shortly afterwards, I introduced a very small trocar, and drew off an ounce of clear, transparent, and very slightly albuminous fluid. On the 29th of the same month, I attempted to excise a portion of the cyst; but, for reasons which I have fully explained, I ultimately proceeded to complete extirpation of the cyst; and she progressed satisfactorily, without a single untoward symptom, till the following 30th of April, when she was quite convalescent. This lady married in October, 1853; and, as I have recorded, in June, 1854, was in the eighth month of her pregnancy.

On the 15th of July I was telegraphed to go to her immediately, forty miles in Essex; and, on my reaching there, at half-past twelve, I found she was safely delivered by my friend, Mr. Stone, of Little Waltham, who has kindly given me the following notes:—

"I was summoned at seven a.m. to Mrs. R., aged 32. Labour commenced at three a.m. On examination, I found the os uteri about the size of half-a-crown; pains very regular; liquor amnii discharged about ten, from which time pains increased in vigour, and labour terminated naturally at twelve a.m. Presentation natural.

"16th.—Passed a good night, and slept well; pulse natural; skin cool; countenance placid; no faintness; lochial discharge good; passed urine several times. To take pil. hydrarg. gr. iij., ext. hyoscyam. gr. v. h. s. s. Haustus sennæ, dec. aloes co., aa. ʒvj. Haustus mane.

"17th.—Good night; pulse quiet; no heat of skin; no abdominal tenderness; lochial discharge continues. Bowels opened by medicine. To have beef-tea twice to-day.

"18th.—Going on well.

"20th.—Going on well.

"23rd.—Continues to improve in strength; supply of milk plentiful; nurses her infant; lochial discharge ceased two days, and has returned. To get on couch to-morrow."

I saw this lady several times afterwards during the next few weeks; and, with the exception of being obliged to wean the infant, from a deficient supply of milk, she continued as well as any woman could be after a first confinement; and she is now quite well.

Since the publication of Mr. Crouch's, I know of no case of greater interest in every point of view than this; it clearly proves that the absence of one ovary affords no reason for anticipating sterility; and it also well proves the necessity and advisability for ovariectomy in such cases, and will be another strong argument in favour of that operation in well-selected cases. It will not, of course, prove any definite rule in favour of extirpation; but it will, when combined with other recorded facts, materially assist us in choosing or deciding on a given plan in each different case

[To be continued.]

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### ST. BARTHOLOMEW'S AND OTHER HOSPITALS.

#### REPORT ON CARBUNCLE.

Of late years carbuncle has, on account of its much-increased frequency, become a disease of great importance. Not only, moreover, is it much more common now than formerly, but its character appears, if we may rely upon the accounts of its former describers, to have undergone some important modifications. Whether on this point we are to refer the discrepancies to want of minute accuracy in the accounts of it, which are to be found in our systematic writers, or are to seek explanation in the now-so fashionable theories, of "changed type of disease," we will not attempt to decide. It is certain, however, that in the present day carbuncle is no longer a disease in any way confined to the aged, the cachectic, or the intemperate, but that practically it is met with at all ages, and in very various conditions of health. As, perhaps, the necessary consequence of this change in nature, the disease has also demanded, in not a few cases, a modification of the plan of treatment usually advised in books. These assertions as to alteration, whether in the character of the disease, or the measures of treatment required, will, we doubt not, be borne out by the experience of all practical surgeons, but they are, of course, not intended to be applied universally. In a majority of its instances, carbuncle is still the same disease that it was, happening to the same class of patients, and curable by the same means. All that it is wished to advance to the contrary effect is, that the proportion of cases exceptional to former rules has been lately very large. Under these circumstances it has appeared, that an attempt to generalize the large experience of the London Hospitals on this disease during late years, could neither be destitute of interest, nor barren of direct utility. We shall base the statements made in the present Report chiefly, but by no means solely, on the facts exhibited in the following table of cases, and a few words of explanation respecting it may, therefore, be here suitably inserted. The first twenty-five of the cases composing it were collected by the writer about two years ago, in the wards of St. Bartholomew's Hospital, with the especial object of determining some of the questions involved in the pathology of carbuncle. They include, it is believed, all the cases that were admitted during a period of about six months. The remainder of the series have been subsequently added, and are from various Hospitals, not exhausting any particular period, and therefore not entitled in a strict sense to rank as statistics. As they were, however, not in any way selected, it is believed that they fairly represent the average of cases. The cases were collected with particular reference to the determination of the predisposing causes of carbuncle, and of the influence of treatment by incisions. With regard to the previous habits of the patients, much care was taken to guard against deception, and a liberal allowance made where, from the manner of answering questions, there appeared reason to doubt the truthfulness of the replies. It will be seen that, with one or two exceptions, all the cases are examples of the severe forms of carbuncle. It is the practice at the Hospitals to treat all mild cases as out-patients, and to reserve only the more severe ones for admission. The reader, if not accustomed to the actual use of the measuring tape in the estimation of size, must bear in mind, that swellings always measure much less than the eye would have judged them at. A considerable mental addition ought on this account to be made in each case to the size, as expressed in the column devoted to it in the table.

It will be convenient to take up seriatim, and under special heads the questions illustrated by the accompanying table; but, before doing so, we will say a few words on the

#### RECENT INCREASE OF CARBUNCLE.

On this subject statistics fully support the unanimous conclusions of Surgeons. St. Bartholomew's Hospital, we regret to say, preserves no record of the diseases for which in-patients are admitted; it was therefore impracticable to obtain therefrom data which from their extent would have been most valuable, and we were obliged to be content with records of the out-patients only, among whom comparatively but a small number of carbuncle cases occur. With the permission of the Treasurer we examined the out-patient's books for several years back; but were here obliged yet further to limit our inquiry, by finding that those of but one of the Assistant-Surgeons had been regu-



larly kept. The following are the numbers of cases treated by Mr. Paget in the respective years:—1842—none; 1843—none; 1844—none; 1845—none; 1846—1; 1847—book missing; 1848—book missing; 1849—1; 1850—8; 1851—4; 1852—5; 1853—9. The Registrar-General's reports concern only fatal cases; these may, however, in some measure be taken as indicative of the prevalence of the disease. From them, it appears that there died of carbuncle in London, during 1841—1; 1842—5; 1843, 6; 1844—5; 1845—9; 1846—3; 1847—15; 1848—20; 1849—13; 1850—20; 1851—19; 1852—50; 1853—70; 1854 (up to November 25)—81. Thus, the numbers taken from both sources concur in showing, that the increase has of late years been very great, and quite out of proportion to the increase of population. With the very imperfect knowledge possessed, as to the true nature of carbunculous affections, it would be in vain to attempt to assign any reason for this increase; we must therefore be content to receive it simply as a fact.

#### PREDISPOSING INFLUENCES.

An examination of the accompanying Table, and of the following facts, may, we think, convince anyone that it is quite impossible to assign any particular combination of anti-hygienic circumstances as the predisponents of carbuncle. True, the sedentary, the aged, the cachectic, the intemperate, are often its subjects,—but so also are the abstinent, the healthy, and the young. As to the influence of sedentary occupations and of dyspepsia, we have, in opposition to any assertion of their influence, the remarkable fact of the great comparative immunity of the female sex. It is to be remarked here, that this report concerns only a city population, and that, therefore, no estimate of the preservative influence of rural occupations can be formed from it. We much suspect, however, that no great difference would be found could some provincial statistics be obtained. Several of the worst cases of carbuncle which have fallen under our notice were in patients who had come from the country.

*Age.*—The youngest patient we have ever seen was a boy aged 15, treated by Mr. Paget, in 1850. He was a pale, cachectic lad, who had been ill fed. The carbuncle was between the shoulders, of the atonic form, and attained the size of the flat surface of an adult hand. A lad, aged 17, was not long ago under Mr. Startin's treatment, at the Hospital for Skin Diseases. Of the cases in the accompanying list, two were aged 16; two 17; one 19; one 23; one 26; two 29; three 35; one 37; between 40 and 50, thirteen; between 50 and 60, five; between 60 and 70, four; between 70 and 80, one. The average age is 42.

*Sex.*—Of 28 consecutive cases counted from Mr. Paget's out-patients' books, 23 were men, and 5 were women. Of the 35 in the tabular report, 29 were men, and 6 women. Adding these data, we have as a joint result a proportion of 4·7 cases in men to 1 in women. There may possibly be some coincidence here, and the difference may appear greater than it would if the data were more extensive. The Registrar's report of fatal cases, however, fully supports the conclusion. Of 49 cases, the particulars of which are mentioned in the present year, 32 were males and 17 females. No doubt, therefore, can remain, but that the male sex is by very much more liable to be affected by carbuncle than the female. In passing, we may here remark, that the same seems to be the case with boils, though not to so marked a degree. Calculations now before us, founded on several hundred cases of boils, occurring among the out-patients of St. Bartholomew's, show that disease to be rather more than twice as common among men than women.

*Season.*—Nothing can be asserted as certain respecting the influence of season. In Mr. Paget's books we find, in January, 6; February, 4; March, 4; April, 5; May, 2; June, 1; July, 2; October, 2; November, 2; December, 2. Of the deaths during eleven years recorded by the Registrar-General, in January, 9; February, 9; March, 5; April, 5; May, 11; June, 10; July, 10; August, 14; September, 9; October, 14; November, 19; December, 11. It does not, from these numbers, appear that carbuncle displays any marked preference for the spring months, in which respect a difference is observable between it and boils. The latter, according to our data derived from St. Bartholomew's and the Hospital for Skin Diseases, are twice as common during the four first months as during other parts of the year.

*Occupation.*—The trades of those in the Table were very various; 4 were Irish labourers, 3 weavers, 2 footmen, 2 carpenters, 2 coopers, 1 a gas-fitter, 1 an Italian hawk of images, etc., etc. Of the women, 2 were married, 2 were in service, 1 a washerwoman, and 1 a much over-worked needle-woman.

*Dietetic Habits.*—*a, as to Food.*—Of 33 in the Table in which this was noted, 12 are stated to have been well fed, 10 moderately fed, 10 badly fed, and 1 half-starved. By the term "well

fed," it is meant that they were accustomed to the almost *ad libitum* use of animal food and good vegetables, etcetera. *β, as to Stimulants.*—6 were almost if not quite abstinent from all forms of alcoholic beverage, 13 were accustomed to their moderate use, 7 were believed to have been habitually intemperate, and 7 had been irregular, that is, usually moderate, but occasionally intemperate. The proportion of well-fed and temperate persons who become the subjects of carbuncle thus appears to be much larger than is generally supposed. It would be interesting, if the facts before us were sufficiently detailed and extensive, to have attempted to discover whether the use or disuse of any particular articles of diet is influential in the production of the disease. It is not very improbable but that, as is proved to be the case in scurvy and some other diseases, dietetic errors either of commission or omission may be accountable for the occurrence both of carbuncles and boils. John Hunter, as is well known, cured himself of an habitual liability to the latter by a two months' use of the carbonate of potash; and the cure, which has many similars, is suggestive of the inquiry, Would the same remedy have prevented them? We do not by any means as yet know the influence exerted by the different articles of vegetable aliment, for instance, which enter into ordinary food; and it is very possible that to the accidental disuse of some one which was necessary, our chronic diseases may sometimes be due. In relation to carbuncle, the problem is one well worth working out; it must, however, be left to future diligence.

*Diathesis.*—However good the general health may appear to be at the time, the outbreak of a carbuncle can be regarded as nothing less than a manifestation of something wrong. In all probability it is a proof of a morbid condition of the blood. That it is a local and idiopathic disease no one can for a moment think. It becomes then of the first importance to ascertain in what the general dyscrasia consists, of which it is the symptom. Under the heads of "Premonitory" and "Constitutional Symptoms," a large part of the evidence relative to this question will have to be discussed. Something, however, may be done by inquiry into the previous diseases to which the patient had been subject. Of 34 of the patients in our list, 3 had been previously sufferers from the same disease at intervals respectively of 1, 2, and 3 years. 11 had repeatedly suffered from boils, and 2 had been liable to acne. It would not from this appear that the carbuncular diathesis is usually of much persistence. In a considerable number of cases there was the history of rheumatism or rheumatic complaints; in one of severe "rheumatic gout;" in several of dyspepsia, and in one, of liability to outbreaks of eczema. In no fewer than one-third of the whole the previous health had been such as might be described as excellent; in rather more than a third it had been moderately good, and in nearly a third the patients had for long been ailing and cachectic.

#### PREMONITORY SYMPTOMS.

In 8 of the cases reported, no note as to premonitory symptoms was preserved. Of the 27, there were 9 in which the patient could not remember having felt in the least out of health, until the carbuncle appeared, and in one of these he had been previously feeling unusually well; in 3, a feeling of general lassitude had been the only symptom; in 1, headache; in 1, back-ache; in 1, "aching pains in all the bones;" in 1, liability to cramp had been observed. In the remaining 12 the introductory stage had been better marked. Drowsiness, headache, giddiness, and a feeling of extreme lassitude, sometimes with a tendency to stupor, had been its chief characters. In several instances these symptoms had been present for two months or more; in others for several weeks, and in one for eight days only. The urine had generally been observed to be high coloured, and to deposit sediment on standing, and in most the bowels had been costive or irregular. A gradual decrease of relish for food had been observed in most in which there were any premonitory symptoms; but, in few, had it amounted to absolute loss of appetite before the outbreak of the carbuncle.

For these symptoms the only authorised generalisation perhaps is, that they concur to indicate much functional disorder, and in all probability a vitiated condition of the blood. Whether produced by something noxious taken from without, or by the retention of principles which should have been eliminated, the data are yet wanting to decide.

#### PART AFFECTED.

No single part of the body could perhaps be named on which carbuncle may not occur. Instances have presented themselves of late years in the hospitals on almost every possible locality. The feet as far as our personal observation has extended have been exempt, but Mr. Coulson has mentioned to us a case in



which he was recently consulted where the disease in a severe form was located on the dorsum of the foot. Its great rarity on the scalp is still observed. On the face, however, of late, the frequency of the carbuncle has been far greater than appears formerly to have been the case. When seated on the face, there is often present a more severe form of inflammatory fever, and the inflammation is less asthenic than in other regions. A series of most severe cases of this description occurred about three years ago in St. Bartholomew's Hospital, and since then we have chanced on several other isolated examples of the same kind. A case in St. Mary's Hospital, for instance, recently mentioned in our "Statistics of Operations," ended fatally after herniotomy, from the outbreak of an acute carbuncle of the lip. We shall not enter at any further length on the consideration of this class of somewhat peculiar cases since it has already been minutely investigated in our pages.(a) It was an observation of Sir

(a) Mr. Ludlow's paper on "Carbuncular Inflammation of the Lips and other parts of the Face," *Medical Times and Gazette* for September 18, 1852, page 287; and for October 2, page 332.

Astley Cooper's, that when carbuncle attacked the head, it generally caused death. Though it must undoubtedly be admitted that the disease is by far more dangerous in this locality than in any other, yet recent experience does not support so sweeping a statement. In ten out of the thirty-five cases tabulated, the disease was seated either partially or wholly on the face, and the whole of them notwithstanding recovered. The favourite seats of carbuncle are those in which the skin is thickest; the nape of neck, the back, and the nates, standing prominent in the list. Of the cases mentioned, in 12 it appeared in the nape, in 10 on the back, and 2 on the buttock. More extended, though less exact, observation, would lead us to believe that the proportion of cases in which carbuncle attacks the face is not nearly so relatively great as would seem from our Table. Probably some allowance must here be made for what is mere coincidence.

CONSTITUTIONAL SYMPTOMS ATTENDING THE OUTBREAK.

The facts recorded in the columns referring to this part of the subject are intended to apply to the symptoms present during

TABULAR REPORT OF THIRTY

No.	Name, Sex, etc.	Age.	DIETETIC HABITS		Previous Health.	If ever before Affected by Carbuncle Boils or Acne.	PREMONITORY SYMPTOMS.	SEAT.	CONSTITUTIONAL SYMPTOMS.		
			As to Food.	As to Stimulants.					Appetite.	Bowels.	Urine.
1	Edward B.	16	Well fed	Abstinent	Excellent	No	None whatever.	Centre of upper lip	Good	Regular	Not noted
2	James B.	19	Mod. well	Intemperate	Moderate	Boils in youth	None excepting slight lassitude	Left side of upper lip	Moderate	Rather confined	Not noted
3	Jno. C. (Irish)	37	Well fed	Intemperate	Moderate	No	Lassitude, chilliness, anorexia for eight days	Left side of face and chin	Quite lost	Very costive	Very high coloured
4	Tim. S. (Irish)	17	Well fed	Moderate	Bad	No	None whatever	Right cheek	Moderate	Tending to be costive	Pale and copious
5	Thomas C.	76	Bad. fed	Abstinent	Moderate	No	Feelings of debility	Middle of back	Quite lost	Costive	Not noted
6	Luke R. (Irish)	48	Well fed	Irg. sometimes intemperate	Bad	No	Indigestion, and aching in calves	Nape of neck	Moderate	Costive	High colour scanty
7	William C.	46	Well fed	Intemperate	Moderate	No	Headache, malaise, and stupor for several months	Nape and back	Lost	Costive	High colour
8	Edward W.	29	Well fed	Moderate	Excellent	Liable to boils and to acne	Drowsiness for several months	Chin	Moderate	Open	Not noted
9	Richard E.	29	Bad. fed	Moderate	Moderate	No	Headache for several weeks	Nape of neck	Deficient	Open	High colour
10	Jonathan G.	40	Well fed	Intemperate	Moderate	Liable to boils	Giddiness, headache, and weariness for several weeks	Left cheek	Deficient	Open	High colour
11	Samuel O.	67	Modtly.	Moderate	Excellent	No	None	Nape of neck	Not noted	Rather costive	Not noted
12	William F.	40	Bad. fed	Abstinent	Excellent	No	None	Nape of neck	Moderate	Costive	Natural in appearance
13	William J.	46	Bad. fed	Irregular	Moderate	Liable to acne	Headache, giddiness, and debility	Shoulder	Deficient	Costive	V. h. col. & scanty
14	Robert K.	45	Modtly.	Intemperate	Moderate	Liable to boils	Giddiness, debility	Loin	Moderate	Open	V. high colour
15	Thomas H.	52	Well fed	Irregular	Bad	No	None excepting liability to cramp	Nape of neck	Deficient	Costive	High colour
16	John F.	39	Bad. fed	Irregular	Excellent	Liable to boils	Languor, giddiness, and much malaise	Shoulder	Bad	Regular	V. high colour
17	James J.	69	Bad. fed	Moderate	Excellent	No	Languor, giddiness, &c., for two months	Back	Quite lost	Regular	High colour
18	James W.	72	Bad. fed	Intemperate	Bad	No	Not noted	Back	Not noted	Open	Not noted
19	John J.	35	Well fed	Moderate	Excellent	No	None	Nape of neck	Not noted	Regular	Not noted
20	Ant. M'G. (Ir.)	60	Modtly.	Moderate	Bad	No	Headache	Nape of neck	Good	Costive	Not noted
21	Dinah M.	51	Undrfed	Moderate	Fair	No	Not noted	Nape of neck	Not noted	Not noted	Not noted
22	William B.	60	Half-starved	Moderate	Poor	No	Not noted	Nape of neck	Not noted	Not noted	Not noted
23	Danl. M. (Irish)	55	Well fed	Moderate	Excellent	No	None	Back	Very bad	Very costive	V. high colour
24	Salvr. R. (Ital.)	49	Modtly.	Moderate	Moderate	No	None	Back	Bad	Not noted	Not noted
25	John K.	16	Modtly.	Moderate	Excellent	No	Not noted	Lip and cheek	Not noted	Not noted	High colour
26	George M.	23	Modtly.	Moderate	Excellent	Large carbuncular boils	None	Lip and chin	Moderate	Regular	Natural
27	Margaret S.	47	Modtly.	Irregular	Feeble	Boils	Drowsy, weak, and languid	Back	Quite lost	Very costive	H. col. & loaded with lithas
28	Charlotte R.	17	Well fed	Abstinent	Moderate	No	Not noted	Lower lip	Not noted	Not noted	
29	Mary Ann P.	48	Modtly.	Moderate	Bad	No	Was feeling better than usual	Nape of neck	Bad	Costive	V. high colour
30	Edward C.	42	Ill fed	Irregular	Moderate	Boils in youth	Debility and backache	Back	Very bad	Very costive	High colour
31	Henry F.	48	N. notd.	Not noted	Not noted	Not noted	Not noted	Nape	Not noted	Not noted	
32	Frederic C.	26	Well fed	Irregular	Bad	Carbuncle two years ago	Debility	Thigh	Not noted	Not noted	Natural
33	Ellen C.	40	Ill fed	Irregular	Bad	Boils	"Aching in all the bones"	Back	Bad	Open	Natural
34	Sarah Ann C.	54	N. notd.		Not noted	Boils. Large carbuncle a year ago	Not noted	Upper lip and cheek	Not noted	Not noted	
35	James S.	35	Modtly.	Intemperate	Not noted	Boils	Not noted	Buttock	Not noted	Not noted	



the time that the carbuncular inflammation was spreading. In very exceptional cases the disease was unattended by general disturbance, but in the large majority inflammatory fever of a more or less severe kind was present. In these the patient lost appetite, became heavy and depressed, had a somewhat furred tongue, a quickened pulse, costive bowels, and high-coloured urine. In some of the more cachectic or elderly patients the depression was severe, and the fever tended to what is familiarly known as "typhoid" in type. Some authors have asserted that the urine in carbuncle is generally phosphatic, and others that it is often saccharine; but neither of these conditions were observed in any one of the cases mentioned. The urine was always, when it differed from that of health, characteristic of inflammatory disease, being deficient in quantity, of a high colour, and generally loaded with lithates. It is but fair to attribute part of the constitutional disturbance present during the progressive stage of carbuncle to the extreme pain almost constantly present. This will not, however, account for the whole, and the greater part is doubtless symptomatic of the carbuncular dyscrasia.

DURATION, ETC.

The average duration of the disease, reckoned from the commencement of the inflammation to such time as the ulcer was either healed, or so nearly so that the patient was able to leave the Hospital, was, in the cases included in the Table, nearly seven weeks. The greater part of that period was of course occupied in the healing of the sore. Carbuncle does not appear to observe any determinate course as to the length of its stages. The time occupied in attaining its maximum size varied in the cases before us from three to sixty days, its average being rather more than fifteen days.

NATURE OF THE SLOUGH.

Rokitanski(a) has asserted, contrary to the general belief, that the core of boils and the shreddy slough of carbuncles do not consist of dead tissue, but are inflammatory exudations like the false membrane of croup. Without at all denying that they may be in part so formed, we cannot avoid expressing an opinion

(a) Pathol. Anatomy, Vol III., p. 85.

FIVE CASES OF CARBUNCLE.

No.	Sex.	Age.	Days on which it Reached its Maximum.	INCISION TREATMENT.						GENERAL TREATMENT.	Result.	Whole Duration.	REMARKS.	No.
				Days on which Incision made.	Amount of Blood Lost.	How long Afterwards did the Disease Spread.	Number of Incisions Practised.	Amount of Pain before Incision.	Degree of Relief Afforded.					
1	Male	4th	4th	4th	Moderate	Not at all	One	Great	Complete	No medicine given	R	9 days	A slight case; peculiar in its locality.	1
2	Male	1st	5th	4th & 6th	Much	Two days	Two	Great	Considerable	Leeches, salines, purgatives	R	2 weeks	Peculiar in its locality.	2
3	Male	4th	14th	10th	Very little	Three days	One	Great	Considerable	Salines, purgatives, low diet	R	1 month	Low diet suited him better than a more nutritious one.	3
4	Male	3rd	6th	5th & 6th	Moderate	One day	Two	Great	Complete after second	Salines, and afterwards tonics	R	3 weeks		4
5	Male	13th	90th	96th	Very little	Not at all	One	Not severe	Complete	Tonics, stimulants, full diet	R	5 months	A very large one, but chronic.	5
6	Male	31st	31st	21st	Moderate	Not at all	One	Great	Complete	Salines, low diet, & aperients	R	2 months	A boil appeared on the forearm while under treatment.	6
7	Male	4th	8th	6th, 7th, & 8th	Moderate	Three days	Three	Great	Much	Tonics and full diet	R	14 weeks	Several attacks of erysipelas during the treatment.	7
8	Male	2nd	6th	5th & 6th	Moderate	Two days	Two	Great	Complete	Salines at first, quinine afterwards	R	3 weeks	The man was fresh coloured and healthy looking.	8
9	Male	2nd	6th	None			None			Tonics, stimulants, aperients	R	3 weeks	Had ceased to spread before admission.	9
10	Male	3rd	7th	None			None			Stimulants and full diet	R	4 weeks	Broke spontaneously, and pain ceased on 7th day.	10
11	Male	4th	11th	14th	Very little	Had stopped before	One	Little	Complete	Quinine and porter	R	3 months	The incisions were made to liberate slough.	11
12	Male	3rd	21st	18th & 21st	Little	Three days	Two	Little	Complete	Tonics and aperients	R	3 months		12
13	Male	2nd	4th	None.			None			Purgatives and steel	R	6 weeks	Broke spontaneously.	13
14	Male	3rd	28th	None.			None				R	2 months	Pain ceased when it broke.	14
15	Male	4th	11th	11th	Moderate	Not at all	One	Moderate	Very little	No medicine, low diet	R	6 weeks		15
16	Male	4th	9th	9th	Moderate	Not at all	One	Very great	Much	No medicine, porter, and meat diet	R	2 months		16
17	Male	4th	6th	5th, 6th, & 7th	Moderate	Four days	Three	Very great	Complete	Quinine and porter	R	12 weeks		17
18	Male	4th	30th	29th		Not at all	One	Great	Complete	Stimulants, quinine, and full diet	R	2 months	Nitric acid had been applied before the incision without benefit.	18
19	Male	4th	9th	None			None			None	R	2 months	Came without known cause, and disappeared without treatment.	19
20	Male	4th	40th	40th	Moderate	Not at all	One	Great	Complete	Tonics and aperients	R	4 months		20
21	Male	3rd	7th	None			None			Tonics and full diet	R	1 month	Broke spontaneously.	21
22	Male	3rd	28th	28th		Not at all	One	Great	Complete	Tonics and full diet	R	2 months	Spread considerably after having broke, and until the incision was made.	22
23	Male	5th	21st	21st		Not at all	One	Very great	Complete	Salines, purgatives, and afterwards tonics	R	3 months		23
24	Male	4th	6th	6th		Not at all	One	Very great	Complete	Bark wine and full diet	R	1 month	Recovered much reduced in health.	24
25	Male	5th	19th	None			None			Chlorate of potash and full diet	R	3 months	There was enormous swelling, which very slowly subsided.	25
26	Male	4th	3rd	None			None			None	R	4 weeks	Within seven months had had three carbuncles, and a crop of boils.	26
27	Male	2nd	14th	14th		Not at all	One	Very great	Gt., but not complete	Bark wine and purgatives	R	5 weeks	A delicate, nervous woman.	27
28	Male	2nd	8th	8th		Not at all	One	Much	Complete	Wine and full diet	R	3 weeks		28
29	Male	3rd	19th	19th		Not at all	One	Very great	Very considerable	Wine and meat diet	R	10 weeks	A very nervous woman.	29
30	Male	6th	14th	9th & 14th		Five days	Two	Very great	Complete after 2nd	Morphia, aperients, and full diet	R	11 weeks		30
31	Male	8th	35th	30th		Five days (until death)	One			Stimulants	D	5 weeks	Sloughing extended deeply, and exposed ligamentum nuchæ.	31
32	Male	2nd	13th	13th		Not at all	One	Great	Complete	Bark and full diet	R	1 month	The man had secondary syphilis at the time.	32
33	Male	3rd	14th	14th		Not at all	One	Great	Complete	Tonics and aperients	R	6 weeks		33
34	Male	3rd	4th	4th		Not at all	One	Great	Complete	Tonics and full diet	R	2 months	Had enjoyed better health ever since the last carbuncle.	34
35	Male	4th	10th	10th		Not at all	One	Great	Complete	Full diet	R	2 months		35



that their bulk is really a slough. The circumstance that in carbuncle, after the removal of the core, the subjacent muscles, etc., are often exposed, their cellular tissue having evidently been destroyed, the toughness of the membrane, and its firm adhesions to the surrounding parts, all seem to support the old belief. Mr. Paget informs us that he has, under the microscope, seen areolar tissue in the core of carbuncle, and one or two examinations of the same kind made by the writer have convinced him of the same fact.

#### GENERAL TREATMENT.

Three or four different plans of treatment are in vogue in the Hospitals for the treatment of carbuncle. 1st. By stimulants, full diet, quinine, ammonia, etc. 2nd. By opium, freely used, and generally combined with tonics. 3rd. A more expectant plan, by salines, low diet, etc., in the first stage, and the moderate use of tonics afterwards. In all these, purgatives, of course, form a part. One of the largest carbuncles which we have ever seen occurred to a tailor, from Hampton Court, who was treated by Mr. De Morgan, in the Middlesex Hospital, about two years ago. The case was an extremely severe one, the depression of the vital powers being such that, for more than a fortnight the result seemed very doubtful. The very free use of opium, in combination with liquor cinchona appeared to answer an excellent end, and the man ultimately recovered. We have, however, not seen the opiate plan tried on a sufficiently large scale to justify an opinion as to its general merits, the method by stimulants being by far the most frequently adopted. Mr. Lloyd, at St. Bartholomew's, is the Surgeon who is perhaps the most sparing of any in the use of stimulating remedies; and we certainly have not observed that his cases do any worse than those of others. In the early stages, Mr. Lloyd generally prescribes salines and fever diet; unless, indeed, the patient be very old or infirm. In one case under his care, after the sloughs were separating, several attempts were made to give stimulants, but on each occasion, a fresh accession of inflammation being caused, they were at length desisted from, and the man recovered very satisfactorily without. In carbuncle, as in all other diseases, the Surgeon should doubtless pay less regard to the name and reputed pathology of the affection than to the symptoms actually present. If the system be much depressed, if the disease appear to have resulted from bad living, and, above all, if the patient's instincts demand them, stimulants should be pushed. If there be extreme restlessness, pain, exhaustion, etc., and if, after a few doses, it appears to agree with the stomach, the sustaining properties of opium may probably be very valuable. Should, however, the patient be of fair strength, the disease in its stage of advance, and attended by sharp inflammatory fever, it may be doubted whether any empirical evidence as to the usefulness of stimuli under such circumstances has yet been obtained sufficiently strong to lead the Surgeon to ignore the rational principles of treatment. In such a condition, the arrest of the disease would probably be much sooner effected by alteratives, purgatives, and salines, than by brandy or opium. It is even not improbable that the bleeding caused by incisions is often of great advantage.

#### LOCAL TREATMENT.

From the time of Wiseman, the practice has been general of making free crucial incisions into all carbuncles. It has not, however, been absolutely universal. A few Surgeons, among whom may be mentioned John Pearson in our own country, Von Walther in Germany, and Perrez, in France, have been sceptical as to its efficacy. There are also in the present day some Surgeons who do not recommend it. Chelius, on the contrary, who appears to have paid some attention to this question, records thus, in strong terms, his conclusion:—"That cutting into the carbuncle is generally neither useful nor necessary, is the most dangerous statement that can be put forth respecting its treatment." Respecting this point, two propositions may, we think, be maintained: 1st. Carbuncles will very frequently get well without having been incised. 2ndly. The practice of incision, however free, does not by any means universally arrest the carbuncular inflammation. In proof of the former, the fact, that of the cases in our list, eight were not treated by incisions, is conclusive. In these, for the most part, the patients came under care when the disease was evidently arrested, and when free openings had spontaneously formed; so that there was no object for resort to the knife. Many others besides these have been under our observation, and, as a general rule, it may be asserted that the destruction of tissues is far less extensive when the incision has been avoided, than when practised. The consequent cicatrix is of course much less also. The two following cases are of interest, because, in them, although under

treatment in the stage of advance, yet incisions were purposely avoided.

*Case 36.*—A stout, pale man, aged 50, by trade a baker, applied as an out-patient at the Hospital for Skin Diseases, with a carbuncle the size of an ordinary cheese-plate in his back. It had been a fortnight forming, and had been attended by great pain. In its centre, the depth of diseased tissues was probably about an inch and a-half. Its edges were tense and tender, and the overlying skin was livid and congested. Several small openings had already formed near its centre. The inflammatory fever, as may be judged from the fact of the man's applying as an out-patient, was not great; the disease, indeed, although extensive, was not one of the most acute forms. For several nights the pain had been sufficient to quite deprive the man of rest. Mr. Startin ordered a mixture containing Epsom salts, colchicum, and sulphate of iron, and applied an acid solution of the nitrate of mercury very freely over the extent of about a shilling in the middle of the swelling. Two days afterwards, the man again applied. The disease was much as before, and had scarcely spread. The nights had been nearly sleepless with pain. The acid had merely caused a slough of the diseased skin to which it had been applied. A second application was made to the tissues beneath the eschar, and the general treatment was continued.

At his next visit the man was much better; the pain had all but ceased; the induration of the swelling had much diminished. From this time forwards the cure was rapid. Considering the size of the carbuncle, the amount of slough which came away was surprisingly small, and, as it escaped almost solely by the hole made by the caustic, the scar left was very trifling.

The following case, which occurred under the treatment of Mr. M'Whinnie, in St. Bartholomew's, was of much more acute character than the preceding:—

*Case 37.*—A woman, aged 30, previously of good health, was admitted on July 15, suffering from a large carbuncle between the angles of the scapulæ. It was attended with severe throbbing pain and much fever. The integument was livid and brawny, and, in its most prominent part, several small ulcerations had already occurred. Mr. M'Whinnie ordered the free application of the acid nitrate over the whole inflamed surface, and prescribed a generous diet, with wine, and the exhibition, twice daily, of a draught containing the sulphate of iron and Epsom salts.

In the course of a few days, the skin, to which the caustic had been applied, sloughed and separated, together with a large mass of cellular tissue, and the base of the sore assumed a healthy appearance. A few days later, an extension of the disease, in a direction upwards, took place, and the woman's health, which had improved, again relapsed. The part now involved was very large, and the inflammation acute. Mr. M'Whinnie accordingly decided to employ the knife, and, at his request, free incisions were practised. It must be borne in mind, that the part to which the acid had been put was now in a healthy and healing condition. After the incisions, no further extension took place, and the woman made, under the use of tonics, etc., a rapid recovery. When the parts were healed, Mr. M'Whinnie directed our attention to the very great difference in the amount of scar where the caustic had been used, and where the knife. In the latter, the skin was puckered up in a way which, had the part been an exposed one, would have been most disfiguring; while, in the former, the cicatrix was smooth, and comparatively insignificant.

There can be little doubt but that in the first and more successful of these cases the man would have been saved several days' pain by the practice of incisions, but it would have been at the expense of much more sloughing and suppuration. As to the relief of pain resulting from incisions, a glance at the columns of the tabular report will afford conclusive evidence. Almost without exception a free cut across a carbuncle gives immediate relief to pain; and even when the disease spreads afterwards the pain never again becomes as severe as it was at first. The following, as to immediate and perfect relief, is only an example of the ordinary course. Neither it nor either of the above are included in the Table. *Case 38.*—William B., aged 67, admitted into St. Mary's Hospital, under the care of Mr. Coulson, on August 9. He had a carbuncle, the size of the palm of a hand, over the sacrum, which had been three weeks forming. The swelling was tense and hard, and the skin round it of dusky red. He had suffered intense pain. Mr. Coulson made a free crucial incision into the swelling, from which a moderate amount of bleeding occurred. The patient was from that moment completely relieved of pain, and his recovery was rapid.

The assertion that incisions, even of the freest kind, do not always arrest carbuncular inflammation, will scarcely be held to need proof by any one who has seen much of the disease. If the



proof be required, however, we may refer to the fact, that in five out of the twenty-seven cases in which incisions were practised, their repetition was subsequently necessary. Yet granting the occasional spontaneous curability of carbuncle, and the occasional failure of treatment by incisions, the case still stands very triumphantly in favour of the latter. The only drawbacks to their use are the amount of sloughing and the large scar; but to set against these we have the complete relief of pain in almost every case, and the fact that of twenty-seven cases on our list, in no fewer than seventeen the inflammation never spread after the first incision. This latter fact is one of great importance, for it cannot for a moment be held that in so large a number the cessation of the diseased action was simultaneous with the incision treatment by accident. The relation between the two must, we think, be held proven; and the fact becomes more telling when we add to it, that of the six exceptions in which the disease spread, in none did the spreading continue more than five days, and in none were more than three incisions needed. Now, it happens, that a large majority of carbuncles occur in positions in which the avoidance of scar is a matter of no moment; and in those where it is important—the face for example—the disease is so dangerous to life that in its treatment considerations of personal beauty cannot be allowed much weight.

As to the employment of escharotics, there is this great objection, that if used effectually they must cause at least as much sloughing as the knife, while they do not much mitigate the pain. It cannot be assumed, that because nitric acid has been applied over a small portion in the centre of a carbuncle (Case 36), and a cure results, that therefore the acid was the curative means. In all probability, the case referred to is an example of almost spontaneous recovery, as far as local means were concerned. In cases in which the spreading is progressing fast, and the danger to life is great, the treating of the cut surface with an escharotic would probably give much additional security of arrest. In the fearful cases of acute carbuncle affecting the face, such a plan would be well worth a trial. As to the form of caustic, the acid nitrate of mercury is a great favourite with Messrs. Startin and M'Whinnie, at the Hospital for Skin Diseases, and applied with a glass brush, is very convenient of use. At St. Mary's Hospital Mr. Ure has recently employed the potassa fusa for the same purpose.

#### ARE CARBUNCLES ELIMINATIVE?

It is well known, that after an outbreak of boils the patient's health often improves remarkably on what it was before. He gets rid of dyspeptic symptoms, of languor, of flying pains, etc., which had troubled him for months; regains a degree of appetite and of general vigour to which he had been long unaccustomed. The same often takes place after several other of the skin affections. They seem to be effective in eliminating something poisonous from the blood; at least such is the *prima facie* explanation of the effect. Does the same kind of result at all generally follow carbuncle? The patients on whom the preceding observations have been formed, were all treated in Hospitals, and therefore ceased to come under notice as soon as convalescent; we can consequently add nothing as to their subsequent health. Speaking, however, from the experience of a few observed in private, and from the accounts given by patients who were admitted for other diseases, stating that they had formerly been the subjects of carbuncle, we should strongly incline to the belief that much improved health does usually follow that disease. The theory of elimination, however, must not be too hastily accepted. Is it not at least as probable that a carbuncle is simply an effect of a morbid condition, and is produced without reference to any consequent advantage? May not the improvement be fairly attributed to the Medical care which a patient with carbuncle receives? In this way most severe diseases are, if the subject recover, actual benefits. A man who has been living inattentively, and in whose blood the elements of disease have been long accumulating, suddenly has an outbreak of erysipelas, of dyspepsia, of gout, or, perhaps, of carbuncle. He fasts, and is purged; his doctor gives him blue pill, and a good lecture on diet, and, when convalescent, sends him into the world again a wiser man, and with a degree of health to which he had long been a stranger. Unless something like proof of it were advanced, we need not here recur to any eliminative influence of the disease for explanation. Authors have mentioned cases in which carbuncle suddenly subsided, and at the same time the patient sank, as proofs that the local disease was exerting a good influence. This is manifestly of little value in proof of such a notion. Phlebitis and pyæmia are known to be occasionally the modes of death in carbuncle, and very probably the cases alluded to were instances of their oc-

currence. It is well known that the original inflammation often rapidly subsides when pyæmia is established.

#### SUMMARY.

The following appear to be conclusions deducible from the preceding facts:—

1. The frequency of carbuncle has vastly increased of late years, and still continues to do so.
2. But little is known respecting its predisposing causes.
3. It may affect any age, excepting perhaps the very young.
4. Men are much more liable to it than women.
5. It occurs without distinction, at all periods of the year.
6. It occurs in almost equal proportions among the temperate and well-fed and the intemperate and ill-fed.
7. It has a premonitory stage in a considerable proportion of instances.
8. Its general treatment should be by purgatives and alteratives in all cases, and by stimulants or salines, according to the character of the constitutional disturbance.
9. Incisions are demanded when a carbuncle is spreading, or attended by much pain.
10. In a great majority of cases, free incisions relieve the pain, and in a considerable degree arrest also the spread of the disease.
11. If the spreading and the pain have already ceased, no benefit will be derived from incisions, but the sloughing and suppuration will be much increased.
12. The "core" which separates consists, for the most part, of dead areolar tissue.
13. No proof exists that carbuncle exerts any eliminative influence on the system.

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## Medical Times & Gazette.

SATURDAY, DECEMBER 2.

#### THE AMBULANCE CORPS.

VARIOUS statements have appeared in the Daily Papers relative to the ambulance corps recently organised for service in the East, some of which Papers, ignorant of the duties, and others manifesting a spirit of hostility, we have been induced to institute inquiries into the subject; and, although many of the details may not be strictly professional, we offer no apology for laying the result before our readers.

When it was decided to establish such a corps, the first question naturally was, from what source the men were to be obtained? To have raised them by the ordinary process of recruiting was impracticable, because it was essential that they should understand the duties and habits of soldiers, be amenable to discipline, and have some knowledge of the usual routine of a military Hospital. Soldiers already in the service, even if willing to volunteer for such duty, could hardly have been spared from the ranks at that critical period, when scarcely a regiment was complete, and every effective bayonet was re-



quired. It was at one time proposed to draft into this force some of the oldest, and therefore, for field service, least eligible soldiers from the different regiments; but the project was abandoned as illegal, no soldier being bound to serve in any other corps than that for which he was enlisted. The difficulty, therefore, could only be overcome by taking volunteers from the pension-list as a temporary measure, till arrangements could be made for supplying their place by a more eligible class.

It does not follow, because men are on the pension list, that they are either old or infirm: the age at which a soldier usually attains his pension for service alone, is about 40; and a considerable proportion are pensioned, with very slight disabilities, at as early an age as 35. There are at present about 20,000 men on the pension list who are fit for garrison duty, and are enrolled and called out for training annually. The best proof that these men are not infirm is to be found in the fact, that the mortality among them is only 2 per cent. annually, while that of Regiments of the Line in the United Kingdom is above 1½ per cent. From this class, Volunteers for the Ambulance Corps were obtained, none of whom exceeded 50 years of age; and the average of the whole was only 42. All of them had had that experience on the field which was considered so necessary to the efficient performance of their duties; they had been discharged from their regiments with good characters; and no man was permitted to volunteer who did not bring a certificate of good conduct during the time he had been on the pension list.

To secure physical efficiency these volunteers underwent three Medical examinations,—first in their districts before being recommended; secondly, on their arrival at Woolwich, before being enrolled and equipped; and thirdly, on embarkation. Every precaution was therefore taken to send out none but suitable men. As the inducement to volunteer was only the ordinary rate of pay in the Army, and out of this provision had to be made for the wives and families at home, with the small addition of their pensions, the candidates scarcely amounted to the number required; and as no pensioner could be compelled to serve, the selection was necessarily limited. No man, however, was enrolled who had not the required qualifications, it being considered preferable to keep the corps under the establishment, than to fill it up with men of indifferent character, or those likely to become soon non-effective. With a force thus constituted, it is by no means likely that the allegations of drunkenness and inefficiency could be well founded; and some better evidence than mere assertion is required, before the unqualified statements which have appeared on that head can be credited.

It has been assumed that the corps has proved a failure, because about a tenth part of it perished from cholera within a few days after landing at Varna; but the regiments on their right and left suffered in nearly the same proportion, without any imputation on their efficiency. Even had the ambulance corps suffered to a greater extent, it would not have been extraordinary, as it is well known that the mortality from cholera increases in regular progression with the advance of age after 45.(a) With regard to the charges of drunkenness and debauchery alleged against the corps, these, if true, would be shown by the records of Courts-martial and the returns of defaulters. But we have been informed that, since its arrival in the East, only three men have been tried by Court-martial; and the number reported for offences of any kind, drunkenness included, has not averaged one daily,—a proportion much below what is usual in a regiment.

But the corps has been alleged to be a failure because it was not present at the battle of Alma, where its services were so much required. The blame, if any, clearly rests not with them;

as, after having actually embarked, they had to give place to a troop of cavalry, whose presence was considered by the military authorities more necessary to support the landing; and the ambulance corps had, consequently, to wait for the means of transport till the vessels returned to Varna.

The last charge we have seen brought against them was in a letter to the *Times* from a field officer, complaining that they were too much in the rear at the battle of Inkermann. It was never intended that the wagons should, during an action, keep close up to the division to which they are attached, when a round shot would probably very soon put them *hors de combat*; but that they should remain under shelter, if possible, at a little distance in the rear, from whence they might afford a safe and quick conveyance to the nearest Hospital for such of the wounded as the Surgeon might direct to be thus removed.

So far as we can learn, the only reasonable ground of complaint has been, that the numbers of the corps have been wholly inadequate to the amount of duty to be performed. When its organisation was determined on, it was intended for an army of 10,000 men. The army was subsequently increased to 30,000; and owing to the very bad condition and small size of the horses in the East, it was found requisite to have double the number previously calculated upon in each ambulance, and consequently double the number of drivers was wanted. Of these, only a hundred had been originally sent out, and to supply the deficiency, the ingenious expedient was resorted to of detaching for that duty some of the Infantry pensioners who had been selected for employment as hospital orderlies and servants to the Medical staff, but who having never been taught either to ride or drive, were far from expert at their new duties, and were consequently reported as useless and inefficient. Owing to these circumstances, one-half of the hospital wagons had ultimately to be left in store, where they must remain till some means are found out of increasing the force; and each Division has at present only two attached to it,—a number more suitable for a Brigade. These wagons have been constantly employed since their arrival at Balaklava in conveying the wounded from the trenches, and the sick to the Hospital; and the only matter of regret is, that their numbers will not admit of their being used on the extensive scale originally proposed.

It may be satisfactory to state, on the authority of an eye-witness, that on the evening of the 5th November, when he visited the scene of the great battle of that day, not a single wounded Englishman was to be seen on the field; they had all been removed to the Hospitals.

We have entered thus fully on the subject, from a conviction of the great value to the army of an ambulance corps, and from a desire to prevent its suppression in consequence of false or unfair charges brought against it. That instances of drunkenness may have occurred among the men will be deemed probable by all who know anything of soldiers. We believe, however, this charge to have been greatly overstated, and to have had its foundation, not in continued intemperance, but in an outbreak of the corps which occurred among them on the night of their arrival from England, when they met their old comrades in the corps serving there, and committed themselves before the usual precautions could be taken to prevent or restrain hard drinking.

#### CLINICAL TEACHING IN GLASGOW.

In the last Number of the *Glasgow Medical Journal*—a most useful and practical Magazine—an article appears, entitled, "The Medical School of Glasgow," with which we have been much pleased. It professes to point out the various opportunities for Medical instruction to be found in Glasgow; and, by exhibiting these in what the writer considers to be their true light, to rebut certain aspersions which, it seems, have been

(a) See Registrar-General's Report on Cholera, p. xli.



made on the efficiency of the instruction and practice of this school. As we have never spoken aught but favourably of Glasgow as a Medical arena, we do not require to exonerate ourselves here from any charge such as that the writer makes against "certain of our contemporaries."

In this article are ably set forth the wide field for practical instruction, and the many opportunities afforded to the student for attaining a competent knowledge of his Profession, in Glasgow. There is, however, one feature in the arrangements of this school which we look upon as highly defective; and it is because such an arrangement is by no means peculiar to this school, but common to many others, that we have thought fit to draw attention to it.

We allude to the want of regularly constituted chairs of Clinical Medicine and Surgery. The benefits to be derived from well-conducted clinical teaching are now so universally recognised as hardly to require any advocacy. Systematic courses are all very well in their way; but every one knows that it is by the practical teaching by the bed-side that the Practitioner is adapted to fill his position in life. "The living chart" best fills the eye; "the educated touch" is only to be acquired by the bed side. In the Hospital ward alone, under a careful teacher, the student learns to appreciate those combinations of disease which are so abundant in practice, and which he never can learn in a class-room; and there he gains instruction at one and the same time in every branch of his profession. On the Continent, clinical teaching has assumed its proper place as the leading feature in the Medical Schools; and, in some of our own Colleges, it is now well appreciated. We cannot, however, but feel that, so long as no arrangements are made for conducting this branch of Medical education in a manner calculated to insure its systematic culture, no school can be in keeping with the requirements of the day. To be efficient, such instruction must be conducted by an accomplished and well-qualified teacher, not appointed to fulfil his responsible duties for a year or so, as they appear to be in Glasgow, but who, filling a regularly constituted chair, may have an opportunity, year by year, of following a regular and well-digested plan of instruction, founded on and improved by his knowledge of the requirements of his students and his own individual experience. There is, perhaps, no description of teaching which calls for so rare a combination of talent, study, and tact, as that of the Clinical Professor; and it is too much to expect such, when the term of office is limited to a session or two, and teacher succeeds teacher. No doubt, by the method of frequent change, a great variety of talent is brought into play, and the student put in possession, perhaps, of a large amount of individual experience; but then the chances are great, that the same subjects, and these the most patent, are taken up again and again by succeeding teachers, the most commonplace views enunciated, and the student tired to death by a continued surfeit of the same unchanged and unchanging subjects. If there be any advantage to be derived from this frequent change of teachers—which is very problematical—then this could, we think, be easily attained by a combination of both systems. Why not let the occupants of the clinical chairs have stated lectures, say twice a-week, and let the other attendants of the Hospital lecture on the other days? In this way the student would reap the benefit of both systems. It is quite natural for the different Physicians and Surgeons to desire an opportunity of advocating their own particular views and practice in the clinical lecture-room; and, in the way we hint at, this could be attained.

With the change in the arrangements above referred to, and the adoption, perhaps, of one or two of the other modifications advocated by the writer of the able and interesting article to

which we owe the suggestion of these remarks, Glasgow might with more justice arrogate to herself the position she claims, of being "equal to any and behind none" of the Medical Schools in these Kingdoms.

#### THE COUNCIL OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

WE published a document last week which can only be regarded as an unsuccessful attempt made by the Council of the Royal Medical and Chirurgical Society to justify their conduct in first referring two recommendations, agreed to at the Anniversary Meeting, to a Special Meeting; and, secondly, when the question was referred back to them at this meeting, in refusing to carry out the opinion of the majority of Fellows, who had expressed that opinion in the proportion of 151 to 104. It has long been felt that a time must come when the Council would be called to account for the unprecedented course they had pursued. Whether they have done wisely for themselves in endeavouring to anticipate the verdict of the Society remains to be proved; that they have done unwisely in renewing a topic at the beginning of the Session, which is likely to lead to a great deal of angry discussion, appears to be the opinion of all but the Council themselves. We are exceedingly anxious not to say anything which can add to the irritation excited by this document, but there are certain statements made by the Council which call for some remark.

The Council, referring to the letters they had received from 101 Fellows, expressing their dissatisfaction at the proceedings of the President and Council, state that they *unanimously* agreed that the course adopted by the promoters of the protest is "one hostile to the constitution of the Society, and extremely dangerous to its best interests." How so? A certain number of Fellows differ in opinion from the Council. Surely they have a right to express their opinion. They do so by forwarding a number of letters expressive of the individual opinion of the writers. There can be nothing unconstitutional in this,—nothing so dangerous to the best interests of the Society as would be the revolution which would place absolute power in the hands of the Council,—a power the present Council seem to claim for themselves, by decrying the free expression of the opinion of the Fellows as "unconstitutional" and "dangerous."

Then as to the Annual Meeting. The Council state, that this meeting is fixed *solely* for the election of the Council and officers. No such limitation is to be found in either Charter or Bye-laws. As to the want of previous notice of Mr. De Morgan's amendment upon the motion that the Report of the Council be adopted, it is to be regretted that notice was not given; but the Chairman made no objection to the amendment, and put it to the vote. If it had been irregular, he should have declared it to be so before taking the sense of the meeting upon it.

Then, as to the Special Meeting, the Council misquote the terms of Sir Benjamin Brodie's Resolution, in the very important matter of stating, that the learned Baronet moved, "That the question sent to Fellows be referred to Council *to act on the question as they think fit.*" The words of the Motion were—"That the question mentioned in the notice sent to the Members may be referred back to the Council *for consideration.*" *For consideration*, be it observed; not that they should act as they *thought fit*, without reference to the great body of the Fellows.

The question having been referred back to the Council, how did they act? Did they call a Special Meeting of Council to decide it? We have been informed that they decided it at an Ordinary Meeting, at which Members were not present who would have been present had they known the question was to



have been taken into consideration. If so, all must agree the Council were greatly to blame.

In their concluding paragraphs the Council observe very justly, that it is "reason for very great regret, if scientific Journals are perverted to the advocacy of private interests, or occupied with the vulgarity of personal recrimination." It was precisely on these grounds that the Council were recommended to exclude two Journals from the Reading-room of the Society. It was because they refused to carry out this recommendation that they have incurred the censure of the large majority of those Fellows of the Society who have expressed their written opinion on the subject.

## REVIEWS.

*Handbook for the Management of Cholera till Medical Aid can be Procured.* By WM. KINGSLEY, M.D., F.R.C.S.I., Physician and Surgeon to the General Hospital, etc. etc., Roscrea. 1854. Pp. 12.

This trifling "brochure" was drawn up by Dr. Kingsley for the use of the inhabitants of Roscrea. "Having been," he says, "so frequently asked by my friends to tell them what medicines they ought to keep in their houses to meet a sudden attack of cholera, I have thought it would be most to their advantage, and to that of their families, to have them put into print."

Dr. Kingsley has used the most simple language, and his directions are intelligible to the most humble. The subjoined extract will give the reader an idea of Dr. Kingsley's pamphlet:—

"DIARRHŒA IN CHILDREN—PLAN OF TREATMENT.

"Children, when attacked with looseness of the bowels, should be kept in warm rooms, with good fires, before which the younger ones may be kept wrapped up in flannel; the elder children can be enveloped in warm blankets, and dry heat applied in the usual manner as for adults; they may also get the same drinks, etc. etc. The same rules are to be observed for them as for adults, of course making allowance for the differences of age.

1st. When children of from one to ten years of age are attacked with "purging," give from one to four teaspoonsful of the "astringent mixture for children" (proportioning the dose according to the age of the patient), first shaking the bottle very well, and repeat it every hour till the looseness ceases; then give it at intervals of two, three, or four hours, till the child is well."

The prescriptions referred to in the text occupy the last page; that above-mentioned is as follows:—

R Sacch. purif. ʒj., essentia cinnamoni ʒss. Misce; et adde confect. aromat. ʒij., creta preparat. scrupula iv., pulv. g. acaciae ʒijss., aquæ destillatæ ʒviss., tinct. kino ʒj. Misce. Sign. Astringent mixture for children.

One, two, three, or four spoonsful are to be given every hour, according to the age of the child, till the purging ceases, first shaking the bottle well.

It seems to us that very great benefit would accrue to the community if the practitioners in every country place or moderate-sized town would, in the event of cholera or choleraic diarrhœa becoming epidemic, meet and determine on certain general rules, or a plan of treatment to be followed by the sick before Medical aid can be procured. The rules thus agreed on should then be printed, and in the form of a little book—a sheet is thrown on one side, a book is preserved,—and signed, if possible, by all the Medical men in the town or village. Dr. Kingsley's pamphlet, with some modifications, would meet the views of the majority of English practitioners.

*The Use of the Blow-pipe in the Qualitative and Quantitative Examination of Minerals, Ores, Furnace Products, and other Metallic Combinations.* By Professor PLATTNER and Dr. SHERIDAN MUSPRATT. Illustrated by Numerous Diagrams. Third Edition, revised and further enlarged. Pp. 405. London. 1854.

"PLATTNER and Muspratt on the Blow-pipe" is a text-book in all chemical laboratories; and the appearance of a Third Edition sufficiently demonstrates its popularity. Some of the chapters have been almost re-written, the whole has been carefully revised, and many new drawings of apparatus have been introduced.

*Gas Poisons and their Remedy.* First Thousand. Pp. 24. London. 1854.

In this pamphlet the impurities of common coal-gas are pointed out, and a plan is proposed for removing them, which consists in the use of a mixture of clay and lime. Dr. Letheby speaks with approbation of the process, the efficacy of which he has tested by experiment.

*A System of Instruction in Quantitative Chemical Analysis.* By Dr. C. REMIGIUS FRESenius, Professor of Chemistry and Natural Philosophy, Wiesbaden. Second Edition. Edited by J. LLOYD BULLOCK, F.C.S. Pp. 624. London. 1854.

THE excellent and elaborate work of Dr. Fresenius is so well known to all chemists, that it is superfluous to do more than to announce the appearance of a Second Edition.

*Cholera: an Analysis of its Epidemic, Endemic, and Contagious Character; with Original and Peculiar Views of its Mode of Propagation, and the means of Counteracting it.* By HENRY STEPHENS, M.R.C.S.L. Third Edition. Pp. 32. London. 1854.

In this pamphlet Mr. Stephens insists upon the contagious nature of cholera, and strongly recommends the use of large doses of calomel in its treatment.

*Substance of the Investigations regarding Cholera Asphyxia in 1832.* By JOHN LIZARS. Second Edition. Pp. 77. Edinburgh.

MR. LIZARS places the seat of the disease in the nervous system, especially in the solar plexus and its branches, which he describes as being found reddened and thickened on *post-mortem* investigation. Mr. Lizars argues strongly against belief in the contagious character of cholera.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### DIABETES MELLITUS.—TONIC AND ASTRINGENT TREATMENT.—CURE.

By M. SOUBIE, Clinique des Departments.

The following is a case of diabetes mellitus, cured at first by the use of tonic remedies, and subsequently, on relapse, by the Vichy waters:—

M. X., aged 50, consulted the author in the month of August, 1853. He had lived well, but never in excess; was of active habits, and perspired freely after exercise. For some years the perspiration had been gradually diminishing, and it ultimately disappeared, when the patient became affected with two great wants, namely, that of drinking and that of making water. The latter caused him to empty the bladder at least twenty times in the day, and even at night the same desire tormented him. He calculated the amount of urine voided daily at four quarts, and had remarked that he was rapidly losing flesh. The urine had a sweet taste. M. Soubie sent a specimen to an experienced chemist, who easily discovered the presence of grape sugar.

The patient thus expressed himself, in speaking of his complaint:—"It is impossible for me to tell you how many years I have felt the desire to make water so frequently; but I remember, that four years ago, being present at a marriage, which compelled me to sleep away from home, I remarked that the chamber utensil seemed to me too small, and I was obliged, during the course of the night, to use another vessel." He had never suffered from gastritis; had never lost his appetite; never experienced pains in the lumbar region. He was directed to take daily a quart of decoction of gentian, columbo, and catechu; eight grains of ioduret of iron in the form of pills, and to wear flannel next the skin. In twelve days there was no further appearance of sugar in the urine. This latter fact was confirmed by M. Mabit, of Bordeaux, who, naturally doubting the possibility of so rapid a cure, questioned the fact of the case being one of diabetes at all. The medicines were, therefore, suspended, but in eight days the disease returned as badly as before. The patient was unable to take the decoction before mentioned, as it caused a desire to vomit; consequently, the purely alkaline Vichy waters were prescribed for some months; then the alkaline and ferruginous waters from



the springs of Lardy. For eight months M. X. has continued in a satisfactory state. He is not tormented with that desire to make water; the urine, in proper proportion to the amount of fluid swallowed, contains no sugar; and the patient's strength has returned." In this case, we must notice the intermittence of the malady,—a fact first noticed last year by M. Bouchat. It is known that this affection may disappear and recur at longer or shorter intervals. The attentive study of diabetes has put this fact beyond doubt, and has contradicted the chemical theories of MM. Mialhe and Bouchardat. It shows that which M. A. Bernard has experimentally established,—that it is necessary to place diabetes among the affections of the nervous system. The disappearance of the malady under the influence of tonics and ioduret of iron is very remarkable; and the removal of the sugar, on relapse, by the use of the Vichy water, would seem to justify the author's inference, that the proper treatment in this case was tonic regimen and ferruginous preparations.—*Gazette des Hôpitaux*, Oct. 28.

#### CHOLERA.

The *Moniteur Medical of Bavaria* gives a detailed account of the course which the cholera pursued in that country, and especially at Munich. There have been in this capital, out of a population of 100,000 inhabitants, and in the space of two months, namely, from the end of July to the end of September, 4365 cases, and 2140 deaths. It must be recollected, that a fifth part of the whole population had taken refuge in the neighbouring mountains. Towards the commencement of the month of October, the epidemic was considerably exhausted, although there were still daily some isolated cases. The Queen-Mother herself died of the disease. The *Moniteur Medical* relates all the measures which the Government adopted, to moderate, as much as possible, the fatal consequences of the epidemic. It also makes known all that was tried by the Medical men, whether in public Hospitals or in private practice, in order to better approach a solution of the therapeutic and scientific problems of cholera. These points are found mentioned in the *procès-verbaux* of the meetings of the Physicians. These meetings took place twice a-week, under the Presidency of the Minister of the Interior, and yielded very important results. The following are some of the extracts:—

*Treatment of Dr. Pfeufer*, Professor of the Faculty, Physician to the General Hospital.—M. Pfeufer gives calomel in large doses; namely, a drachm in three doses during two or three hours. After the indications given by Dr. Niemayer, of Magdeberg, he applies cold compresses to the abdomen. The greater part of the patients were allowed ample nourishment. Sinapisms to the feet. To assuage thirst, he gave bits of ice in a small quantity of water. As an excitant, when the weakness, or the absence of the pulse, demanded it, he gave the preference to camphor, musk, or wine, in frequent and small doses. He combatted the consecutive fever by the internal administration of hydrochloric acid, and by blue ointment to the head. When the diarrhoea persisted, he made the patient take castor oil.

*Treatment of Dr. Oettinger*.—M. Oettinger, one of the first Practitioners of the city, used a new medicine, the "valerianate of ammonia." Out of a number—27 cases of algide cholera—(i.e., asphyxiated,) he lost but 9 patients,—that is, one-third. The trials made by MM. Pfeufer and Seitz, with the same preparation, were not equally successful; but, nevertheless, praise is due to M. Oettinger for the introduction of a new remedy meeting general attention. He has been elected Councillor-Royal for services rendered during the cholera, and as being the chief founder of the Society of Medical Surveillance.

*The Researches of M. Pettenkofer*, Professor of Medical Chemistry.—M. Pettenkofer, after a survey of those parts of the city which were most affected, and after an analogous excursion into other towns, found that the foci of infection formed themselves chiefly in the houses where the privies and the *fosses d'aisance* were badly constructed. In the same way a moist soil, impregnated with putrid matter, contributed to the same result. M. Pettenkofer insists upon disinfection. As a disinfecting agent of matters evacuated by the patients, he proposes 1 volume to 4 of a solution of sulphate of iron to 10 parts water. As to the clothes and soiled linen of cholera patients, he recommends their immediate immersion in water, to which is added a solution consisting of chloride of lime, 1lb., water, 120. All these recommendations were adopted by Government. Dr. Molo advises, according to the custom of the English, the employment of 1 part of chloride of zinc to 20-50 water, as a disinfecting agent. Considerable importance was attached in Bavaria to the propagation of cholera by importation. Many administrative measures bear upon this point. The Medical discus-

sions prove it likewise. Every district is mentioned specially where this mode of infection could not be brought forward. Dr. Wibmer relates the fact of the importation of cholera in the town of Traunslein by a commercial agent. But, while Dr. Wibmer neglects to inform us whether there were not precursory signs of the epidemic, such as diarrhoea, already in town—facts of the utmost importance—he does not forget to mention that which reveals the general spirit of the country,—the religious belief entertained by this poor patient, destined to death, and to a posthumous accusation of having imported the seeds of this terrible malady.

*The Researches of MM. Drs. Buhl and Voit*.—These researches were made in the Clinique of M. Pfeufer.

*Urine*.—The first urine of the period of re-action furnished very little urea—about a drachm. The second day the quantity of urea was quadrupled. The day following it amounted to more than two ounces (an ounce and a-half being the physiological mean.) The fourth day it increased to near three ounces. When the urea, accumulated in the blood, is excreted in increasing proportions, the patients usually recover. The urine of the typhoid period of cholera contained equally very little urea. There was also a proportion of albumen, which subsequently diminished, without always being accompanied with a corresponding increase in the urea. It is therefore confirmed, that the cholera produces alterations in the kidneys, by which the elimination of urea is arrested. Urea remains accumulated in the blood; it has been found in the tissues; especially in the gemelli muscles of a patient who died in the algide period; also in the blood, muscles, and cerebral matter of a woman, who died in the typhoid stage of cholera. (She had made no water for nine days.) According to M. Buhl, the urea retained in the blood can explain in part the cerebral symptoms of the typhoid stage. The principal part, however, of these symptoms do not refer to uremia; but rather to important lesions in the capillary system of the grey cortical substance. MM. Buhl and Voit have found, in many brains, reddish brown masses of pigment matter deposited in the vascular walls; little masses of blood extravasated and disseminated throughout the cerebral substance: these alterations apparently depending upon sanguineous stasis in the algide period. They might be caused by injury at the time of re-action.

Another series of alterations which should not be neglected consists in the changes of density which the brain undergoes, and those also in the quantity of its fluids. Patients who have died in the algide state present a brain deprived of its fluids, the ventricles empty, the membranes dry. The cerebral substance is then forced to fill up the vacant spaces, from physical laws. It swells,—the grey matter more than the white. In the period of reaction the opposite is the case; the cerebral substance becomes condensed and diminished in volume.

*The Researches of M. Thiersch*.—A dog died with all the symptoms of cholera. It was supposed to have eaten the matters vomited by an infant dying of the disease. The section discovered all the signs of cholera; even the peculiar chemical reaction was not wanting. It was produced with the contents of the jejunum. We know, from the investigations of Dr. Charles Schmidt, of Dorpat, that the blood of cholera patients contains a matter which acts by fermentation on amygdaline, so as to produce an emulsion. It is found principally in the contents of the intestinal canal. Dr. Thiersch proposes to isolate this matter, when he thinks he can reduce it to a state of powder without destroying its fermentative qualities. The conclusions of the author are, that the evacuations of cholera patients contain a matter in process of fermentation, and that it is possible that the matter in a particular state of fermentation should become the specific cause of cholera.—*Gaz. Médicale de Paris*, T. IX., 24th year.

#### EXPERIMENTS UPON A DECAPITATED CRIMINAL, FOLLOWED BY COMPARATIVE EXPERIMENTS UPON ANIMALS.

By A. NUHR, of Heidelberg.

These experiments referred especially to the functions of the nerves of the head. The author endeavoured first to determine the influence of the facial nerve upon the movements of the soft palate, and to ascertain whether it is by the intervention of the N. petrosus superficialis that the irritation of the facial nerve is transmitted to the soft palate. He saw this part contract when he irritated the facial nerve at its point of emergence from the cranium, while the contraction did not take place after he had cut the petrosal nerve.

A more interesting experiment is that relative to the action



of the common oculo-motor nerve on the movements of the iris. The conducting wires having been applied to this nerve, the pupil was seen to *dilate*, and not to contract, as was expected. The experiment succeeded several times.

Upon animals, the author found that irritations of the nerve re-acted immediately on the muscles of the eye, and produced instantaneous contraction of the pupil; but five minutes later, the irritation of the nerve having ceased to be conveyed to the muscles, the pupil dilated instead of becoming contracted. The author thinks, that this dilatation is due, not to the oculo-motor nerve, but to the great sympathetic. He found the same effects ensue by applying the conducting wires to the nerves round the internal carotid artery. He concludes that the oculo-motor nerve *contracts* the pupil, the great sympathetic dilates it.—*Op. Cit.*

## PROVINCIAL CORRESPONDENCE.

### SCOTLAND

EDINBURGH, 25th Nov., 1854.

SINCE my last communication to you, your readers will rejoice to learn that the health of Dr. Alison is so far restored that he has been enabled to resume his lectures.

The remains of Edward Forbes were interred on Thursday, in the beautiful and picturesque cemetery of the Dean.

Every token of respect was paid to his memory. The Lord Provost and Councillors, the patrons of the University, attended, preceded by their mace, the Professors in their gowns, and a large body of the students, besides a numerous attendance of the most eminent citizens. The company assembled at Trinity Chapel, Dean Bridge, about a quarter of a mile from the cemetery, where the burial-service was read, and walked from thence in funeral order to the grave. Unfortunately, the day was most unfavourable.

Next week is devoted to gastronomy, the College of Surgeons dining together on Tuesday, and the College of Physicians on Thursday.

Symptoms of feelings the reverse of amicable have appeared between the latter body and the Senatus of the University, and it is said certain angry documents have been transmitted on both sides. Professor Syme is strongly suspected of being the author of the mischief, as he formerly brought about the misunderstanding between the Colleges of Physicians and Surgeons. As is usual, however, in such squabbles, the whole proceedings will in all probability be made public, I need not anticipate your remarks on them.

You may remember that Mr. Archibald Cockburn, son of the late Lord Cockburn, one of our most distinguished judges, lately went into partnership with Dr. Patterson, of cancer-curing notoriety. Mr. Cockburn was a Fellow of the Royal College of Surgeons here, and that body naturally took umbrage at his having so allied himself. In their new charter, very recently obtained, the College had received power to expel any person guilty of unprofessional conduct; but unfortunately no bye-law had been framed to meet the exigencies of this peculiar case. A bye-law has, however, now been framed, and, under the advice of the most able barristers, has been made retrospective. The College, however, resolved to grant a locus penitentiæ, and has deferred the final sentence for six months, suspending Dr. Cockburn during that time from all his functions as a Fellow. What tends still more to complicate the question is, that there was a widow's fund in connexion with the College of Surgeons, which, at the time of Dr. Cockburn's admission, all the Fellows were compelled to join, and the benefit of which he would forfeit by his expulsion.

The various Medical Societies are, as yet, only commencing operations; but in my future communications I hope to be able to give you a full report of their proceedings.

The Royal Medical Society met on Friday for the election of office-bearers, when the four following gentlemen were appointed annual presidents:—John Jardine Murray, Wimbledon; Robert Rhind, Edinburgh; Henry Marshall, Edinburgh; David B. Smith, Calcutta.

## GENERAL CORRESPONDENCE.

### HYSTERIA IN THE MALE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The *Medical Times and Gazette* for the 18th inst. contains an interesting case of the above affection, by Mr. Gallwey, of the Royal Artillery, with some remarks on the extreme rarity of its occurrence. As the name of the disease, as applied to the male, is an absurdity, I suppose a quibbler might insist upon its impossibility. I have, however, on two occasions, seen all the symptoms of hysteria well developed in the male. The first was a sailor, in St. Thomas's Hospital, under the late Dr. Burton; and the second, an agricultural labourer. The particulars of the latter case are as follow:—

— Jackson, agricultural labourer, aged 19, of darkish complexion, short stature, and generally enjoying good health, was seized, while at work in the harvest-field, with incessant yawning; this was on August 31, 1852, at 10 a.m., and by four in the afternoon the symptoms had greatly increased. He had burst into uncontrollable fits of laughter and crying, and had fallen down at his work. I saw him at 8 p.m., when his symptoms were precisely those of a woman in a regular fit of hysteria,—he was laughing, crying, and yawning, in the most ludicrous manner, and jerking his head about very violently. He complained of a sense of pressure in the back of the head, neck, and throat, but had no pain. A sinapism to the back of the neck, and a brisk stimulant, gave immediate relief; and on the following morning he was perfectly well. I have omitted to mention the urine in my notes of this case, but my strong impression is that it was very abundant and pale.

I have mentioned having seen a sailor suffering from similar symptoms. The late Dr. Armstrong also saw a case of strict hysteria in a sailor; and Dr. Trotter says, that, at the time of the disturbances at the Nore, many sailors had hysteria. Will any of your Naval Correspondents tell us if this most feminine disease is more common among the toughest class of men in existence than with landmen? I am, &c.

Diss, Norfolk, Nov. 25, 1854.

THOMAS EDWARD AMYOT.

### PROPOSED REMEDIES FOR CHOLERA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Now that the cholera has expended its force, the Board of Health will collect data from all parts of England as to the success of remedies employed, and announce the results to an anxious Profession. I am very much mistaken if all this labour will be rewarded with the publication of the fact that any single remedy will stand pre-eminently forward as *the* remedy, *par excellence*, of collapse. The inquiry will prove, as others before have been, to be stale, flat, and unprofitable.

The lesson which we are now reading has been read us before. The scurvy, small-pox, gaol fever, and plague, have, I think, spoken pretty freely before now. If we look at their records, we shall find that their analogy with cholera, as to virulence and mortality, by no means ill accords. When these first appeared, I have no doubt that Medical men rushed about with their remedies, and poured them in in large and small doses, doing harm and doing good, as they do now.

"It is in the third week of fever," say writers on typhus, "that we look for recovery." Why do we look for "cure," and not for "recovery," in cholera? Typhus has the likeness of cholera. In the words of the operative chemist, it "behaves" like it. It is epidemic, endemic, sporadic; its degree of mortality, *cæteris paribus*, is in direct ratio to the concentration of the poison. So with cholera. Why, then, do we attempt to cut it short with violent remedies? Why are we not content to act as nature's handmaid, endeavouring to bear our patient through the attack by "obviating the tendency to death"? The mortality has not increased by disusing violent measures, as the returns of St. Thomas's will show. And I believe, if it could be proved, that the difficulty of treating the secondary fever will be found to be materially lessened.

I make these remarks in no unfriendly spirit to the Profession. I have been as hard a worker as any of them in the late epidemic; and I would not disparage their efforts. I know it is far more anxious and far more trying to treat a case in which medicine is of little avail than one in which the cause is palpable and the remedy obvious. But it appears to me that to seek a remedy for cholera exclusively in medicine, is, to say the least of it, pernicious. We shall probably never find it, and the public



will content themselves with the belief that cholera is incurable. If we do not know the cause of cholera, we know the character of the localities it selects, and to these our attention should be directed. Let the public be persuaded of this. Let Medical men acknowledge manfully the almost hopelessness of finding a Medical remedy for cholera, and declare that the remedy is its prevention by sanitary measures. Let the treatment of the next epidemic be begun at once; and, when it again overtakes us, the cases will be fewer, the disease milder, the stages more regular, and the peculiar treatment of them more capable of being satisfactorily determined. I am, &c.

Nov. 9, 1854.

VIDEO MELIORA.

## ABUSES AT ST. THOMAS'S HOSPITAL.

### I.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the last Number of the *Medical Times and Gazette* you inserted, and in your leading article countenanced, an anonymous letter which conveyed against the Surgeons of St. Thomas's Hospital the following accusation:—"During the absence of four of the Surgeons, for recreation or illness, during the summer, all the regular business of the Hospital (the going round, and the entire care of the in-door as well as the out-door patients) has been conducted by the House-Surgeons."

We hereby inform you, that the charge which you have thus taken part in directing against us is utterly untrue and slanderous; and we require you to publish in the next Number of your Journal this, our unqualified contradiction of the falsehood.

We are, Sir, your obedient Servants,

JOHN F. SOUTH,  
GILBERT MACKMURDO,  
SAMUEL SOLLY,  
F. LE GROS CLARK,  
JOHN SIMON,

The Surgeons of St. Thomas's Hospital.

St. Thomas's Hospital, Nov. 29, 1854.

### II.

[To the Editor of the Medical Times and Gazette.]

SIR,—From an anonymous letter inserted in the *Medical Times and Gazette* of last week, I extract the following paragraph:—

"During the absence of four of the Surgeons for recreation or illness, during the summer, all the regular business of the Hospital (the going round, and the entire care of the in-door as well as the out-door patients) has been conducted by the House-Surgeons."

As one of the House-Surgeons of the Hospital, I feel called upon to contradict this. For some considerable time during the summer, one of our Surgeons was seriously ill. With that exception, I doubt if any of the number exceeded a fortnight's holiday, while the majority took less than this; and as for four having been absent at one time, this charge is absolutely untrue.

Except in Institutions which are left without the security of Resident Medical Officers, I presume that all Hospital patients, in the interval of their Surgeons' visits, must depend on the attention of House-Surgeons to detect, and, in emergency, to treat, whatever sudden changes they may suffer. But, at St. Thomas's Hospital, it is the House-Surgeon's duty and practice, whenever such changes arise, to summon the Surgeon of the case, or, if he be absent, his representative. And as each Surgeon, if called from his post, invariably leaves his cases in charge of an immediate colleague, the House-Surgeon has never, to my knowledge, been left without the superintendence of a principal Surgeon, or acted otherwise than under his responsibility.

In your Leading Article, it is also remarked, that "the out-patients have been left to the care of the House-Surgeons, or of some senior pupil." This, again, is a mis-statement. The House-Surgeons (who in every instance have been legally qualified Practitioners) are indeed allowed, by a special vote of the Governors, to take part in the treatment of out-patients; but only under the superintendence and responsibility of the two Surgeons who undertake that department. And unless you refer to the Dressers occupied in the manual work of the Surgery, I have no knowledge of any senior pupil having ever been engaged in the way you describe.

My late colleague in the House-Surgeonship is now, unfortunately, on the Continent, or I am sure he would join me in requesting your insertion of this statement, in refutation of a very unfair and unfounded charge. I am, Sir, &c.

St. Thomas's Hospital, Nov. 30, 1854.

SYDNEY JONES.

### III.

[To the Editor of the Medical Times and Gazette.]

SIR,—The students of St. Thomas's Hospital assembled to the number of sixty, wish to contradict the statement of "Homo," published in the last Number of the *Medical Times and Gazette*, to the effect,—that during the last year, any four of the Surgeons have been absent from their duties at one time, or that they have left their in-door work to be performed by the House-Surgeons. They also wish to state, in contradiction to the assertions of the same writer, that they have no reason whatever to be dissatisfied with the opportunities of practical and clinical studies offered to them by the authorities. Indeed, they have much pleasure in believing that, both in the changes recently introduced, and in all other respects, their interests and the general efficiency of the Hospital, have been most conscientiously considered. (Signed)

W. ALLINSHAW.

W. M. ORD.

R. B. SWEETING.

WM. H. STONE.

R. H. WOOD.

On behalf of the meeting.

St. Thomas's Hospital, Nov. 28, 1854.

[We need say but little as to the *style* of the above letters, as every one will observe that the language adopted by the students contrasts very favourably with that of their teachers. The *substance* is of more importance. We have referred both letters to "Homo," who informs us that "both Surgeons and Students have clearly misinterpreted my meaning. They conclude that 'absence of four of the Surgeons for recreation or illness during the summer,' implies 'absence from their duties at one time,' whereas it implies no such thing. My assertion was, and is, that four of the Surgeons were absent in the course of the summer, or during the summer, not that they were all absent at the same time." The charge was, not that the hard-worked Surgeons took a short holiday, but that when they did so the Governors of the Hospital had not provided Assistant-Surgeons to do the duty during the illness or absence of their seniors.

We never publish an anonymous communication without receiving the real name of the writer, in confidence, as a guarantee of his good faith. Placing every confidence in the integrity of the gentleman who wrote under the signature "Homo," we felt bound to publish his letter; and it will be seen by the letter of Mr. Jones, the House-Surgeon, how far our anonymous Correspondent was justified in stating that this officer performed a duty which in all other Hospitals devolves upon the Assistant-Surgeon.

We have not a word to alter of our own remarks upon the necessity of electing Assistant-Surgeons to take charge of the Out-patient Department. Of course, in exposing what we believed to be a faulty system, we had no intention to reflect upon officers who fulfil their responsible duties as effectively as it is possible for any one to do without the usual assistants. Our sole object was to urge upon the Governors the necessity of at once supplying an evident want.—ED.]

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

SATURDAY, November 25.

E. HEADLAND, Esq., President, in the Chair.

MR. I. BAKER BROWN mentioned a case which had been reported to him by a gentleman practising in Cirencester. He was called to see a woman, and found her uterus inverted, lying between the thighs, with the afterbirth attached, and a six-months' child lying by the side, the cord not being divided. The woman was in a state of collapse. The gentleman removed the after-birth, reduced the womb, and the woman did well, notwithstanding, as he had been informed, she had been in that position for eight hours.

Dr. Tyler Smith said he could scarcely believe that the woman could have been in such a position for eight hours; and he thought the most ignorant attendant would have divided the cord. The case appeared to him open to great doubt.

The President thought that such a condition of the uterus was not met with, except at the end of the full period.



Dr. Tyler Smith had no doubt about the inversion itself, and only questioned the length of time the patient was said to have been in the position described.

Mr. Brown, at the suggestion of several members, said he would endeavour to procure further particulars on the subject.

Dr. Tyler Smith said he had lately read a report of a meeting of the Chirurgical Society of Edinburgh, at which Dr. Simpson said he had in several cases of ovarian dropsy injected the cyst with tincture of iodine, and that very favourable results followed. On Tuesday, Mr. Nunn, at his (Dr. Smith's) request, performed the like operation in a case of simple ovarian dropsy. They injected four ounces of the tincture of iodine of the Pharmacopœia, without any unfavourable results, the pulse of the patient not having reached a hundred since the operation. The iodine showed itself in the saliva and the urine, proving that some of it must have got into the cavity of the peritonæum; yet no irritation was produced.

Mr. I. B. Brown said, the operation had frequently been performed in Paris by M. Monod, with great success. In only one instance had inflammation occurred sufficient to destroy the patient; showing how little the lining membrane of the ovarian sac was subject to any excitement of that kind. The operation was most useful where there was only one cyst; in those cases, indeed, which were most easily cured by other remedies. The utility of the operation was, perhaps, doubtful in complicated forms of the disease, indicated by the presence of a thick, gelatinous fluid.

Dr. T. Smith said, that Dr. Simpson believed that the French had not performed the operation.

Mr. Brown said, he himself knew of one case, and had read of others in the French journals.

Mr. Hancock said, a patient of his had a niece who underwent the operation in Paris. Four men were obliged to hold her down, and she felt for fourteen hours after the operation as if her body was on fire; but a perfect cure was effected.

The President believed he had read of a case in one of the German journals, in which Lugol's tincture had been applied externally without any manifest improvement; afterwards incision was tried, and the case terminated satisfactorily.

Mr. Dendy then read a paper on

#### ANTISTASIS, OR COUNTERACTION.

He said that physiology displayed a series of antagonism; indeed, the entire process of carrying on vitality might be termed the resistance of one thing to the influence of another. In pathology this was essentially so, one disorder disappearing as another was developed. In therapeutics, also, many of the most potent remedial agents effected their influence by some impregnation of the blood with their own especial quality; thus poison and antidote, disorder and remedy, were often but the relative terms for two exciting elements—the one, it might be, perilous, destructive, permanent, the other salutary and transient. Probably a systematic change was somewhere introduced by every remedy in imparting its counteracting influence. Spontaneous or natural antistasis, the controlling or preventive force of one disease over another, was seen in the prophylaxis of measles, by small-pox, phthisis, by ague, etc. The two grand modes of antistasis which nature adopted to preserve and restore health were elimination and vicarious action: the former prophylactic, the latter curative. Natural prophylactic elimination was constantly going on in the body. Remedial elimination was of the highest importance, but was too often disregarded, nature being thwarted in her endeavour to neutralise or destroy a blood-poison, and thereafter to dislodge it by the secreting and exhalant vessels of the skin and mucous canals. After detailing several illustrative cases, the author referred to the subject of external antistasis—the establishment or development of morbid action in a remote organ to relieve one primarily affected; and concluded by a reference to the cerebral disorders of children, and the immediate influence of surface-counteraction in cases marked with imminent peril, where time was not allowed for the effect of internal remedies. In the case of children (he said) symptoms were often aggravated by the arrest of spontaneous antistasis by means of judicious Medical treatment.

Mr. Hird alluded to the alleged arrest of phthisis by pregnancy, on which subject, he said, he was somewhat at variance with Mr. Dendy, and most other members of the Profession. Some admirable papers had been written on the subject by Dr. McClintock, of Dublin, who was of opinion, that pregnancy not only did not hold in check, but actually hastened the progress of phthisis. Young ladies, however, had sometimes been recommended to marry, in the hope that pregnancy would arrest the

development of phthisis. One young lady whom he knew married accordingly, and died in the family way.

Mr. Fisher believed that the cases which were cured by pregnancy were those of apparent, or, as it had been termed, hysterical phthisis, which were connected with some disordered state of the uterine system.

Mr. I. B. Brown said, his experience was, that in the earlier stages of phthisis the disease might be arrested by pregnancy, but not in the latter. Asthmatic affections were often arrested by pregnancy, recurring, however, after delivery. It was well known that the crusta lactea in children might be easily cured by white precipitate ointment; but he (Mr. Brown) never allowed such affections to be cured; for if the process of elimination was arrested, it might be followed by hydrocephalus, convulsions, or other disorders during dentition.

Mr. Ross believed, that in its earlier stages phthisis might be arrested by pregnancy, and he had himself seen several cases bearing out that view. With regard to children, he doubted whether in the case of active internal congestions any irritants to the skin were to be commended; but in passive congestions local applications were highly beneficial.

Dr. Semple objected to the term hysterical phthisis, as conveying an erroneous idea, there being no phthisis in the cases to which that term had been applied. He would not trust to local applications in cases of cutaneous eruption, except where it was distinctly owing to parasitic growth, as in ringworm of the scalp, for which internal remedies avail but little. For impetigenous eruptions internal remedies should be adopted. He did not doubt the influence of pregnancy on the retardation of phthisis. Nature appeared to use its utmost efforts, notwithstanding the existence of organic disease, to preserve the ovum until it reached maturity.

Mr. Milton said there was scarcely any skin disease more attributable to animalculæ than favus; yet few experienced practitioners would treat it locally only.

Mr. Hinton had no doubt that inflammation often occurred for the purpose of eliminating morbid materials from the blood. He mentioned the case of an obstinate affection of the leg, which had been subjected to many kinds of treatment without any beneficial result, and which he (Mr. Hinton) relieved by ointment containing a large quantity of gallic acid. After a considerable interval, however, the disorder returned.

Dr. Richardson thought that many of the cases of supposed phthisis arrested by pregnancy might be diseases simulating phthisis, and not that disease itself. In cases of real phthisis, the arrest or cure might perhaps, in some instances, be coincident with, and yet not the effect of pregnancy; as it occasionally happened that persons recovered even when they had arrived at the advanced stages of the disease. There were, however, physiological reasons why pregnancy might occasionally relieve phthisis in its early stages, owing to the diversion of the mother's blood toward that of the child. In like manner, cases had been known in which syphilis had been cured by pregnancy, the children being born syphilitic to the last degree.

Dr. E. Smith suggested that the occasional rapid progress of phthisis at the termination of pregnancy was owing, not to the pregnancy itself, but to concomitant circumstances, such as loss of blood, confinement to the house, etc.

Mr. Thompson adverted to the importance of constitutional remedies for skin diseases.

The Author then replied, and the Society adjourned.

#### PATHOLOGICAL SOCIETY OF LONDON

THURSDAY, November 21.

DR. BABINGTON, President, in the Chair.

DR. ANDREW CLARKE read a report on Mr. Hutchinson's specimen of

#### ENLARGED BRONCHIAL GLANDS.

The glands had been removed from a child dead of phthisis, and were supposed to be simply engorged, without containing tubercle. Dr. Clarke's examination had led him to the belief, that, in the largest of them, there was commencing tuberculisation. He had found, under the microscope, spots in the alveoli of the gland more opaque than the rest, and had removed from these cells, granules, etc., which resembled those of tubercle. He believed the enlargement and vascular engorgement of the glands to be a condition introductory to tuberculisation.

Mr. Henry Thompson read, for Mr. Wood and himself, a report on Mr. Toynbee's specimen of



## CANCEROUS GROWTH FROM THE TEMPORAL BONE.

From naked eye, as well as microscopic examination, the reporters felt no doubt but the disease had been correctly described as malignant. It was impossible to say in what exact part it had originated. The squamous, petrous, and mastoid portions of the bone were all involved, and the growth had been nearly equal within and without the skull.

Mr. Jabez Hogg showed a specimen of

## FATTY DEPOSIT IN THE CELLULAR TISSUE OF THE PENIS AND SCROTUM.

The parts, which included the entire penis, the scrotum, testis, pubic and perineal structures, had been removed from the body of an old man. The increasing growth had been known for six years before death, and the man had been much troubled by the phymosis and distended condition of the penis induced. The specimen was believed to exhibit large deposit of fat in the cellular tissue surrounding the penis, and also in all parts of the scrotum. During life the distension of the scrotum had been so marked, that twice exploratory incisions had been made to ascertain its cause. Mr. Hogg alluded to a specimen exhibited at the last meeting of the Society by Mr. Gray, which he thought his own resembled.

The President inquired of Mr. Gray if he concurred in the opinion that the specimen was similar to that exhibited by himself. To which, after a short examination of the specimen, Mr. Gray replied, that he inclined to doubt the correctness of the description which had been given of the present specimen. He thought that the enlargement of the scrotum was due merely to hypertrophy and condensation of the cellular tissue, and that it did not contain any fat. There was some increase of fat in the pubic region, and also in the perinæum, but none, as far as he could observe, in the penis or scrotum.

Mr. Hogg replied that he thought a more thorough examination would convince Mr. Gray that the thickening in the regions mentioned did really consist of fat.

Mr. Hewett suggested, that as the difference of opinion was so great, it might be well to submit the specimen to a Committee for further examination.

The President requested Mr. Henry Thompson to make the suggested examination, and to report.

Dr. Brinton exhibited a preparation of a

## DIVERTICULUM FROM THE ILEUM.

The man from whom it had been obtained had died of cholera. The diverticulum was of ordinary size and shape, being about three-quarters of an inch in breadth, and rather tapering towards its end. Its structure was exactly similar to that of the small intestine, excepting that its valvulæ conniventes were much better developed than in the part of the bowel to which it was attached.

Dr. Brinton showed, also, a specimen of

## DISEASED HEART.

The patient had some years before death had rheumatism, and had ultimately died after suffering from anasarca, palpitation, etc. There had been heard a loud systolic bruit over the apex, and a double bruit over the base, the peculiarity being that every now and then the second sound would be heard over the base of healthy character, but very indistinct. The mitral valves were so much diseased that regurgitation must have constantly occurred; while the aortic semilunars, although much thickened, might be supposed to have been capable, under unusual pressure of blood, of closing completely. The unusual character of the auscultation of the second sound seemed thus to be satisfactorily explained. Dr. Brinton added, that he could not help thinking that much knowledge respecting the effects of diseased valves was being wasted, by the practice of always laying the organ freely open. If the plan of injecting with tallow were generally adopted, he thought much gain would result. It was often impossible, after the organ had been cut open, to determine the competency or otherwise of its valves.

Dr. Brinton also brought forward the Temporal Bone of a child, who had died after scarlet fever, with inflammation of the ear, on which coma had supervened. He showed it merely to ask that it might be examined by some one familiar with the pathology of the ear.

At the request of the President, Mr. Toynbee undertook to examine it.

Mr. Salter gave the particulars of a case in which intense neuralgia had resulted from a

## DENTINAL EXCRESCENCE IN THE PULP CAVITY OF A TOOTH.

The patient had been under Mr. Salter's care at Guy's Hospital; and the account given was, that she had suffered most severe pangs of plunging and darting pain, which commenced in one tooth, but involved also the whole jaw. The tooth appeared sound, but was a little loose, and, when touched, became the cause of a pang of pain. Mr. Salter determined to extract, expecting to find an exostosis from the fang. The operation gave intense pain, but the neuralgia quite ceased afterwards. No exostosis was found; but in the cavity of the fang was a dentinal growth, the size of a millet-seed, which had pressed upon the tooth pulp, and no doubt occasioned the pain suffered. Drawings of the tooth, and also of the microscopic examination of the dentine, were shown. The latter exhibited the large, irregular tubes commonly met with in secondary dentine.

Mr. Shaw showed a

## CALCULUS WHICH HAD BEEN ADHERENT TO THE BLADDER.

The specimen had been found by a student in the dissecting-room of the Middlesex Hospital, in the bladder of an old man. When found, the stone adhered by a pedicle to the mucous membrane of the bladder, just behind the prostate, and, when lifted, the mucous membrane was dragged up. Unfortunately, the stone, after its adhesion had been noticed by the student, and also by Mr. Nunn, the Demonstrator then in attendance, had been cut away by scissors. When it reached Mr. Shaw's hands, there was still a piece of flocculent membrane attached to the part which had been united to the bladder. The stone was about the size of a nutmeg, rugged exteriorly, and very light. In the bladder were two other much smaller calculi, one of which had also become adherent. The tunics of the bladder were in every respect healthy, and nowise thickened. The previous history of the man had been obtained, and it was found that he had never suffered from symptoms of stone in the bladder; his death had been from carbuncle. Mr. Shaw much regretted that he was unable to show the specimen in an entire state. The calculus had, unfortunately, been dried, and all evidences of the adhesion removed. In the absence of any tendency to sacculation on the part of the bladder, he was inclined to infer, that the adhesion had been effected by means of a portion of lymph. The exterior of the stone had been analysed, and found to consist of uric acid, with traces of phosphates.

Mr. Prescott Hewett stated, that he thought that this could not be deemed a conclusive case in proof of the adhesion of calculi, inasmuch as the specimen in its original condition, could not be produced. It was quite possible that a portion of the stone might have been so caught between the muscular fibres of the bladder, as to deceive a student into the belief that it actually adhered. He was desirous, however, to state, that he fully admitted the possibility of a calculus adhering to an ulcerated surface in the bladder; and of this he had, at the last meeting of the Society, mentioned an example.

Mr. Holt mentioned a case in which, during the operation, he had felt no doubt but that many portions of the stone (which had been broken) adhered firmly to the mucous membrane. The patient had died afterwards; but, unfortunately, no autopsy had been obtained. The man from whom the present specimen had been obtained had been under his care in the Westminster Hospital, and he could fully bear out Mr. Shaw's statement as to the entire absence of symptoms of calculus.

Mr. Fergusson, while admitting the possible occurrence of adherent calculi, believed them extremely rare, and had no doubt but that the cases in which adhesions were reported to have interfered with the performance of operations were examples of erroneous diagnosis. In his own practice, with one recent exception, he had never met with such cases. The case he referred to was one in which, in sounding, the stone had always been felt in one particular part of the bladder. During the operation it was not readily found; and, when withdrawn, showed, attached to one end, some shreds of fibrinous material, the conjunction of which conditions made it seem probable that it had really been attached. Mr. Fergusson further stated, that he had once operated on a case a fortnight after an attempt at extraction by another Surgeon had failed, it was believed, because the stone was adherent. The stone did not prove to be so; and, although of very large size, was readily removed. With regard to the absence of symptoms being indicative of adhesion, it was so common when the calculus was free, that it could not be deemed a sign of any value.

Mr. Prescott Hewett added with respect to absence of sym-



ptoms, that he had once seen a case in which a stone, found after death to be so large as to completely fill the bladder, had been unattended by symptoms during life.

Mr. Mitchell Henry, although regretting that the specimen was spoiled before its exhibition, thought its value must not materially be lessened. The gentlemen who had examined it when first found were perfectly competent observers.

Dr. Bence Jones asked the composition of the stone.

Mr. Shaw: Uric acid, with small admixture of phosphates.

Mr. Hutchinson inquired if there were any ulceration of the mucous membrane at the spot to which the calculus adhered. He believed that, in all the best authenticated cases of adherent stones, the attachment was to an ulcerated surface.

Mr. Shaw replied that there was not.

Dr. Bence Jones undertook, at the request of the President, to make a further chemical examination of the stone.

Mr. Cousins next showed an example of

#### SEPARATION OF THE PERIOSTEUM OF THE FEMUR IN AN INFANT.

A child, aged six days, had suddenly been affected with great swelling of the upper part of the thigh. The inflammation and pain had led to the supposition of a fracture, but had quite prevented any examination. On the second day a large abscess was opened. The suppuration was profuse; and, on the fifth day, the infant died. The case had been attended by Mr. Jeffreys. After death the femur was removed. It was found that, from the lesser trochanter, an inch downwards, the periosteum hung in a thickened condition, quite loose from the bone, the latter being bare and rough. The separation did not extend quite to the front aspect of the bone. There was no fracture; but, whether or not, the epiphysis of the lesser trochanter were separated, was not quite certain. The membrane over its seat contained a little nodule. Mr. Cousins remarked, that it was evident there had been acute periostitis; and, had the infant lived, necrosis would probably have followed.

Mr. Hacon brought forward a specimen of

#### ANEURISM OF THE INNOMINATE ARTERY.

The patient, a middle-aged man, had suffered from pain in the chest, bronchitic symptoms, and some dyspnoea. His symptoms had, however, not been severe until shortly before death. Death had been very sudden. There was found at the *post-mortem* a large opening between the aneurismal sac and the trachea. The ulceration from within the sac was extensive, and it appeared that for long the mucous membrane of the trachea had been the only impediment to rupture.

Mr. Holt exhibited an example of

#### FRACTURE OF THE PETROUS BONE, WITHOUT SYMPTOMS.

The man from whom it had been taken had been admitted into the Westminster Hospital, after having received a blow on the head from a piece of timber. He had symptoms of concussion, but no bleeding from either the nose or ears occurred. He vomited a considerable quantity of blood. Convalescence was being well established, when a hernia, from which he had long suffered, came down, and got strangulated. An operation was performed, and death resulted. At the *post-mortem* the head was examined, and there was found to be a fissure extending across the petrous portion of the temporal bone. The dura mater was not torn, and it was believed the cavity of the tympanum was not opened. Mr. Holt remarked on the interesting question as to where the blood which the man vomited had come from. Was it from the stomach or throat, or was it from the skull. Seeing that the tympanum was uninjured, and the dura mater not torn, it was very possible that blood might flow down the Eustachian tube, and so into the throat, while none escaped either into the ear or the cavity of the skull.

Mr. Prescott Hewett had seen several similar cases, in which, from the circumstance that the dura mater was not torn, no brain symptoms had been caused. He thought that the blood vomited had in all probability flowed down the Eustachian tube, as suggested by Mr. Holt. Cases of yet greater interest had been noted, in which, from the tympanum remaining uninjured while the cavity of the arachnoid was opened, the serous discharge consequent had been not by the ear, but by the nose and mouth, having, of course, been there conveyed by the Eustachian tube.

Dr. Ogle showed a specimen of

#### LAYER OF BLOOD EFFUSED BENEATH THE ARACHNOID.

The coloured parts of the blood had been absorbed, a considerable period having elapsed between the accident and death. The preparation showed a thin, filamentous layer of opaque membrane lining the arachnoid, but not adhering to it. With regard to the diagnosis between this and a layer of effused fibrin, Dr. Ogle mentioned the presence of adhesions in the latter case, and the history of the case. In the present instance the man had received a slight blow over the head. The cerebral arteries were much diseased.

Dr. Ogle showed also under the microscope examples of

#### SARCINA VENTRICULI.

He had for some time been examining the contents of stomachs after death indiscriminately, with the view to discover whether sarcina were of frequent occurrence without having caused any specific symptoms. He believed that they were. In the present instance, and in several others he had found them when there was no account of stomach disease during life.

Mr. Fergusson showed the parts removed from a case of

#### UMBILICAL HERNIA.

The specimen consisted of a large coil of intestine in an almost gangrenous condition, and the hernial sac. Mr. Fergusson had been called upon to operate on the fourth day of strangulation, the patient being a woman. Having opened the sac and divided the stricture sufficiently, but as sparingly as possible, he had found great difficulty in keeping the bowel within the abdomen, on account of the very large mouth of the sac. Under these circumstances, he adopted the expedient of passing a strong ligature several times through the neck of the sac, so as to stitch its sides together, after which no trouble occurred. He had adopted the same plan in two or three similar cases, and much preferred it to attempting to keep the bowel back by compresses. The cases in which he had done it, however, had all been desperate ones, and none had recovered. He was in hopes, that should recovery take place the cure would be radical.

After the usual vote of thanks to the exhibitors, the meeting adjourned.

### UNIVERSITY OF LONDON.

#### B.A. EXAMINATION.—1854.

#### EXAMINATION FOR HONOURS.

##### MATHEMATICS AND NATURAL PHILOSOPHY.

Colleges.

Savage, Thomas	(University		
Scholarship)	...	...	University.
Jones, William Brittain	...	...	University.
Bache, Alfred	...	Equal	{ Queen's, Birmingham.
Moulton, William F.	...		
Boult, Swinton Henry	...	...	Manchester New, and Univ.

##### CLASSICS.

Foster, Michael	(University		
Scholarship)	...	...	University.
Jones, William Brittain	...	...	University.
Millar, Fred. C. J.	}	Equal	{ University.
Pratten, Rev. B. P.			
Temple, Rev. Jos. A.			
Boult, Swinton Henry	...	...	Manchester New, and Univ.
Picton, James Allanson	...	...	Lanc. Indepdt., and Owen's.
Rule, Martin Luther	...	...	Wesley, Sheffield.

##### CHEMISTRY.

Thornton, James H.	}	Equal	{ King's.
Wolston, Christopher			

##### ANIMAL PHYSIOLOGY.

Thornton, James Howard	(Prize		
of Books)	...	...	King's.
Leonard, Henry Charles	...	...	University.
Wolston, Christopher	...	...	Queen's, Birmingham.
Black, John Rankine	...	...	University.
Buchanan, Albert.	...	...	University.
Rule, Martin Luther	...	...	Wesley, Sheffield.



# ROYAL COLLEGE OF SURGEONS OF ENGLAND.

## FELLOWSHIP EXAMINATION.

NOVEMBER 28, 1854.

The following were the questions submitted to the senior candidates for the Fellowship of the Royal College of Surgeons.

### ANATOMY AND PHYSIOLOGY.—SENIOR MEMBERS.

1. The anatomy of the knee-joint, and the muscles and tendons around it.
2. The course of the arteries of the upper extremity, from the commencement of the subclavian to their termination in the fingers.
3. The muscles, nerves, and blood-vessels of the face.
4. The situation, structure, and function of the kidney.
5. The composition and chemical qualities of urine in health, and, as far as possible, in disease.
6. Describe the form, situation, and structure of the salivary glands, with the chemical qualities of their secretions.

### JUNIOR MEMBERS.

1. Describe the medulla oblongata from its uppermost part to its junction with the spinal cord, distinguishing all the points in the medulla usually named, together with the nerves proceeding from it to their termination.
2. Describe the structure of the wrist-joint, together with the origin and termination of the muscles or tendons which pass in front and behind it.
3. Describe the larynx, its cartilages and muscles, ligaments and nerves, with the manner in which its functions are performed.
4. Describe the retina, its connexions, peculiarities, extent, appearances before and after death.
5. Describe the uterus, its ligaments, with their contents; the changes, as far as known, which take place in that organ from infancy to old age.
6. Describe the minute structure of the stomach and intestines, as connected with the physiology of digestion.

NOVEMBER 30, 1854.

### PATHOLOGY AND SURGERY.—SENIOR MEMBERS.

1. The diseases of the testis, non-malignant, malignant, and their treatment.
2. The treatment of umbilical hernia in the female, when incarcerated or strangulated.
3. The application of caustics in cancer, when advisable, and to what parts?
4. The symptoms and treatment of internal hæmorrhoids by operation or otherwise, more particularly when complicated by a large descent of the internal membrane of the rectum.
5. Describe the distinction presumed to exist between the various kinds of syphilitic ulcers of the penis, and their treatment.
6. Describe the first set of secondary symptoms.

### JUNIOR MEMBERS.

1. Symptoms and treatment of rheumatic iritis.
2. In what cases of strangulated femoral hernia is it advisable to leave the hernial sac unopened? and describe the operation.
3. In what cases of mortification, impending or complete, of the extremities, is amputation imperatively demanded, with the preceding symptoms?
4. What operation is to be done on the calf of the leg in the case of a wound of one of the great arteries, the injury of which cannot in the first instance be accurately determined?
5. What is the best manner of amputating the thigh at the hip-joint when the soft parts are much injured in the vicinity? and name all the parts to be divided.
6. The symptoms and treatment of calculus vesicæ in the female.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 24th ult. :—

BIRD, SAMUEL DOUGAN, Birkenhead, Cheshire.  
CORNER, FRANCIS MEAD, Whitby, Yorkshire.  
DANIELL, CYRUS OCTAVIUS, Army.  
DYMCK, WILLIAM, Willisborough, Ashford, Kent.  
GROWSE, JOHN LAWRENCE, Bildiston, Suffolk.

HALL, JOHN, Sheffield Infirmary.  
HAMMOND, EDWARD BECK, Ipswich.  
LAWTON, SAMUEL, Sheffield.  
NESFIELD, STEPHEN, Whitby, Yorkshire.  
SARGINT, EDWARD HENRY, Australia.  
SEITZ, HARTWIG LUDWIG CHRISTOPHER, Bombay.

At the same meeting of the Court, Mr. CHARLES EDWARD PLAYFAIR passed his examination for Naval Surgeon; this gentleman had previously been admitted a member of the Royal College of Surgeons, his diploma bearing date June 28, 1850.

And on the 28th, at a Special Meeting of the Court, the following were admitted members of the College :—

BEAUFOY, CHARLES, Oxford.  
CAMPBELL, EDWARD WILLIS, Woolwich.  
And on the 30th ult. :—  
MARSHALL, FRANCIS, Hackney.  
MEYER, JOHN, Exeter.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Nov. 23, 1854 :—

BALY, GEORGE, Warwick.  
HICKMAN, JOHN LOCKLEY, Wolverhampton.  
WATTS, WILLIAM EDWARD MONCKTON, Battle, Sussex.  
WEST, HENRY ROGER, Clavering, Bishop's Stortford.  
YORK, GEORGE BILLING, St. John's Wood Road.

SOCIETY OF APOTHECARIES.—The Court of Examiners of the above Society having learned that many gentlemen desirous of entering the public Medical service are prevented from doing so by their inability to present themselves for examination before the termination of their curriculum, have resolved: "That candidates whose term of study would terminate in April, 1855, will be admitted to examination before this Court after the 1st of January, 1855, provided they bring testimonials from competent authority that they have entered, or are about to enter, the public Medical service, together with certificates from their teachers of general diligence and good conduct."

### APPOINTMENTS.

ST. BARTHOLOMEW'S HOSPITAL.—We are happy to state that Dr. Martin has been appointed Assistant-Physician to this Institution.

SALOP INFIRMARY.—The anniversary meeting of the friends and subscribers to the Salop Infirmary was held on Thursday week. Previous to the usual proceedings, a special general meeting of trustees was held for the purpose of electing a Surgeon in ordinary to succeed J. Y. Arrowsmith, Esq., who had resigned, and further to consider the propriety of appointing Mr. Arrowsmith Surgeon Extraordinary, with thanks for his long and valuable services. John Stephens, Esq., of College Hill, was elected Surgeon, and Mr. Arrowsmith constituted Surgeon Extraordinary.

### TESTIMONIAL.

The following was presented to BENJAMIN HUNT, Esq., by the students of Queen's College, on his resigning the House-Surgeoney of the Queen's Hospital, Birmingham, accompanied with several articles of plate :—"Dear Sir,—The students of Queen's College, impressed with the zealous and efficient manner in which you have discharged those duties which have brought you into connexion with them, and in return for many personal kindnesses which they have at various times received at your hands, have united to present you with the accompanying pieces of plate, as a trifling token of their respect and esteem for your conduct. The high character and testimonials which you brought with you on first coming among them, have been fully confirmed by a constant and daily acquaintance of more than eighteen months; and all the powers which a scientific mind and extended experience could bring to bear upon any subject, have been most freely at the disposal of those who applied to you for information. And, if the appreciation of your professional conduct is so complete, much more will they treasure in their memory those feelings to which your kindly and cordial manner, ever shown both in public and private, have given birth. In wishing you the prosperous and prolonged career of which your sojourn among them has given so eminent a promise, they trust that, in years to come, both you and they may preserve the lustre of that friendship undimmed, and may have cause to look back to its origin with mutual feelings of the deepest pleasure."



## VACANCIES.

- CARDIFF INFIRMARY.—There is a vacancy for House-Surgeon. Election, Jan. 4, 1855.
- ISLE OF WIGHT INFIRMARY.—A Resident Medical Officer is required. Election, Dec. 21.
- LONDON FEVER HOSPITAL.—There is a vacancy for a Resident Medical Officer. Election, Dec. 9.
- MANCHESTER ROYAL INFIRMARY.—A Second House-Surgeon is required. Election Dec. 16.
- WESTERN GENERAL DISPENSARY.—A Resident Surgeon is required. Election, Dec. 14.

## DEATHS.

- BRADY.—Nov. 27, at his residence, Blackfriars-road, from an attack of laryngitis, Charles Brady, Esq., Surgeon, in his 48th year. Deeply regretted by all who knew him. M.R.C.S.E. 1840; L.S.A. 1826. The deceased gentleman was the brother of the worthy Member of Parliament of that name.
- DAVIS.—Nov. 24, at Foregate-street, Worcester, in his 41st year, Henry Davis, Esq., Surgeon. M.R.C.S.E. 1837; L.S.A. 1836; Surgeon to the Worcester Dispensary.
- FRANCIS.—Sept. 28, at Calcutta, Charles Bransby Francis, Superintending Surgeon, Dacca Circle, (July, 1816.)
- HARDY.—Nov. 17, aged 65, Jonathan Hardy, Esq., Surgeon, Low Moor, much respected.
- HEYWOOD.—Recently, at Kennith, near Bideford, W. C. Heywood, Esq., M.D., formerly of Blandford, aged 88.
- NOTLY.—Nov. 23, at Brighton, after a short illness of disease of the heart, William Notly, Esq., Surgeon, aged 37.
- RUDGE.—Nov. 20, at Fakenham, Norfolk, Edward Rudge, Esq., h. p. Surgeon Royal Artillery, aged 62. M.R.C.S.E. 1812.

**PATHOLOGICAL SOCIETY OF DUBLIN.**—The first meeting for the Session took place in the Anatomical Theatre of Trinity College, on Saturday, the 25th November. Dr. R. Adams was unanimously elected President for the ensuing year. The subject for the Society's Gold Medal to be awarded in 1855 was announced by the Secretary, Dr. R. W. Smith, to be, "The Injuries, Diseases, and Malformations of the Spine." Essays, with fictitious signatures, to be sent in on or before the 15th of April.

**APOTHECARIES TO THE FORCES.**—We have received a letter from Dr. Leate, Secretary to the Court of Examiners of the Apothecaries' Hall in Ireland, doubting the correctness of a statement in our last Number, that Army Dispensers need not have an Apothecaries' Licence. We have made further inquiry on the subject, and find that our statement was perfectly correct. Provided a person be found qualified to *dispense*, no further qualification is required. No more appointments of Dispensers will be made at present, as all the vacancies have been filled up. Many hundred applications were received.

**THE LONDON FEVER HOSPITAL.**—There has been a great increase of patients for some time past, and seven deaths have occurred between the 19th and 25th.

**BOTANICAL SOCIETY OF LONDON.**—The Eighteenth Anniversary was held on Wednesday. From the report, it appeared that the Society consisted of 250 members; and that many thousand specimens of British and Foreign plants had been received for distribution in January next.

**ABUSE OF CHLOROFORM IN MIDWIFERY.**—Dr. Robert Lee has forwarded to us a letter from Mr. E. Parke, of West Derby, from which we select the following passages:—"The Profession and the fair sex owe you a deep debt of gratitude for your manly, able, and convincing paper on the subject of chloroform and its attendant dangers when administered during parturition. At one time I used to give it frequently, but latterly I have suspended it, from careful and unbiassed judgment as to its baneful results. I never had but one nearly fatal case; but in many I have had to deplore its effects; and the little amount of good derived in some cases from it is sadly outweighed by its concomitant dangers. As you have given seventeen cases, I think every Medical man is in duty bound to assist you in putting down its indiscriminate use in midwifery, and entering his most serious protest against it. In the year 1849, Mrs. M. engaged me to attend her in her third confinement, and having suffered rather seriously in her previous ones, she begged of me to administer chloroform. It was a case of twins, and when the first was born she felt exhausted and fatigued, and finding the arm of the second child was presenting, and turning would be necessary, I thought it probably might be of service. I avoided

carrying it to insensibility, and she was perfectly conscious of all that passed during the operation; and when over, expressed herself most grateful for the blessing of chloroform. She had scarcely given vent to her feelings, when she complained of a violent pain in her head, became delirious, tore the nurse's gown and the bed-curtains into pieces, and was perfectly maniacal. Flooding came on to a fearful extent, and incessant sickness. I managed to extract the placenta, and owing to the feeble contraction of the uterus (and this latter condition I am confident it often produces), I was kept grasping it for four or five hours. The vomiting continued eight hours without intermission, the headache remained for weeks, and her recovery was very protracted, far more so than on former occasions."

**EFFECTS OF LIGHTNING ON ANIMALS.**—The French Academy of Sciences have received some interesting observations on the effects of the lightning stroke upon human beings. The following facts are the result of patient observations made by M. Boudin, chief Surgeon to the Hôpital du Roule:—The number of people yearly struck by lightning in France averages 200. The number of people killed by lightning between the years 1835 and 1852 is no less than 1308; the number struck, but not fatally, is about three to one of the number killed. Of the number struck, there were nearly three men to one woman. The region where the lightning had been most fatal is the central plateau of France, comprising the departments of Cantal, Puy-de-Dôme, and other departments which are mountainous or present elevated ground. The months during which people are the least exposed to the fatal effects of lightning are the coldest months of the year, viz., November, December, January, and February. Out of 103 people struck, 4 were struck in March, 6 in April, 8 in May, 22 in June, 13 in July, 19 in August, 14 in September, and 15 in October. One-fourth of the people who have been struck may trace the misfortune to their own imprudence, in taking shelter under trees, which attract the electric fluid. The greatest number of people killed by a single flash of lightning does not exceed 8 or 9. M. Boudin called attention to two curious facts in connexion with this subject. The first was, that dead men, struck by lightning, had been found in exactly the upright position they held when killed; the second was, that other bodies bore upon them faint impressions of outward objects, probably somewhat resembling photographic shadows. Animals, however, are much more exposed to the influences of lightning than men, and suffer more by its destructive properties. More than once a single flash of lightning has destroyed an entire flock of sheep, and, according to M. D'Abbadie, flocks of 2000 in Ethiopia. The fires occasioned by lightning have amounted to eight in one week in the departments of La Meuse, Moselle, Meurthe, and Vosges. The little kingdom of Wurtemberg suffered by 117 fires in nine years, so caused. Before the application of lightning-conductors, English ships experienced losses annually by the electric fluid estimated at from 1000*l.* to 1400*l.*; but since their application, such losses are no longer heard of, although some pretend to deny the efficacy of the lightning-rod.—*Athenæum*.

**ADULTERATION OF FLOUR.**—A miller has been fined by the Stockport magistrates, for having in his possession a large quantity of sulphate of lime and other ingredients for the adulteration of flour. The excuse was, that the flour was manufactured for sizing and oiling purposes.—Notice of appeal.

**CONDIMENTS AND TOILETTE ARTICLES.**—The Jury in the Exhibition, or, rather, two distinguished chemists of that Jury, Dr. Hofmann and Mr. De la Rue, ascertained that some of the most delicate perfumes were made by chemical artifice, and not, as of old, by distilling them from flowers. The perfume of flowers often consists of oils and ethers, which the chemist can compound artificially in his laboratory. Commercial enterprise has availed itself of this fact, and sent to the Exhibition, in the form of essences, perfumes thus prepared. Singularly enough, they are generally derived from substances of intensely disgusting odour. A peculiar fetid oil, termed "fusel oil," is formed in making brandy and whiskey. This fusel oil, distilled with sulphuric acid and acetate of potash, gives the oil of pears. The oil of apples is made from the same fusel oil by distillation with sulphuric acid and bichromate of potash. The oil of pine-apples is obtained from a product of the action of putrid cheese on sugar, or by making a soap with butter, and distilling it with alcohol and sulphuric acid, and is now largely employed in England in the preparation of pine-apple ale. Oil of grapes and oil of cognac, used to impart the flavour of French cognac to British brandy, are little else than fusel oil. The artificial oil of bitter almonds, now so largely employed in perfuming soap and for flavouring confectionery, is prepared by the action of nitric acid



on the fetid oil of gas-tar. Many a fair forehead is damped with eau de millefleurs, without knowing that its essential ingredient is derived from the drainage of cow-houses.—*Dr. Lyon Playfair on the Results of the Exhibition of 1851.*

AT WOLVERHAMPTON, on Sunday, the thermometer stood at 12° Farh. below the freezing point.

**FATAL EFFECTS OF QUACKERY.**—An inquest was held on the 20th inst. at Portland, before F. S. Frost, Esq., Coroner for the island, on the body of Sarah Jane Willison, who died in consequence of injuries inflicted by an application to her arm by a man named Robert Lee, a schoolmaster, residing in Weymouth. The history of the case will be best told by the subjoined evidence of a young woman who witnessed the application, and of the Medical gentleman called in on the occasion. Sarah Stone sworn, stated: I am about 18 years of age, live in Portland, within a few doors of the deceased Mrs. Willison. I have known her about six months. I know she had a bad arm; went with her on Saturday, the 4th instant, to Weymouth. The previous day, deceased told me she was going there to see Mr. Lee, who intended to put a plaster upon the arm to burn down the diseased part. I went with Mrs. Willison, and saw Mr. Lee put a white plaster on the arm, of the size the wound now is; the plaster was of the thickness of a halfpenny. At that time there were five small wounds on the arm. The wound is now larger, and the flesh between the five wounds is all gone. Mr. Lee kept the plaster on the arm two hours and forty minutes by his own clock. I was there all the time. The pain took away her senses. Lee said the plaster would burn it down. He then gave her some stuff in a jug to dress the wound with. After the plaster was taken off, the parts looked black; she was in great pain. He then put in some of the stuff in the jug. He said he would effect a cure in three months. I went with deceased a second time to Mr. Lee, on Saturday, the 11th inst. He asked her how her arm was getting on. She said it pained her a good deal. He said he should not think it would do her any good unless it pained her. I told him the arm was looking very bad indeed. He replied, that it was looking much better than he expected. He gave her another jug of stuff, and put a plaster on the wound out of it, and told her she was to come again next Friday; but that, if she could not come, he would go to Portland to see her on Sunday. His charge for the first visit was 2s., and 3d. a-week after; when she went the last time she paid him 1s. I said her arm was looking worse. He said that it would get worse, and most likely she would be obliged to lie in bed. The deceased told me she thought it would kill her. The only medicine he gave her to take was a wine-glass of lime-water twice a-day. On Saturday evening last, Dr. Frost was sent for. He told Mr. Willison that he thought his wife was dying, and that she could not live twenty-four hours. She died the same evening, at a quarter-past nine o'clock. *Report of the Medical Witnesses.*—"The body of the deceased is that of a woman, under 40 years of age, stout and plump, with every general appearance of perfect health. On the outside of the right arm, extending from the middle of the arm to the bend of the elbow, is a large sloughing wound, of an oval form, 6½ by 4½ inches. The slough is of a dark brown, nearly black colour, very soft and pulpy, and, when cut into, was found to extend down to the bone. The integuments at several parts around the wound were livid and gangrenous, especially towards the shoulder, where this appearance extends fully four inches upwards. The whole arm, from the neck to the tips of the fingers, is much swollen, its circumference just above and below the wound being fifteen inches, or about six inches greater than the other arm at the same points. The appearance of the wound is such as would be caused by a powerful corrosive agent. On examining the body internally, we found all the organs in a state of perfect health; a small quantity of fluid was found in the right side of the chest, with some indications of old inflammation. From the foregoing premises we are compelled to come to the conclusion, that, in the absence of all disease in the internal organs of the body, death was occasioned by the effect upon the system of the violent local injury above described. (Signed) W. SWEETING, M.R.C.S.E.; SPROTT BOYD, M.D." The Coroner, in his address to the Jury, laid before them the various opinions of the Judges in cases of malpractice, and, in conclusion, wound up in the words of Mr. Justice Bayley, in the case of "*Rex v. Nancy Simpson*":—"I take it to be quite clear, that, if a person not of a Medical education, in a case where Medical assistance might be obtained, undertaking to administer medicines which may have a dangerous effect, and thereby occasion death, such person is guilty of manslaughter. He may have no evil intention, and may have a good one. He has no right to hazard the consequences where Medical assistance might be obtained; if he does so, it is at his peril.

It is immaterial whether the person administering the medicine prepares it, or gets it from another." The Jury brought in a verdict of "Manslaughter" against Lee.

**MORTALITY NOTABILIA.**—The deaths of 1262 persons, namely, 618 males and 644 females, were registered in London in the week that ended last Saturday. This is a high mortality as compared with the returns of ten corresponding weeks of the years 1844-53, in which the average number of deaths was 1021, or as compared with this average raised in proportion to increase of population, which is 1123. A hundred and thirty-nine persons died last week above the number thus estimated. Although the aggregate number of deaths last week was less than that of the previous week, (when it was 1309,) it will be seen that fatal cases arising from zymotic diseases remained exactly the same; while those from diseases of the organs of respiration suffered a considerable increase, from 240 to 292. In reference to two cases of variola confluens, the Registrar, Mr. Faulkner, says—"According to my information they had both been vaccinated. The Vaccine Aet is almost a dead letter in my district. I never receive any certificates except from the Parish Surgeon, although on inquiry nearly all of the children have been vaccinated."

**Births.**—The births of 819 boys and 774 girls—1593 children—were registered; average, 1379.

**Meteorology.**—The mean height of the barometer in the week was 29.397 in.; on Monday the mean reading was 30.010 in. The mean temperature of the week was 36.5°, which is 5.3° below the average of the same week in 38 years. On Thursday and Friday, the mean temperature was more than 7° below the average. The highest temperature in the week was 44.2°, on Tuesday. The lowest 28.4°, on Friday. The mean dew-point temperature was 33.7°; and between this and the mean temperature of the air, the difference was 2.8°. Wind north-east in the beginning of week, afterwards south-west, and on the last two days north. The rain was 0.22 in. Horizontal movement of air 660 miles; electricity positive, and tension variable.

**MORTALITY IN PUBLIC INSTITUTIONS** for the week ending Nov. 25:—

	Males.	Females.	Total.
Workhouses...	46	48	94
Military and Naval Asylums	2	...	2
General Hospitals	45	17	62
Hospitals for Special Diseases	4	7	11
Lying-in Hospitals	1	2	3
Lunatic Asylums	5	3	8
Military and Naval Hospitals	6	...	6
Hospitals for Foreigners, etc.	...	...	...
Prisons	1	...	1

**DEATHS REGISTERED** in the Metropolis for the Week ending Saturday, November 25, 1854.

CAUSES OF DEATH.	Nov. 25.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	649	361	243	1262	10206
SPECIFIED CAUSES .. .. .	647	361	243	1252	10156
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	261	56	15	332	2432
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	6	21	22	49	452
3. Tubercular Diseases .. .. .	62	95	7	164	1624
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	51	37	29	117	1144
5. Diseases of the Heart and Blood-vessels .. .. .	4	26	15	45	396
6. Diseases of the Lungs and of the other Organs of Respiration ..	172	56	64	292	1938
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	17	21	16	54	572
8. Diseases of the Kidneys, etc. ..	..	6	5	11	102
9. Childbirth, Diseases of the Uterus ..	1	13	2	16	110
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	..	8	4	12	88
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	2	3	3	8	15
12. Malformations .. .. .	3	..	..	3	36
13. Premature Birth and Debility ..	25	2	..	27	230
14. Atrophy .. .. .	26	1	15	42	209
15. Age .. .. .	..	..	40	40	466
16. Sudden .. .. .	9	4	4	18	61
17. Violence, Privation, Cold, and Intemperance .. .. .	8	12	2	22	281
CAUSES NOT SPECIFIED .. .. .	2	..	..	10	50



## TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the report of the discussion on Dr. Willshire's Paper, read at the Medical Society, and given in this week's publication, I am made to say, "In civilised England, with all its wealth and advantages, a third of the children born die before they are a year old." As the above statement is not altogether correct, I would, therefore, now beg permission to observe, that the proportion then mentioned was "*one-fifth*," not one-third.

If, however, the calculation be extended to children dying under five years of age, certainly more than one-third are carried off by all causes—the number amounting to upwards of 37 per cent. on an average.

Being anxious to avoid giving currency to any erroneous statistical deduction, I shall feel much obliged should this note appear in your next Number. I am, &c. JOHN WEBSTER.

Brook-street, November 25, 1854.

T. S.—If the question were raised the result would be doubtful, unless the M.R.C.S. possessed the licence in Midwifery of the College.

A Subscriber.—It would be a question for a jury to decide.

A Three Years' Man, University College.—We will make inquiry as to the correctness of the statement, and, if substantiated, will draw attention to the matter.

M.D., Norfolk.—The circumstance arose out of the trial of M'Naughten for the murder of Mr. Drummoud, when the prisoner was acquitted on the ground of insanity. This gave rise to a discussion in the House of Lords, when the following question among others was submitted to the Judges:—

"5th. Can a Medical man, conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial, and the examination of all the witnesses, be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious at the time of doing the act that he was acting contrary to law, or whether he was labouring under and what delusion at the time."

In reply, the Judges (except Mr. Justice Maule) gave their opinion as follows:—

"We think the Medical man, under the circumstances supposed, cannot in strictness be asked his opinion in the terms above stated, because each of those questions involves the determination of the truth of the facts deposed to, which it is for the jury to decide; and the questions are not mere questions upon a matter of science, in which case such evidence is admissible. But, where the facts are admitted, or not disputed, and the question becomes substantially one of science only, it may be convenient to allow the question to be put in that general form, though the same cannot be insisted on as a matter of right."

A Well-wisher.—(a) Apply at the office of Army or Navy Medical Departments personally, or by letter. (b) The first is most desirable, the second most easily obtained. (c) No.

Mr. J. Macintosh.—There is no book on the subject which can be depended on. All are written to delude patients into the snare of the authors.

A Surgeon in Small Practice should apply to the Colonel of the Militia regiment in which he wishes to be employed.

A Dispensary Surgeon.—We only received the list last week.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your Correspondent who signs himself "M.D." in the *Medical Times and Gazette* of this day, has indeed made a sad mistake when he says he "looked through the only work Dr. Griffin ever wrote, and cannot find in it any passage to warrant such a statement" as I made at the Medical Society of London, and published in your Journal of the 18th. In fairness, your Correspondent ought to have given the name of the work he has "looked through." Dr. Griffin has written many works. Commencing while a Student, in 1818, he wrote "An Essay on Fevers;" 1826, "An Essay on the Nature of Pain." In the years 1829-30, Dr. Griffin,

with his brother, the present Dr. Daniel Griffin, a highly respected and talented Practitioner in Limerick, were frequent contributors to the *Medical and Physical Journal*, then edited by Messrs. North and Whateley. 1834, "On Cholera." In the same year he wrote "On Functional Affections of the Spinal Cord," the work referred to by Dr. Hare, Dr. Charles Kidd, and myself. In 1843, "Medical and Physiological Problems," besides many original articles in the old and new series of the *Dublin Quarterly Journal of Medicine*. To light literature, Dr. Griffin also contributed. Some of the tales in the works of his brother, Gerald Griffin, the author of that well-known book "The Collegians," are from his pen. Which of all these has your Correspondent "looked through"? However, to convince "M.D." that I have not fallen into an error, I beg to quote, in support of my statement, the following passage, from page 71 of the work of Drs. William and Daniel Griffin, entitled, "Observations on Functional Affections of the Spinal Cord." It is chiefly a reprint of papers published in the volumes of the *Medical and Physical Journal* for 1829-30:—

"One would suppose no doubt could be entertained that worms, flatulence, and acidity, by irritating the intestinal tube, may, whether exciting spasm or not, induce a sympathetic action in the sensorium; but, in cases originating in dentition, which are by much the most numerous, it will appear obvious that the fit is excited in a more direct way, the irritation at the extremity of the maxillary branch of the fifth pair inducing a peculiar affection at the base of the encephalon or medulla oblongata, which, in its turn, occasions either disorders or severe spasm of the stomach, or the state of insensibility or convulsion, or both, as we have seen it constantly does in severe instances of spinal irritation in adults. It is necessary to dwell a little on this point, as, if our opinion is correct, it may influence materially the views of treatment. No fact seems clearer to us, than that those cases in which the sensorium is affected in dentition, through the medium of the bowels, are by no means the most frequent; that the disturbance of the bowel is itself commonly an effect of spinal irritation; and that, even when it is the medium by which the inflamed gums act, it is by no mysterious sympathy between them and the brain, but usually by bringing on that peculiar state of the spinal cord of which so much has been already said."

In the observations I felt called on to make at the Medical Society, I had no intention to undervalue the great claims of my friend and former teacher, Dr. Marshall Hall, who has perseveringly laboured—and successfully so, too—to extend the boundaries of Medical Science, and has established a name as a physiologist which generations yet to come will honour. Dr. Griffin wrote before the views of Dr. Marshall Hall were known; that being a fact, I stated it.

I am, &amp;c.

WILLIAM O'CONNOR.

Upper Mountague-street, Mountague-square, Nov. 25, 1854.

J. P. and J. E.—No such term is employed as "legally qualified General Practitioners." A member of the College of Surgeons can legally hold a Union appointment.

Spes.—The article in the "Cyclopædia of Anatomy and Physiology."

M.R.C.S. 1830.—It is quite true that a Dispenser of Medicine has 13s. per diem in the Crimea, but it is not true that this pay is larger than that of the Assistant-Surgeon. The pay of both classes is the same, namely, 7s. 6d. per diem, but the field allowances for servant, etc., are 6s. more both to the Dispenser and Assistant-Surgeon.

A Clinical Lecture by Mr. Fergusson, and Communications from Mr. Holmes Coote and Dr. Pritchard, are in type.

COMMUNICATIONS have been received from—

Mr. T. R. JONES; Mr. ABBOT; Dr. GROGAN; Mr. GALSORTHY; Mr. TUCKER; Dr. MCWILLIAM; Mr. ALLINGHAM; Mr. ORD; Mr. SWEETING; Mr. STONE; Mr. WOOD; Professor HOFMANN; Mr. SOUTH; Mr. MACK-MURDO; Mr. SOLLY; Mr. LE GROS CLARK; Mr. SIMON; Mr. RICHARDS; Mr. ANDERSON; Dr. HUMBLE; Dr. LEAT; Mr. FERGUSSON; Dr. WEBSTER; Mr. WILSON; PHILO; M.D., Norfolk; T. S.; A SUBSCRIBER; A WELL-WISHER; Mr. J. MACINTOSH; A THREE-YEARS' MAN; A SURGEON IN SMALL PRACTICE; A DISPENSARY SURGEON; Dr. O'CONNOR; Dr. CHADWICK; Mr. CHAMBERS; Mr. RIVERS; Mr. RADCLIFFE; Mr. SWEETING; Dr. GRUGGEN; Mr. GREENHILL; Mr. PRECOTT HEWETT; Mr. ATKINSON, King's College Hospital; Dr. QUAIN; Dr. PEACOCK; Mr. WIGLESWORTH; Dr. DEVILLE, etc.

## APPOINTMENTS FOR THE WEEK.

DECEMBER.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
2. SATURDAY ....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	Medical Society of London, 8 p.m.: Dr. Wilm, "On Puerperal Mania."—Pathological Society of Dublin, 4 p.m., in Anatomical Theatre, Trin. Coll.
4. MONDAY ....	Operations at Charing-cross, 2 p.m.	Epidemiological Society, 8½ p.m.: Mr. Bodington, "On the Causes of the Exemption of Birmingham from Cholera and other Epidemic Diseases."—Royal Institution, 2 p.m.: General Monthly Meeting.—Chemical Society, 8 p.m.
5. TUESDAY .....	Operations at Guy's, 1 p.m.	Pathological Society, 8 p.m.—Linnean Society, 8 p.m.
6. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m.	London Medical Society of Observation, 38, Grosvenor Street, 8 p.m.: "On Diseases of the Cerebro-Spinal System."—Ethnological Society, 8½ p.m.—Pharmaceutical Society, 8½ p.m.
7. THURSDAY ....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 2 p.m.	Harveian Society, 8 p.m.: Dr. Sieveking, "On Cases Illustrative of Some Points connected with the Pathology and Treatment of Epilepsy."—Abernethian Society, 8 p.m.—Royal Society, 8½ p.m.—Photographic Society, 8 p.m.
8. FRIDAY .....	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	



ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

LECTURE XII.

I BEG to draw your attention to-day to the case of the patient immediately behind the door in the Fever Ward. This man is in a condition to which it is not easy to give a name. It is plain that the man has some form of fever upon him; and he has at one time, as we have learned, been the subject of arthritic fever. At present, there is no evidence of inflammation of any of the joints; it was thought, when the patient was admitted, that there was a tendency to arthritis of one knee; but this has now gone back. The patient is a butcher, and his appearance is exactly similar to that which we so often see in men of his occupation,—a particular sallow hue, as if the blood was not in a healthy state. A great number of persons in this class of life are found to be liable to typhoid forms of disease. If they get pneumonia, the disease rapidly runs into a typhoid condition; if they get arthritis, it is very often of a typhoid character; and in some cases, it even goes beyond this, and we have that curious form of disease, in which, though it at first appears to be arthritic, if you consider the local symptoms merely, and exclude the character of the fever, yet the swellings are found at first to be less in the cavities of the joints themselves than in their vicinities. We find a blush of redness above the knee, or below the knee, or at the side of the knee; and yet, when you come to look for inflammation of the joint, you cannot find it. After a time, this swelling of the surface is slightly increased, and soon it becomes evident that purulent matter has been formed, and the disease subsequently goes on multiplying itself in various parts of the body. It is a true pyogenic condition. Let me here refer you to a paper by the late Mr. McDowell, in the first series of the *Dublin Journal*, entitled, "Observations on Synovitis and Periostitis," in which you will find the best account that I know of the affection. As a general rule, the antiphlogistic treatment must be adopted with extreme caution in men of this class. There are two reasons for this caution. One is, that many of these persons are very intemperate, and use spirits and porter to a very great extent; but I believe this is not the principal reason. I think the principal reason is, that their systems are too highly animalized. They often live too much on animal food, eating meat for breakfast, dinner, and supper, to the exclusion of vegetable food, so that they may be looked upon as in a state somewhat analogous to the scorbutic condition. At present, the patient whose case we are about to consider, has no very bad symptoms; but I thought it right to warn Mr. Fitzmaurice, in whose charge he is, to be on the alert, for these are very treacherous cases, and we do not know when unfavourable symptoms may show themselves. He has had one symptom which it is of importance to consider with respect to fever, and that is, epistaxis. This patient has had very copious bleeding from the nose.

Now, what may we suppose is the cause of epistaxis in this case? Gentlemen, it is extremely difficult to explain it; but as far as we know, it does not seem traceable to the causes which ordinarily induce this form of hæmorrhage. We do not find it attended with symptoms of active determination of blood to the head, with throbbing of the arteries, and the other sym-

ptoms of ordinary active epistaxis; it seems rather to be connected with a dissolved or impoverished, or in some way diseased state of the blood. When we compare typhus fever with that form which gets the name of typhoid fever, with respect to the frequency of this symptom, we find it is much more common in the latter than in the former disease; epistaxis is a common symptom in the non-maculated fevers, while it is rather, I would say, a rare symptom in the petechial typhus. You would not expect this from any *à priori* reasoning, but the fact is so; and there are other facts connected with these two forms of fever which appear to show, that in the typhoid fever there is some condition of the blood more analogous to what occurs in ordinary cases of anæmia, or in chlorosis, than in the true typhus fever. We shall see by-and-by, that with respect to the development of murmur of the heart, it is rare in the true typhus fever; while we have seen it over and over again in the typhoid, non-petechial, and the relapsing fevers. Other arguments might be brought forward to prove this; but, when we speak of diseased states of the blood, we are speaking on very uncertain grounds. There are two facts, at all events, which are of importance—one, that in the true petechial typhus epistaxis is rare, while it is not uncommon in the other forms of febrile disease; the other, that cardiac murmur is rare in the true petechial typhus, and not uncommon in convalescence from the typhoid disease. If you take two reports on fever, one from a British Hospital—an Hospital in London, in Scotland, or one in Ireland,—take for example Dr. Cheyne's reports, or any of our other extensive reports on fever, and compare it with a report on fever from a Parisian Hospital, and you will see how much more frequent epistaxis is in the Continental fever than in ours.

All of you that have been working so diligently in the fever wards must have observed, that since the session began, petechial fever, in its common acceptance, has been a very rare thing indeed with us; almost all our cases have been of a non-petechial character. This is a very interesting point, and the question for us to consider here is, whether this patient has the epidemic of the day, of which epistaxis is a not unusual symptom, or whether, in this case, the hæmorrhage may be traced to a morbid condition of the blood, such as occurs in purpura; or whether he has a pyogenic fever; and these are important considerations; or whether, again, he may not have them all mixed up together; and here, gentlemen, we perceive one of the greatest advantages of clinical study in the actual observation of disease at the bed-side, as distinguished from the study of disease in books, viz., that in studying from books we are generally led to consider diseases in isolated forms, pictures of particular affections; but, in an Hospital, we find, that in actual and especially in acute affections, isolation is the exception, and combination is the rule; and these combinations of diseases are infinite. This is the reason why a student of six months' or twelve months' standing, who has worked diligently in a clinical ward, is, I believe, in many instances, a better practitioner than the most learned man, who has drawn his knowledge exclusively from reading, however extensive. Do not suppose from this that I want to deery the study of Medical works. Far from it; you must both read and observe; but it is in the clinical ward that you will learn what has not yet been taught, but which must be taught—which has not, at least, yet been taught properly in works of practical medicine; I mean the combinations and infinite complications of diseases, both local and general, and local with general.

I was observing just now, in the ward, in the case of the boy who had the pulmonary lesion, (I will not call it pneumonia of the lung,) with a low typhoid fever, (he is under the care of Mr. Daly,) how well this case illustrates the advantage of clinical study. If you take works upon disease of the heart, you find that it is assumed by almost every writer, that the first sound of the heart and the second sound of the heart are to be easily distinguished from each other. There are some persons who, if you were to say to them, in any given case, "I think that I have had considerable difficulty in saying which was the first and which the second sound of the heart," would set you down as very deficient indeed, as one that had not been properly taught, and did not know his business. But the fact is, gentlemen, that there are many cases in which at first it is very difficult indeed to say which is the first and which the second sound of the heart. There are cases in which the most experienced man will require repeated observation before he can make up his mind on the point.



It has happened to me over and over again, that, after I thought I had made up my mind by examining at one part of the heart, when I changed the stethoscope an inch or two, I was again thrown into doubt.

I mention this to show you how diffident we should be in our opinions upon these subjects, how slow we should be to condemn men because they do not come up to the mark laid down in books. The truth, in fact, is, that they go beyond it—that they are wiser than the authors of such books.

There are two cases in which it is often extremely difficult to say which is the first and which the second sound of the heart. One of these is, that triple combination which is so common, especially in private practice, where the patient has chronic bronchitis, a weak and irregular heart, and congestion and enlargement of the liver. This is a very common triple combination, if you speak merely of local diseases. But there is another element very commonly to be found in it, and that is, the gouty element; so that you may have a gouty man with chronic bronchitis, with a weak and irregular heart, and with an enlarged liver. In such a case, it is sometimes extremely difficult to say which is the first and which the second sound of the heart. The two sounds are closely similar one to the other; and the action is so irregular, so uncertain, that you may be often for minutes together with the stethoscope carefully applied, and yet not be able to make up your mind. That is one case. Well, take another—such as that of the boy above stairs.

This boy presents some very curious phenomena; and he illustrates, again, difficulties which you would not anticipate, if you merely depended upon the text-books for a diagnosis of disease of the heart. There are two difficulties here. It is difficult to say whether the murmur which he has belongs to the first or to the second sound. But there is a greater and a still more important difficulty in this case, viz., to determine whether this is an organic murmur or an anæmic murmur; and I am not ashamed to say that my own mind is not made up on the subject. In short, I could not take upon myself to say which it is. It would be very easy to adopt one theory or the other, and to argue in a very specious manner upon it; but I know thoroughly the difficulties of the subject; and I declare to you, that I think, at this moment, it would be hardly possible to say whether this boy has disease of the valves of his heart or not. There is one consideration connected with the case which is drawn, not from physical examination at all, but from the general history of the patient, and it is this, that, while organic murmurs are rare—very rare in the form of disease which he has had—inorganic murmurs are comparatively common.

This is a very strong point. We are here under this difficulty, which you meet with every day in private practice,—that you are called on to give an opinion when the data that should guide you in that opinion are deficient. We want to know the previous history of this boy. If, instead of being in Hospital, this boy were a patient in private practice, and had been under your care, and you had been the attendant on his family for years together, and were familiar with him, and intimate with the state of his heart, you would be able to say, first, if he ever had endocarditis; next, whether, before his late attack, he had murmur in his heart or not; but we know nothing of all this; and the only fact we have to go on is the observation of Mr. Daly, that, when the boy was first examined, this murmur was not there at all. I myself have no doubt as to the correctness of this observation of Mr. Daly; my own opinion is, that, whether the murmur be organic or inorganic, it has been developed since the patient came into the house. Can we distinguish by acoustic signs alone, gentlemen,—and this is a point which bears on the subject of fever in a most important manner,—the inorganic from the organic murmur? The answer to that question is, simply,—that, in the present state of our knowledge, there are many cases in which we cannot do so; that there is no special acoustic character by which you can distinguish one of these phenomena from the other. This looks like a depreciating statement, as far as diagnosis is concerned; but the cause of diagnosis would be much more injured by attributing to it powers which it does not possess, than by confessing its deficiencies. The diagnosis, in the case in question, is to be drawn from other circumstances,—generally speaking, from circumstances connected with the condition of the patient, the absence of the signs of inflammation, and a variety of other points which we will consider more in detail on another occasion.

To come to the murmur in fever, the observation has been made in a considerable number of cases, that valvular murmur, when the patient is made to sit up, does not disappear; but, we have found in this Hospital that, in many cases in which a murmur was observed after fever, it was ascertained, that, when

the patient was placed in an upright position, the abnormal sound disappeared, or, if it did not disappear altogether, it became greatly less intense; so that the disappearance of the murmur in the upright position is in favour of its inorganic nature, while its persistence or aggravation is in favour of its organic origin. So far so well. But, you will ask, is this rule absolute? That is a question which must be answered in the negative; for you will meet with cases of anæmic murmurs which are not influenced by position; and I believe there are, on the other hand, cases of organic murmurs which are influenced by position. There are, doubtless, some cases of organic murmurs in which, when the heart is made to act rapidly, the murmur either disappears, or becomes lost in the other cardiac sounds, so that you cannot distinguish it.

My own impression about the patient, whose case we are at present studying, is that the murmur is inorganic. I trust it is; but I would not say so positively. I say this, because the character of the sound, although it is very aggravated,—although it approaches very closely indeed to the inorganic murmur,—is similar to a kind of murmur which I believe we, in this Hospital, were the first to describe, that is, the true muscular murmur of the heart,—a sound produced simply by the contraction of the muscular fibres when they do not contract *per saltum*, when they contract vermicularly, as it were; it possesses more this character than the character of the true valvular murmur. There is another point connected with it which is of importance. If this murmur was valvular, it would imply a great deal of disease; a rough, rasping murmur in the situation of the aortic valve implies generally a great amount of disease, and commonly of chronic disease; and, under these circumstances, you may be prepared to expect that the patient will show other signs of disease of the heart. So that we here have a diagnosis drawn, as I often observed to you before, from that most important source, the want of accordance of the symptoms. There is here, supposing the case to be organic, a want of accordance of the symptoms; for we should expect, that with this great amount of valvular disease, there would be signs of dilatation of the left ventricle, that there would be signs of dilatation; symptoms which commonly attend upon this form of disease of the heart. And yet here is a most curious fact, that even when this boy had one of his lungs almost entirely obstructed,—a condition which often acts in developing latent disease of the heart,—even at that time the symptoms of heart suffering were not at all remarkable. So that there is here, to a great degree, this want of accordance in the symptoms; and this is against the opinion of the disease being organic, and in favour of the view that the murmur is of a functional nature. The great mistake, gentlemen, that was made,—I am happy to say that it is now going out very fast,—in connexion with auscultation generally, was this, it was supposed that every disease had its special acoustic sign, and consequently the attention of students and physicians was directed to the study of those signs in a purely mechanical point of view,—merely to the observation of their acoustic characters.

There can be no doubt that it is of the greatest possible importance to study carefully everything connected with a diseased organ, both its physical and its vital phenomena; but what you have to learn specially is this, not so much how to detect the sign, or how to recognise it, as to know how to reason upon a particular sign when you have discovered it. It is here that the clinical student of long practice and experience has the greatest superiority over the mere reader. His mind is trained to reason upon the phenomena which he observes. Here we have a group of phenomena; and if we did not give ourselves the trouble of turning every possible point of the case over in our minds, we would come, I am sure, to a very imperfect and erroneous conclusion about it.

Bear this in mind always, that there is no pathognomic physical sign of any disease whatsoever. This cannot be too strongly stated; and I believe that we might go further, and say, that there is no combination of mere physical signs which, excluding the history and vital symptoms, can be justly considered to be pathognomic; at all events, if there be such a combination, it is one of extreme rarity indeed. We hear of certain murmurs being pathognomic signs of this and that disease of the heart,—of friction sounds being pathognomic of pleurisy—of crepitating râles being pathognomic of pneumonia—of amphoric sounds being pathognomic of effusion into the pleura. All this is wrong; it is based upon error; and you must expunge it altogether from your minds, if you wish to be accomplished Physicians, investigators of truth, and faithful observers of disease as it is found at the bedside.



## ORIGINAL COMMUNICATIONS.

## NAVY MEDICAL REPORTS,

No. XXVII.

REPORTS MADE TO THE BOARD OF ADMIRALTY  
AND THE BOARD OF TRADE, ON THE SUBJECT OF  
PREPARING LEMON-JUICE TO RENDER IT AN  
EFFICACIOUS ANTI-SCORBUTIC.

By SIR WILLIAM BURNETT, M.D., K.C.B.

Director-General of the Medical Department of the Navy.

As it appears likely that lemon-juice may be required to some considerable extent both for the navy and army, and as it is self-evident that this valuable article, without it be of genuine and first-rate quality, would be worse than useless in the treatment of Sea Scurvy, whether arising in the vessels at sea or among the troops on land, I have thought it an especial part of my duty to submit to their Lordships a copy of my correspondence, etc., with the Board of Admiralty and the Lords of the Privy Council in January, 1852, on the subject; and as the recommendations I then made have proved eminently successful, as fully evinced in the correspondence I then had the honour to have with the Privy Council, and having also on the arrival of Capt. McClure, of the Investigator, receiving the most truly gratifying account of its great success and beneficial influence in that ship, I consider it but right to make the same fully known to their Lordships, as a discovery or improvement in the preparation of lemon-juice, the value of which cannot be too highly estimated.

The following is an extract of a letter addressed to me on the 31st of October, 1854, by Dr. Armstrong, late Surgeon of the Investigator:—

"I have now the honour to inform you that I carefully tested the acids, viz., lemon-juice prepared as noticed in my letter of the 7th June, 1852, on leaving England, and at regular intervals subsequently throughout the entire period of the Commission up to the time of the abandonment of the ship, and accurately noted the results, that I might be enabled to arrive at a just estimate of their strength, and detect any deterioration which they might subsequently undergo.

"In the strength of acidity and power of neutralizing alkalis, I found both kinds far exceed in these properties the lemon-juice of commerce, or any that my professional experience had hitherto made me acquainted with. Although subjected to every possible vicissitude of temperature, from the highest Equatorial heat to the intensity of Arctic cold, I have been unable to detect the slightest change or deterioration in their strength and properties.

"To their great excellence as anti-scorbutic agents, I can with confidence bear the most ample testimony, for, unfortunately, I was afforded an opportunity of but too fully testing their efficacy when scurvy and scorbutic debility existed universally among us. To the great regularity which was observed in the daily issue of these acids, and the positive evidence which was afforded me that every officer and man drank their allowance, I attribute (as one of the principal causes) much of the comparative good health and freedom from scurvy which for a period of nearly the two first years we were engaged.

"When scurvy at length appeared so generally among us, I found the lemon-juice the most efficacious and speedy agent, not only in arresting its progress but in cradicating the disease, until the influence of the causes which originally produce it (cold and insufficient food) again re-established it. I had recourse to it in all the scorbutic cases with the utmost confidence from the tried excellence of the acids. On it I placed the greatest reliance, it was my unfailing hope; and, as long as I could command a liberal supply, I was never disappointed in the anticipated results.

"I may also be permitted to remark, that it was not until some time after the supply of the acid for the use of the sick was much curtailed, in consequence of the diminished resources of the ship, as I was informed, that the number of our crew suffered any diminution by death after a period of more than three years had elapsed.

"I am also enabled to report favourably of it, as an external application to places or abrasions occurring in a scorbutic habit of body.

"I am, however, almost unable to say which kind of acid I could most strongly recommend as an anti-scorbutic,—the excellent acid properties of both I found equally unimpaired, and

in their relative efficacy I could detect no difference, but, as well as frequent observations enabled me to judge, the boiled acid deposited a larger amount of its mucilaginous constituents than the unboiled, or that which was prepared with spirit."

The Enterprize, commanded by Captain Collinson, was also at the same time supplied with the lemon-juice, similarly prepared as that furnished to the Investigator, are the observations made by that officer on the subject:—In the course of the first winter symptoms of scurvy appeared in the warrant officers and the inmates, but yielded immediately to lime-juice; and remembering your recommendation of wine in lieu of spirits, I issued the former to them the ensuing winter, and they experienced no return of the disease.

"A few cases occurred the second winter, and upon our return from the travelling party in the spring of 53, two men as well as myself were slightly affected, which surprised me, as we were living upon pemmican and pork, the latter being well soaked during the whole period, and I can only account for it by the fact that we did not take lime-juice with us."

And Mr. R. Anderson, late Surgeon of the Enterprise, in a letter dated Hong-Kong, in March, 1851, bears testimony to the high value of the lemon-juice in question in the following words:—

"The boiled lemon-juice is excellent; it has stood the trying changes of temperature, to which it has been subjected, without any deterioration whatever, and is superior to that prepared with the  $\frac{1}{2}$ th of brandy, inasmuch as it contains a greater amount of acid in a given quantity of the liquid. I have tested both kinds from time to time, and always with the same results; half an ounce of the unboiled is neutralized by 23 grs. of the carbonate of potash; while the same quantity of the boiled requires no less than 28 grs."

(Inclosure No. 1.)

Admiralty, January 7, 1852.

SIR,—I have received a letter of the 1st instant, written by order of the Lords of the Committee of Privy Council for Trade, on the subject of lemon-juice supplied, or to be supplied for use in merchant-vessels for the prevention or cure of sea scurvy; and I request you will inform their Lordships, that it is a subject to the elucidation of which my attention has been long and most anxiously directed. It is unnecessary to trouble their Lordships with the numerous experiments I have instituted with the view of arriving at a satisfactory result; but there are a few points which it is right should be stated, in order to the better understanding of the subject.

The ships of the fleet, during the many years I have had the Medical direction thereof, have seldom afforded anywhere an opportunity of trying the effects of remedial measures in the treatment of scurvy, and none whatever on the home station; I therefore, of necessity, was obliged to have recourse to convict-ships proceeding to some part of Australia, and in about 70 cases the Surgeons-Superintendent were directed to make trial of lemon-juice, citric acid, and nitrate of potash with vinegar. In several of these ships no opportunity presented itself. In a very large proportion (from various circumstances) no satisfactory conclusion could be arrived at; but in eight vessels in which the trial was fairly made, it appears by the reports of the Medical Officers, that the nitrate of potash has no remedial influence whatever,—it was, indeed, frequently injurious. The citric acid was, in many instances, useful as a remedy, but the lemon-juice was generally useful both as a remedy and a prophylactic.

It is notorious, however, that the lemon-juice supplied has for many years been very inferior in quality; and as this had proved the case in some late voyages, it was determined to try the effect of lemon-juice procured from the lemons squeezed in this country; and on the fitting out of the late Arctic Expedition, under Captain Austin, and that to Behring's Straits, under Captain Collinson, etc., this was carried into effect. Lemon-juice was formerly preserved by adding to it, in the shape of rum, 10 per cent. of alcohol. This lemon-juice never answered the end proposed, and it was, therefore, determined, after consultation with an able practical chemist, that one-half of the lemon-juice intended for the Northern Expeditions should be lightly boiled, then strained, and lastly, after being allowed completely to cool, bottled, bringing the juice in the bottle up to the neck; a small quantity of the best olive-oil was then poured over it, and the bottle corked, and the cork sealed over.

The second half was prepared by adding 10 per cent. of brandy, bottled, and oil poured over it in the same way. Both these experiments have proved eminently successful; and there never was lemon-juice so thoroughly preserved in all its qualities as



this has been; even after passing a winter in the Arctic Seas, it still retains its qualities as perfectly as when it was bottled; not one case of scurvy occurred in any of the ships-of-war during the whole time they were absent from England, viz., nineteen months.

In order to ascertain this to an undoubted certainty, two bottles of the lemon-juice, so prepared, were analysed in my presence by Dr. Bryson, my Professional Assistant, and Mr. Brown, Surgeon and Medical Storekeeper at Deptford Yard. The numbers in the following statement apply to the number of grains of carbonate of potash required to saturate half-an-ounce of the juice:—

	Grains.
1. Boiled lemon-juice, with oil on the surface required to saturate it ... ..	32
2. Not boiled, but 10 per cent. of brandy added, and covered with oil on the surface ... ..	29
3. Malta lemon-juice, obtained in Sicily, in the preparation of which great care was taken, and brandy or rum used ... ..	16

Then, it appears that the lemon-juice No. 1 is actually twice as strong as the lemon-juice No. 3, and will, in all probability, keep much better.

The price of lemon-juice is as follows:—

Last lemon-juice purchased in London.....	1s. 9d. per gallon.
Ditto Ditto Malta .....	1s. 10d. „

In addition to lemon-juice for the prevention and cure of scurvy, I beg to recommend the use of potatoes, and in default of the fresh root, the use of the preserved potato, which has cost the Victualling Department 43s. per cwt., and should be used at the rate of a quarter of a pound per man twice a-week as a prophylactic.

I regret troubling their Lordships with so lengthened a Report; but it did not seem to me that I could make them acquainted with the circumstances of this important case, without showing it in all its necessary bearings.

I am, Sir, your most humble Servant,

W. BURNETT, Director-General, &c.

The Secretary, Naval Department,  
Board of Trade, Whitehall.

(No. 2.)

13, Salisbury Street, Strand, Oct. 22, 1854.

My dear Sir William,—Being perfectly aware of the interest that you took in the preparation of the lime-juice which was supplied to the Investigator upon her leaving England for her Polar voyage, in 1850, I think, now that we have returned in a state of health, which no other climate could have tested more severely, yet only sustaining a loss of four men and one officer over a period of nearly five years, an amount of mortality that few crews on any station do not exceed, and I wish to say a few words in favour of lime-juice.

You may remember, that the expedition which preceded the sailing of the Investigator, (Sir James Ross,) upon returning to England, were found to have suffered severely from scorbutic affection, and burying seven men in the short space of eighteen months. This state of things was attributed to the inferiority of the provisions supplied, and to the very bad quality of the lime-juice. This latter article was considered the prime cause, as, from its deteriorated condition, it possessed none, or very little anti-scorbutic properties; not so, however, with that prepared under your direction; for, from the first bottle that was opened in 1850, to the last in June, 1853, it retained both the aroma and the pungent taste of the lime, which made it the most welcome and grateful beverage to the crew; and, fortunately, having a large supply, I was enabled to put them on two ounces a-day for the first two years; this was, I am certain, one of our causes of good health; for, from its excellence, it became the favourite drink of the men, and, strange as it may appear, they preferred it to spirits even while travelling; frequently, when I have wished to encourage them, while toiling through heavy snow with a deeply-laden sledge, parched with thirst, and at each step sinking above the knee, have they redoubled their efforts while promising them an extra drink of lime-juice when we encamped. I do not think it is necessary to say much more in favour of giving men a good article, where health is concerned. I have always laid great weight upon that excellent anti-scorbutic when speaking of the health of my crew; may you hear the same from poor Collinson is the wish of

My dear Sir William, yours very truly,

(Signed)

ROBERT McCCLURE.

## ABSTRACT OF

### CASES OF ULCERATION OF THE STOMACH, INSPECTED AT GUY'S DURING THE YEAR COMMENCING OCTOBER, 1853.

By S. O. HABERSHON, M.D. LOND., ETC.

Assistant-Physician at Guy's Hospital; Demonstrator of Morbid Anatomy, and Curator of the Museum.

[Continued from page 612.]

THE three cases I have so briefly related have many points of similarity; and it would seem probable that each arose from irritation of the mucous membrane of the stomach, connected with disease of the liver, and great congestion of the portal system. In two the liver was cirrhotic; and in the third the patient was of very intemperate habits. These cases are sometimes found in connexion with great irritability of the stomach, and much relief is sometimes afforded by alkalies, associated with medicines which relieve portal congestion, and with the administration of the simplest forms of nourishing food.

The fourth case of simple ulceration of the stomach occurred in a young man, aged 22, a stone-mason, residing at Lambeth. He was admitted into Guy's, on March 20, and died the following day. As far as his history could be ascertained, it was found, that, during the previous winter, he had had pain at the stomach, and vomiting. He slightly improved; but, the day after Christmas day, he was confined to his bed from great pain at the stomach and vomiting. The vomited matters consisted of watery fluid. At that time he had *tie-douloureux*. On admission, the extremities were cold, and he almost powerless. His hands were blue. He had not had any diarrhoea, but had slight pain in the hypogastric region. He was sensible, and the pupils were much dilated. He rallied a little after admission, but vomiting of bilious matter came on, and he appeared to die from syncope. The inspection was made 17 hours after death. The body was tolerably nourished, but the skin was of a dingy hue. The brain and its membranes were normal, but there was slight sub-arachnoid effusion. In the chest, the trachea and bronchi were granular; and at the apices of the lungs were lobules of iron-grey consolidated lung, with some calcareous deposit. The right side of the heart was moderately distended; the left firmly contracted. On carefully examining the stomach, the cardiac extremity presented *post-mortem* solution; but towards the lesser curvature the mucous membrane was granular, and in several parts was destroyed by small patches of ulceration; these were quite superficial and irregular, and situated towards the lesser curvature. In other parts above the line of solution, there was arborescent injection. There was no thickening of the sub-mucous tissue; and the microscope only showed mucus and some granule cells. Brunner's glands in the duodenum, and the solitary glands and glands of Peyer, were very distinct in the ileum. The liver and spleen were healthy, the kidneys coarse, and the suprarenal capsules were small and atrophied. The pyrosis in this case appeared to be associated with an inflammatory condition of the mucous membrane; and this extended over a period of several months. The prostration was very remarkable. It is impossible to ascertain how far this condition arose from change in the large abdominal ganglia of the sympathetic nerve. These simple ulcers frequently cicatrize, and are afterwards scarcely perceptible. In a patient under Mr. Callaway's care, a short time ago, at Guy's, who died from epithelial cancer of the bladder, with calculus, he had hæmatemesis eighteen months before his death. On examining the stomach, a small cicatrix was observed; a slight puckering, and some fibrous tissue beneath the membrane were also observed.

## CHRONIC ULCERATION.

Another form of ulceration is the chronic ulcer; and the three cases which have been inspected at Guy's during the present year, illustrate their form and position, and some of the modes in which a fatal termination takes place. A man, aged 37, had been subject to dyspepsia, constipation, general abdominal uneasiness, but no vomiting. Intense pain came on suddenly, and he died in a few hours. In the stomach was a circular ulcer, about the size of a 5s.-piece. The edges were rounded, and the mucous coat more extensively ulcerated than the muscular. The base of the ulcer was formed by the pancreas, covered by a dense layer of new tissue. The ulcer was situated close to the lesser curvature, and near the upper margin of the ulcer. Below the left lobe of the liver was a small perforation of the peritoneal coat—round, about a quarter of an inch in diameter. This had led to general peritonitis and speedy death. In this case the



early symptoms were comparatively slight; but this is too often the usual course of the disease.

### CHRONIC ULCER OF STOMACH, WITH PAINTER'S COLIC.

In the following case, chronic ulcer of the stomach was associated with painters' colic:—

George O., aged 28, was admitted into Job Ward, under Dr. Barlow's care, on February 22, and died April 16. He was a married man, with dark hair, but anæmiated. For ten years he had been a painter, previously a publican, and he had then drank freely. Except an attack of fever several years ago, he felt well till nine months before admission, when he had an attack of colic, which came on with vomiting, obstinate constipation, and severe griping pain at the umbilicus. From that time he lost flesh, and had constant pain in various parts of the abdomen; his bowels continued constipated, and he complained of pain between the shoulders. A fortnight before admission he had hæmatemesis. On admission he was very anæmiated; his tongue pale; respiration easy; there was constipation, and griping pain in the abdomen. The abdomen, however, was supple, and no disease could be detected by manipulation. Five grains of compound soap pill was ordered, every six hours. On the following day, vomiting of grumous matter came on; an enema was administered, and an electro-galvanic current transmitted through the abdomen; the latter produced some uneasiness.

On March 3rd there was great pain; vomiting of coffee-ground substance came on; prostration, and death. An inspection was made twenty-nine hours afterwards. On opening the peritoneal cavity, it was found to contain a considerable quantity of gas, and grumous matter extravasated from the stomach. Upon raising the left lobe of the liver, an opening about the size of a pea was observed in the lesser curvature of the stomach. The mucous membrane of the stomach was generally thickened, and about half an-inch from the pylorus, near the lesser curvature, was a large oval ulcer, about three inches by two, with raised everted edges; the floor of the ulcer was formed by the pancreas, covered by white fibrous tissue. The opening before mentioned was at the anterior part of the ulcer; the colon contained a large quantity of scybala. The diagnosis in this case was unusually difficult, for with all the symptoms of painters' colic it could scarcely be anticipated that a disease of such an insidious character as this chronic ulcer also existed. It was of an exceedingly chronic character, and had probably existed for many years, and had its origin in his previous habits of intemperance.

### CHRONIC ULCER OF STOMACH INVOLVING THE PNEUMOGASTRIC NERVE.

The next case of chronic ulcer had a very different train of symptoms, and fatal termination.

E. S., a woman, aged 32, was admitted under Dr. Addison's care, September, 1853, and died February, 1854. She had been a widow for nine years. Four years before admission, she had an attack of hæmatemesis; but her health improved, and she continued in her situation as house-maid. Two years ago, she had a similar attack; and, six months later, severe pain in the region of the stomach came on. This pain continued for a few days, and was again relieved by vomiting blood. A similar attack came on after admission. She complained of great weakness, with severe pain at the region of the stomach, the pain extending to the back, and of a paroxysmal character. Food was very quickly rejected. At the epigastrium, fulness, and afterwards a more distinct tumour, was felt. The vomiting sometimes subsided for several days, but medicine produced but little effect upon it. Vomiting of coffee-ground substance came on. The pain became very severe, and she gradually sank.

Inspection was made a few hours after death. There was no marked disease of the thoracic viscera. The peritonæum was healthy. The stomach extended nearly to the umbilicus. At the lesser curvature, the left lobe of the liver was contracted and adherent to the stomach; it was this which had been felt during life. The stomach contained a considerable quantity of grumous fluid; and, at the lesser curvature, about half-an-inch from the pylorus, was an ulcer, two and a-half inches in diameter, with raised everted edges, composed of mucous membrane and dense fibrous tissue. The base of the ulcer was smooth, and consisted of the pancreas and left lobe of the liver covered by a pale fibro-albuminous layer. The pylorus was not thickened. The remaining part of the stomach appeared healthy. On carefully dissecting the pneumo-gastric nerve along the lesser curvature, it was found to pass to the margin of the ulcer, and its fibres

were incorporated with the dense fibrous tissue of which the raised edges of the ulcer were composed. The manner in which the nerve was involved explained the speedy rejection of the food, and the intense pain from which she suffered. The attacks of hæmatemesis arose from the vessels on the surface of the ulcer being opened by the extending disease. The general character and microscopical appearances were those of a non-carcinomatous ulcer. The inflammatory disease had extended to the left lobe of the liver; that lobe was small and atrophied, and its section presented several large vessels, surrounded by white contracted tissue, with scarcely any intervening gland structure. It appeared that the obliteration of the vessels had led to the atrophy of the whole left lobe. The disease in this case was very slow in its progress. Occasional attacks of hæmatemesis during four years marked its onward progress. Her death appeared to arise from exhaustion consequent on loss of blood and impaired nutrition.

### CHRONIC INFLAMMATION OF THE STOMACH, WITH ULCERATION AND VILLOUS GROWTH.

The next case I have to mention was ulceration, different in its cause, and the whole of its course and pathology.

Thomas P., aged 34, a married man, who resided at Dover, and followed the occupation of a fruiterer, was admitted into Guy's, under my care, on June 30. He was pale, and exceedingly emaciated. With the exception of an attack of rheumatism fifteen years previously, his health had been good.

He stated, that, eight months before admission, he took cold, and experienced pain in the chest at the lower part of the sternum, accompanied with difficulty of deglutition. He obtained no relief, but the pain gradually increased in severity, and was accompanied with vomiting after food. His food was rejected directly after being swallowed, his own description being that it never seemed to reach the stomach, but was brought up unchanged. The vomiting sometimes subsided for several days, and he was able occasionally to retain fluid food. The feeling of hunger and exhaustion were exceedingly distressing to him; but, if food were retained, these feelings subsided. Emaciation slowly increased.

On admission, the exhaustion appeared extreme, but still he experienced no pain; the abdomen was collapsed; no tumour could be felt. The distress on swallowing was localised at the lower part of the sternum; the tongue was clean; the bowels costive; the pulse exceedingly feeble; skin of natural temperature; respiration easy; no dyspnoea or cough. At the base of the right lung was dulness on percussion, and tubular breathing.

He was ordered wine, eggs, and beef-tea, with a small quantity of carbonate and sulphate of magnesia, with hydrocyanic acid.

The following day he was more comfortable; able to retain his food.

Bismuth and conium were then prescribed.

July 4.—In the morning stated that he was more comfortable; but in the evening became more exhausted, and died.

On inspection, body exceedingly emaciated; the brain was found to be healthy. There was moderate sub-arachnoid effusion, and on the membrane minute opaque points on the upper surface and on the inferior part of the posterior lobe. The pleura was universally adherent on the right side, partially so on the left. The lower lobe on the right side was consolidated, granular, and readily broke down. The heart was healthy. The peritonæum was healthy. The stomach was so small and concealed that it was not at first perceived; it was exceedingly contracted and lobulated externally, resembling a portion of large intestine; it was about six inches in length and two in breadth. On laying it open, from the œsophageal to the pyloric orifice, it presented a very unusual appearance. At the pylorus, and extending along the greater curvature, was a deep excavation or ulcer, bounded by a sharp, slightly excavated border; the surface smooth, of a greyish colour. This ulcerated surface extended about half-an-inch beyond the pylorus into the duodenum, and two inches towards the cardiac extremity. Along the lesser curvature the mucous membrane appeared smooth, shining, and glazed, and, near the cardiac extremity presented several raised, circular patches; the largest of these, very near to the ulcer, was about one-eighth of an inch in elevation, and about one inch in diameter, and composed of villous folds which appeared to radiate from the centre; floated under water, this growth from the mucous membrane had a very beautiful appearance. Nearer to the œsophagus was another circular patch of a similar description, and on either side slight folds, having a longitudinal arrangement, but less elevated.



On taking a small portion of this villous growth, it was found to consist of very delicate plicated folds. Scarcely any epithelium was found on the surface, but numerous crystals resembling triple phosphate were observed upon it. The growth was composed of cells of large size, from  $\frac{1}{2000}$  to  $\frac{1}{1500}$  of an inch in size, many oval, some angular. They contained granules, and large nuclei, from the  $\frac{1}{4000}$  to  $\frac{1}{2000}$  of an inch. These cells were very similar to those found on the mucous membrane of a healthy stomach, or in connexion with the gastric follicles, and, though they bore some resemblance to the cells observed in epithelial cancer, they were, I doubt not, merely changed secreting cells of the gastric follicles. A section of the growth rendered this more probable. Immediately beneath the surface of the mucous membrane was a thick layer of these secreting cells, reaching to distended gastric follicles, which were lobulated and much distended by similar cells. Beyond these enormously enlarged gastric follicles was a stratum of white fibrous tissue from  $\frac{1}{16}$  to  $\frac{1}{8}$  of an inch in thickness, and similar tissue extended between the follicles themselves. All the growths from the membrane had a similar structure. On the surface of the apparently smooth portion were several small isolated dendritic or imperfect villi, containing cells, as before described. Beneath the mucous membrane was a dense fibrous layer, and then hypertrophied muscular fibre. The hypertrophy of the muscular fibre was more marked towards the pylorus, but even there did not exist in an extreme degree. The examination of the ulcerated surface did not show any structure which indicated the disease to be of a carcinomatous character. The liver, pancreas, and the remaining abdominal viscera and glands were healthy. One kidney was large and healthy; the other appeared atrophied.

The pathology of the case just detailed is of great interest. It could not be ascertained that he had taken any poisonous or corrosive substance; he denied it during life. There had apparently been inflammation of the mucous and submucous tissues, leading to very slow ulceration in one part, in another to the development of contractile tissue in the substance of the membrane, and leading to contraction of the whole organ. The villous growths at first gave the idea of an epithelial cancer; but the presence of gland follicles in their normal arrangement, though much hypertrophied, and the absence of every other indication of cancer, leads me to the belief that these parts were merely portions of changed or merely hypertrophied mucous membrane. There was no glandular enlargement or disease resembling carcinoma in any part of the body.

The disease during life was believed to be carcinomatous, and located at the cardiac extremity of the stomach. The manner in which the food was at once regurgitated or rejected from the stomach, the unrelieved pain, and steady emaciation, seemed to warrant such a supposition. The acute disease at the base of the right lung was interesting, as illustrating the manner in which acute disease in an exhausted subject may take place without general symptoms. There was no cough, dyspnoea, or febrile symptoms; the pulse was quiet, and the tongue clean; still there was dulness and tubular breathing at that part, and the lung was found, on inspection, in the second stage of pneumonia.

The appearance of the villous growth in the last case was somewhat similar to that observed in one also of doubtful character. It was that of a man, aged 62, a silk-weaver, from Bethnal-green, who was admitted, under Dr. Hughes' care, in a prostrate, anæmic condition. He had had hæmorrhoids for twenty years, and had occasionally lost a considerable quantity of blood. Four months before admission he had violent pain from the hip to the foot, and his legs swelled. Violent pain came on in the region of the stomach. The urine was not albuminous. Diarrhœa came on, and continued till his death, which took place apparently from exhaustion. On inspection, the heart was found to be fatty. The cœcum and colon were ulcerated. On examining the stomach, at the greater curvature, over a space about two inches in circumference, the mucous membrane was raised and thickened, and appeared a little puckered; and at the upper border of this patch was a polypoid growth, about a quarter to half an inch in height, and apparently consisting of thickened prominent mucous membrane. On examining this raised portion, it was found to consist of large secreting cells, spheroidal, with large nuclei, and the growth appeared merely to be a hypertrophic condition of the membrane. The pylorus, however, was much thickened, and somewhat contracted. On section, white, firm, fibrous tissue was found to extend between bundles of involuntary muscular fibre. The mucous coat was not adherent, and there did not appear to be any cancerous development mixed with this fibrous tissue. I have alluded to this case because its mucous membrane appeared to be affected in similar manner, though in a less degree than in the preceding case.

The cases I have thus briefly narrated present ulceration of the stomach in some of its several forms.

1. Aphthous ulceration, minute very numerous ulcers, perhaps coming on but a short period before death, and closely allied to a second form or hæmorrhagic erosion, or gastritis folliculosa of Cruveilhier, and the perforating ulcer, which occurs not unfrequently in young persons, in whom, with an almost healthy mucous membrane as to external appearance, a small ulcer has led to circular smooth opening into the peritoneal cavity, and speedy fatal results. This is an important class of disease, although no instance is recorded in this paper. It is probable that depressed nervous power, with disordered secretion or irritating food, lead to this condition.

3. Simple ulceration, arising in connexion with inflammatory condition of the mucous membrane, and often associated with congested portal or hepatic circulation.

4. Chronic ulceration, often terminating by perforation, or, as one of the cases narrated, by exhaustion.

5. Chronic ulceration, arising probably from some corrosive or irritating substance administered, and leading to destruction of the mucous membrane, and subsequent contraction. I have avoided functional diseases of the stomach, and those which are of a carcinomatous character; but I trust that the contrast of these several cases may not be without interest, and will, I doubt not, suggest interesting questions as to their treatment and pathology, beyond those which have been incidentally alluded to in the detail of these cases.

The treatment which I have seen most efficacious in many cases of ulceration of the stomach has been the administration of food of a simple, unirritating, but nutritious character, in small quantities, but frequently repeated; and where *excessive* irritability of stomach has existed, by the use of nutrient enemata instead of the administration of food by the stomach, counter-irritation, and by the internal use of alkalies with sedatives of hydrocyanic acid, bismuth, conium, creosote, etc. Where less irritability has been observed with loss of power or anæmia, by vegetable tonics, quinine, or steel, in their mildest forms of administration.

In that form of ulceration which appears to arise with congestion of the portal system, (the 3rd class of cases,) great relief is afforded by freely relieving such congestion by the least irritating means; sometimes, also, by the application of leeches to the scrobiculus cordis, and afterwards by the internal administration of nitro-hydrochloric acid with vegetable tonics.

## ANALYSIS OF CASES

TREATED IN THE

OUT-PATIENT DEPARTMENT OF ST. BARTHOLOMEW'S HOSPITAL DURING THE PAST FOUR MONTHS.

By HOLMES COOTE, Esq., F.R.C.S.

Assistant-Surgeon to St. Bartholomew's Hospital.

(Continued from page 589.)

THE cases of stricture in the urethra, of which the number amounted to eleven, presented no very striking points of interest, unless it were the length of time which in some instances the disease had existed. One patient, discharged in tolerable health, had been subject to all the inconvenience attending this condition for four years. A second, now under treatment, has suffered for fistula in perineo, and a rough and contracted condition of the mucous membrane, from half an inch from the orifice to the membranous portion for above fifteen years. The statement of such persons, that they have been under Medical treatment during the whole time cannot be relied on; they attend for a period, and their immediate symptoms are removed; while the majority withdraw, impatient of the restraint put upon their habits, until fresh sufferings compel them to renew their visits.

Although stricture of the urethra may arise from many other causes than gonorrhœa, yet it must be confessed, that the patients thus affected in public Hospitals generally belong to a class who seem to have no regard whatever to their personal health. It is quite common to see men suffering from both gonorrhœa and syphilis, where it is obvious, to the most superficial examiner, as well as from the patient's own confession, that the two diseases must have been contracted at different times; and in this fashion do such patients proceed, drinking, and having sexual intercourse, with some form of primary disease still uncured upon them. There can be no wonder that a protracted gonorrhœa may thus lead to the thickening of the mucous



membrane and narrowing of the urethral canal; and that, too, about the membranous portion of the urethra, if, as Marshall de Caloi affirms, "in blennorrhagia there is one spot where the inflammatory lesion is circumscribed, namely, five inches from the orifice, or under the pubic arch, where alone great pain is experienced upon the passing of the bougie. From the anatomical examination of morbid specimens, however, I am inclined to believe that the most common seat of stricture is just anterior to the bulb.

Next in frequency to syphilis and primary venereal disease, comes a class of affections appertaining more especially to early life, and included under the head of "struma." As is the case with many other words in common use, the etymology of the term "struma" is somewhat obscure. "Strumus" is the name of a herb "good against wens;" "struma" is a "hard swelling" of the neck, and the disease now so common in London, designated as "strumous swellings of the cervical glands," seems to have been known in Rome, and alluded to in the expression of "struma civitatis." This condition of the glandular system is so common, that we are insensibly led to examine the general condition of the young patients thus universally affected; and no one can fail to be struck with the pallid, anæmic look, and the general aspect of debility characterising the majority, if not the whole.

The days are now happily passed when human life, and the healthy development of the children of the working classes, were held at a cheap rate. The importance of sanitary regulations, in their widest significations, is now generally acknowledged as affecting the growth and build of those upon whose labours we depend, in no small degree, for our national advancement. The widely-spread evil, anæmia, is felt in other countries than in England. Professor Richter, of Dresden, complains that "Anæmia is, next to tuberculosis and cancer, an increasing scourge of our time, which is bringing upon the races of Europe a gradual deterioration, and is hence deserving of serious attention." He adds that which is equally true, "that an anæmic mother produces an anæmic child."

The blood of children contains, in the normal state, according to Denis and Lecann, a larger proportion of water than the same fluid taken from a person in middle life; it resembles, in this respect, the blood of the old man; and Moleschott first pointed out, that the amount of colourless blood-corpuscles is greatest at the age of 2½ years.

I have no sufficient evidence to prove, that this anæmic condition of children, one of the earliest effects of which is enlargement of the cervical glands, is due to syphilis, although the idea is supported by high authority abroad. "Frequently," observes Professor L. W. Ritter von Mauthner, of Vienna, "syphilis is the cause of congenital anæmia. In these cases there is present a quantitative deviation from the normal condition of the constituents of the blood, the exact nature of which we do not understand; but which has been designated by the French 'syphilitic anæmia.' It is most widely spread, and of the utmost importance as regards the welfare of the rising generation. It is seldom recognised; but, if a child with latent syphilis undergoes thorough inoculation or vaccination, a second poisoning of the blood, there then arise glandular diseases and swellings quite unconnected with the vaccination." Wherefore Professor Ritter is accustomed to vaccinate after first dentition, when the child's health is somewhat confirmed. But anæmia comes on in after-life, as connected with dentition or with puberty.

These glandular swellings, which mostly occur under the jaw, or by the border of the sterno-mastoid, do not always suppurate when properly treated. They are often hot and painful upon pressure; but it is an error to suppose that the symptoms depend upon that condition usually understood as active inflammation. They rather indicate efforts of re-action made in parts where the circulation in the organism is not adequately carried on; and hence the application of leeches aggravates the disease, although it may temporarily remove the pain.

The administration of cod-liver oil in these affections is, undoubtedly, of much service; but the general application of the remedy calls for some therapeutical researches to guide us to a more precise selection of cases in which it is fit to be used. In *L'Union Médicale*, (Tuesday, Nov. 21, 1854,) Dr. Lunier, Physician in Chief to the Lunatic Asylum of Blois, lays down the following conclusions upon this point:—

"Cod-liver oil owes its efficacy both to the fatty matter and to the iodides and bromides of potassium, which it contains. These two salts favour the digestion of fatty matter by stimulating the secretion of the pancreas. The iodides and bromides united act more powerfully than either would do singly. The

fatty matter plays an important part in the act of respiration and in the development of animal heat.

"Cod-liver oil may be replaced by a bromo-ioduretted preparation, combined with hydro-carbonised substances, such as chocolate. This treatment determines sometimes a slight inflammatory affection of the mucous membranes; more rarely it provokes a train of symptoms resembling those of nervous fever, or of general paralysis. The fatty matters find their way direct into the alimentary canal; they undergo changes into non-azotised substances. Fat is deposited in the tissues, when the oxygen in the economy is insufficient to burn it.

"Emaciation, unconnected with organic lesion, may be successfully treated by cod-liver oil. Opium neutralises the effect of this medication. Cod-liver oil, or the bromo-ioduretted combination, may be used advantageously in affections of the pancreas; in phthisis, where it furnishes aliment to pulmonary combustion; in chloro-anæmic tuberculosis; and in certain cases of inveterate chlorosis, where it may be combined with preparations of iron; in syphilitic and scrofulous affections; in goitre; in glandular swellings, where it impresses upon the capillary circulation and the secretions an excess of activity; in rachitis; in chronic coryza; in ozæna. It may also, from its direct action on the uterus, re-establish suspended menstruation."

Of goitre there have been two cases in the out-patient room, both females; in one, a moderate enlargement of the gland took place, consisting of general hypertrophy of all its tissues; in the second (described Nov. 9, No. 227 of the Journal), the swelling was composed of a large cyst, containing blood, which was evacuated by puncture; the cavity, then injected with tincture of iodine, contracted. In the first case, moderate improvement was effected by the internal employment of iodide of potassium; in the second, the improvement was very considerable and permanent, the patient being cured of deformity. Whether any relapse will occur cannot be safely predicated. The tradition of by-gone days declares that the female neck enlarges (as Elsholz expresses himself with infinite modesty) *post primæ noctis venerem*; and Malgaigne states, that, at the present day, in some parts of France, the test of virginity by "the thread" is still practised by the laity in the following manner:—The periphery of the neck is measured by a thread, the two extremities of which are then seized between the incisor teeth. If the loop pass without impediment over the back of the head, the girl stands suspected. If, however, the loop be sufficiently small to be arrested, she is declared without stain. Apart from the absurdity of such a superstition, we may remember the fact, that, at the age of puberty, all parts about the larynx undergo change, and that the thyroid body is especially apt to swell, both at the menstrual period and during the time of utero-gestation. I do not, however, believe that this change is observed in those of perfectly healthy constitution. The custom of painting the exterior of the cyst with tincture of iodine, or with iodine ointment, does not seem very promising in its results.

Among the poor, abscesses connected with lactation are generally caused by inability on the part of the patients to take proper care of themselves, owing to the calls made upon their time for domestic duties, shortly after confinement. Should suppuration take place in the breast, I have no hesitation in saying that it should be treated precisely as an abscess in other situations.

But the greater number of abscesses, numbering twenty, were instances of suppuration about the jaw or side of the neck, and among the cervical glands, sometimes in children, at other times in adults; and the prominent feature was, the slow progress of the attacks, the imperfect character of the suppuration, the apparent absence of any limiting cyst. Not that the patients did not suffer pain; the distress was often considerable and prolonged. Nothing is less serviceable, nothing retards these cases in a more unsatisfactory manner, than the abstraction of blood, either local or general. The patients require repose, relief from anxiety, and the administration of nutritious diet, that the diseased glands or the inflamed structure may either recover their healthy condition, or suppurate, discharge, and heal in the usual manner. One has but little opportunity of judging of the progress of these cases in out-patient practice by watching them in the wards of an Hospital. The repose, both bodily and mental; the attention from nurses; the regulated and nutritious diet, places the patient under circumstances so favourable, that the fashionable remedy of the present day, namely, hyd. c. creta ijs. every six or eight hours, acquires the reputation, upon easy terms, of effecting a proper cure. Far different is it among those obliged to bear their ailments in an ill-ventilated and ill-furnished home. More than one patient has applied to me with the neck swelled, hot, and painful; the movements impeded, deglutition



tion difficult; and respiration laborious. The sensation of fluctuation was evident, yet diffused. A double-edged knife, deeply introduced, gave issue to but a moderate quantity of pus, flowing with no force, nor in a continued stream; but the daily discharge, subsequently, for a week or more, may have been considerable and continuous, and the patients recovered in due time. In such cases as these, the administration of bark or quinine, or even cod-liver oil, is most advantageous. The remedy, especially the disulphate of quinine gr. ij.—ij., thrice a-day, seems to give to the patient that force, the absence of which led to the manifestation of the morbid symptoms, and the imperfect efforts at repair.

### ON SUBCUTANEOUS OSTEOTOMY.

By Dr. P. FRANK.

(Continued from page 614.)

"Case 2.—Johanna Gunther, 5 years of age, of strong and healthy appearance, is affected with rachitic deformity of the lower extremities. Both femoral bones and left tibia are slightly curved outwards; but the right tibia presents a considerable curvature forwards and outwards; and the foot is turned inwards and upwards in such a high degree that the child treads, in walking, on the external malleolus.

"On the 15th of June, I first attempted to straighten the bone by forced fracture; but, this proving ineffectual on account of the hard state of the bone, I directly proceeded to perform subcutaneous osteotomy.

"A transverse incision, half an inch in length, was made down to the bone, on the internal aspect of the tibia, opposite the point of greatest curvature. I then applied the drill at the superior angle of this incision, which was situated two lines below the crest of the tibia, and perforated the bone from inwards outwards. A second perforation was performed in the same direction, half an inch below the first, the drill being applied to the bone at the inferior angle of the incision.

"The saw was now introduced into the first canal, and the bone divided down to the second perforation, so that merely two thin layers of bone at the crista and posterior surface of tibia remained undivided.

"The hæmorrhage was considerable; the wound was closed by sutures, and the cold-water dressing applied.

"The patient was feverish on the following day; and the cold applications were continued on account of pain in the wound.

"The fever had abated the next day, but the borders of the wound were red and swollen, and bloody serum exuded on pressure.

"The wound was dressed with oiled lint, and cataplasms were applied.

"Moderate suppuration supervened on the fourth day, and subsequently increased, accompanied with cedematous swelling of the leg.

"On the 3rd of July, the discharge had perfectly subsided, and the wound threw out healthy granulations.

"I therefore proceeded to perform fracture of the remaining osseous bridges, for which a moderate amount of manual force sufficed, two distinct cracks announcing the successive fracture of tibia and fibula.

"The limb was now perfectly straightened, and splints were applied. A slight degree of pain, experienced after the operation, soon subsided.

"No fresh suppuration supervened, but the granulations became luxuriant, and necessitated the repeated application of the lunar caustic.

"On the 17th of July, the wound being nearly perfectly closed, and the bones united by a callus of cartilaginous consistency, a plaster-of-Paris bandage was resorted to, to insure perfect immobility of the limb.

"In the latter part of October, I had frequent opportunities of examining this case. The external wound was perfectly healed. The bones of the leg were straight; the callus perfectly consolidated; so that the most scrupulous examination could detect no abnormal mobility. The child was allowed to rise, and could walk without pain, the position of the foot being perfectly normal.

"Case 3.—A. Z., 35 years of age, fractured his left leg in early childhood, very likely in his 5th year. The seat of the fracture was the lower third of the tibia; the fibula was fractured lower down, but both bones were united by a very thick, firm callus. The fragments form a sharp, angular protuberance in the course of the crest of the tibia. The foot is turned backward and

inward, with the inferior fragment of the tibia; the angle formed by the fragments of the tibia amounting to 105 degrees. The inferior fragment of the tibia is, at the same time, dislocated *ad longitudinem*, riding on the external aspect of the upper fragment. By this dislocation the limb is shortened two inches; and, although the patient wears a high heel, walking is very difficult and imperfect, particularly on account of the dislocation of the foot backwards.

"Of late the leg became so painful and sensitive, even after slight active exercise, that the patient has been obliged to desist from walking, and make use of a chair-carriage.

"The patient is of short and slight build, of pale complexion, and shows marks of previous scrofulous affections.

"For the last fourteen or fifteen years he has laboured under no serious disease.

"On the 4th of July, I performed subcutaneous osteotomy in the Clinic. A transverse incision, half-an-inch in length, was made on the internal aspect of the tibia; the drill applied in the middle of the wound, and the callus perforated, from inwards, outwards. I then introduced the saw, and divided the bone subcutaneously, allowing an anterior and posterior bridge to remain. This part of the operation was long and difficult, on account of the great thickness and density of the callus. I then proceeded directly to perform fracture of the undivided bridge, which succeeded without trouble. A distinct crepitus was heard, and the bone considerably straightened. I was deterred from strengthening the bone perfectly, by the apprehension that the integument on the internal side of the tibia, being already tensely bulged out by the callus, might be lacerated.

"The extremity was now enveloped in cotton-wadding, surrounded by a flannel-roller, and a splint of gutta-percha applied, so that the wound remained accessible. The patient was then transported in a carriage to his residence.

"He complained of pain in the wound. This had abated on the following day; but the frequency of his pulse was slightly augmented, and the parts around the wound were red and swollen. A small abscess was formed on the fifth day, opposite the external end of the canal, drilled through the bone, out of which healthy pus was discharged by an incision.

"The symptoms of general and local re-action were far milder in this case than in the two former ones,—a circumstance which can most likely be ascribed to the slight fact, that dense callus is not endowed with the same degree of vulnerability as the medullary cavity even of hardened bone.

"Suppuration had perfectly subsided on the 18th of July; so that a further attempt to straighten the limb could be made. By this the lateral curvature of the tibia was perfectly rectified, and the dislocation forwards so diminished, that the fragments formed an angle of 130°.

"No renewed suppuration taking place after this operation, it was repeated on the 29th, and the leg rendered perfectly straight."

On the 2nd of November I had an opportunity of examining this case in the clinic of Professor Langenbeck.

The left leg is a little longer than the right; it is perfectly straight, and the position of the foot normal in every respect. A most careful examination failed to detect the slightest abnormal mobility, and the patient was able to walk with ease.

A slight angular projection of bone at the commencement of the lower third of the crest of the tibia constituted the only remaining deformity.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING NOVEMBER.

The following Report includes, as usual, University College, King's College. St. George's, St. Bartholomew's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing Cross, St. Mary's, the Metropolitan Free, the Marylebone, the Hospital for Sick Children, and the City Hospital for Chest Diseases.

#### LITHOTOMY.

Number of cases, 12; recovered, 10; under treatment, 1; died, 1.

Case 1.—A boy, aged 10, under the care of Mr. Fergusson, in King's College Hospital. He was in good health, and had



suffered from symptoms of stone for only three months. The operation was the usual one, the stone removed being about the size of a haricot bean. He left the Hospital well within three weeks. *Case 2.*—A man, in fair health, under the care of Mr. Fergusson, in King's College Hospital. Symptoms had existed for ten months. Stone the size of a walnut, consisting of triple phosphate. Recovered without a bad symptom. *Case 3.*—A boy, in fair health, aged 3, under the care of Mr. Fergusson, in King's College Hospital. Had suffered from stone for two years. A calculus, the size of a damson plum, somewhat flattened, was extracted. It consisted of lithic acid, coated with phosphates. Recovered. *Case 4.*—A child, aged nearly 3, in bad health, under the care of Mr. Solly, in St. Thomas's Hospital. Symptoms of stone had existed three or four months. A very small stone was removed. The wound afterwards sloughed; but, as the child's health improved, it cleaned and healed favourably. *Case 5.*—A boy, in fair health, aged about 6. In the attempt to make the incision of the prostate by means of the bistouri caché, the operator failed to enter the bladder, probably from the instrument not having been really in the urethra. The mistake was soon discovered, but not until the staff had been withdrawn. It was found impracticable to re-introduce the staff, and the operation was accordingly at once relinquished. Excepting an attack of erysipelas, the boy has since done well. The wound is now nearly healed, and it is intended shortly to again operate. *Case 6.*—A boy, aged 4, in good health, under the care of Mr. Le Gros Clark, in St. Thomas's Hospital. The stone was small. Recovered without a bad symptom. *Case 7.*—A man, aged 67, in fair health, under the care of Mr. Solly, in St. Thomas's Hospital. The symptoms of stone had been present during five years. The calculus was the size of a hen's egg, and weighed nearly three ounces and a-half. Under treatment. *Case 8.*—A boy, in good health, under the care of Mr. Cock, in Guy's Hospital. As regards the operation, the recovery was in every respect good; but, having caught cold in the operating-theatre, the boy subsequently suffered a severe attack of pleuropneumonia. The illness did not in any way retard the healing of the wound. *Case 9.*—A lad, aged 14, under the care of Mr. Hilton, in Guy's Hospital. He had suffered from stone almost all his life; and, for several years, his sufferings had been so severe, that he was quite prevented from assuming the erect posture. He was ill grown, and in much enfeebled health. In the operation, the transverse perineal artery was found of very unusual size, and after division it bled so freely that a ligature had to be at once applied. The bladder having been entered, some difficulty was encountered in seizing the stone, on account of its being grasped firmly by the hypertrophied fasciculi of the viscus. After some attempt to dislodge it, Mr. Hilton adopted the expedient of again injecting the bladder, which was attended by excellent success, and the stone was immediately afterwards brought within the grasp of the forceps. It proved to be a very large one, consisting of oxalate of lime coated with phosphates. A little oozing of blood followed the operation, but it did not require any special measures for its arrest. No secondary hæmorrhage ensued, but on the eighth day a large clot of blood passed from the wound. The boy had repeated rigors and much tenderness of the abdomen; he gradually sank, and died on the eleventh day. The wound had remained throughout entirely wanting in action, and showing no inclination to granulate. At the *post-mortem* there was not much evidence of peritonitis, but there were several separate collections of pus in the cellular tissue of the pelvis. The bladder was much thickened, the ureters enormously dilated, and the kidneys were diseased. The cause of death seemed to be chiefly connected with the bad state of the boy's health previously; against the idea of pyæmia having resulted was the circumstance, that the tongue never became dry and brown as it usually does in that disease. *Case 10.*—A boy, aged 3, in good health, under the care of Mr. Coulson, in St. Mary's. Recovered. *Case 11.*—A boy, aged 3, in good health, under the care of Mr. Coulson, in St. Mary's. Acute orchitis of the left testis followed, but was subdued by treatment, and the patient recovered well. *Case 12.*—A boy, aged 9, in good health, but suffering severely, under the care of Mr. Adams, in the London Hospital. A stone, which weighed more than seven drachms, was removed. Recovered.

## LITHOTRITY.

Mr. Adams' case in the London Hospital remains under treatment.

## HERNIOTOMY.

The case (No. 5, under the care of Mr. Prescott Hewett) mentioned in our last Report, in which an artificial anus had formed, remains under treatment. The upper portion of the gut has

become everted and prolapsed into the wound, the whole of the feces being of course discharged through it. Mr. Hewett has repeatedly reduced the protrusion, but as yet it has not been found practicable to prevent its re-expulsion. The man is doing fairly as to his general health.

Number of cases, 10; recovered, 5; died, 5.

*Case 1.*—A woman, aged 64, under the care of Mr. Birkett, in Guy's Hospital, hernia femoral, strangulated thirty-one hours; sac opened. In the sac were found ileum, mesentery, omentum, and some bloody serum. The gut was very dark coloured, but retained its elasticity. Death followed fifty-two hours after the operation. At the *post-mortem* the evidences of peritonitis were found; the protruded portion of bowel had not at all recovered. *Case 2.*—A half-starved man, aged 66, under the care of Mr. Curling, in the London Hospital, hernia inguinal; strangulation five days, and condition urgent; sac not opened. He never fairly rallied, and death, apparently from exhaustion, took place on the third day. At the autopsy, the strangulated portion of bowel was found to have not at all recovered itself; there were but slight evidences of peritonitis. *Case 3.*—A woman, aged 75, under the care of Mr. Quain, in University College Hospital, hernia femoral; strangulated three days; sac opened. There was a double sac, and larger and front one, containing only serum. The patient died on the fourth day, from the effects of bronchitis combined with slight peritonitis. *Case 4.*—A man, aged 33, under the care of Mr. Quain, in University College Hospital, hernia inguinal; strangulated twenty-five hours; sac opened. A large portion of omentum was cut away at the time of operation. Recovered. *Case 5.*—A boy, aged 4, under the care of Mr. Quain, in University College Hospital, hernia congenital; strangulated eighteen hours; sac not opened. Recovered. *Case 6.*—A woman, aged 33, under the care of Mr. Tatum, in St. George's Hospital, hernia femoral; strangulated twenty-four hours; sac opened. Recovered. *Case 7.*—A man, aged 45, under the care of Mr. Solly, in St. Thomas's, hernia inguinal; strangulated seven days; sac opened. The symptoms began to abate immediately after the operation, and the recovery was uninterrupted. *Case 8.*—A man, aged 58, under the care of Mr. Fergusson, in King's College Hospital, hernia scrotal; strangulated forty-eight hours, symptoms having existed thirty hours; sac opened. The sac contained about half-a-pint of bloody serum; the bowel was of a coffee colour, from congestion. Recovery without a bad symptom. *Case 9.*—A man, aged 42, under the care of Mr. James Lane, in St. Mary's Hospital, hernia inguinal; strangulated eight hours; sac opened. The sac was found thickened, but there was no difficulty in reduction. Symptoms continued after the operation, and death occurred on the third day. At the *post-mortem* a portion of bowel was found strictured within the abdomen by a band of peritoneal false membrane. *Case 10.*—A man, aged 36, hernia inguinal; strangulated two days; sac opened. A large mass of omentum was down, and the inguinal canal was unusually long. The omentum was at first left *in situ*, but on the day following the operation a portion of it was removed from the sac. The symptoms of strangulated bowel persisted after the operation, and death occurred on the third day. At the *post-mortem*, a small knuckle of bowel was found yet strangulated, and in an almost sloughy condition in the internal ring. The great length of the canal, and the impediment offered by the presence of omentum in the sac, were the only conditions by which the mischance of non-reduction could be explained.

## REMOVAL OF A TUMOUR FROM A HERNIAL SAC.

The following case, although the opening of a hernial sac was involved, cannot be classed under the preceding heading, since there was no strangulated bowel:—

A watchmaker, aged 61, who had been subject to inguinal hernia for five years, was admitted into the Middlesex Hospital, under the care of Mr. Shaw, on the morning of Nov. 28. He stated, that for five years he had worn a truss; that on the previous evening he had gone to bed well, but, during the night, while getting up to make water, a hard solid-feeling lump had come down into the position of the rupture. He had experienced no pain, and had none of the symptoms of strangulated bowel. The tumour was found to be rounded, smooth, and moveable, but could not be returned. On the second day after admission, Mr. Shaw cut down upon it, and as soon as the hernial sac was opened the mass rolled out. It was the size of a pigeon's egg, quite smooth, and glistening exteriorly, and as white as cartilage. It had no appearance of having been attached. The man recovered without a bad symptom. (The tumour referred to was exhibited by Mr. Shaw at the last meeting of the Pathological



Society. See report in the *Medical Times and Gazette* for December 16.)

#### AMPUTATIONS.

The cases left under care by last month's report have either recovered or are doing well.

Number of cases, 13; recovered, 5; under treatment, 4; died, 4.

*Of the Thigh.*—*Case 1.*—A man, aged 40, under the care of Mr. Adams, in the London Hospital, for disease of the knee-joint, of four years' duration. He was in pretty good health, but was suffering from an acute relapse of inflammation in the joint. After the amputation, there was much bleeding from a large vein, which was arrested by placing a plug of sponge over it, and leaving the former attached by a ligature in the stump. Great difficulty was afterwards experienced in getting the sponge away; it, however, very efficiently answered its purpose. *Case 2.*—A man, aged 27, admitted into University College Hospital, under the care of Mr. Quain, for a compound fracture of the leg, sustained in a railway accident: he had lost a very large amount of blood. Amputation was performed, but he did not rally afterwards. *Case 3.*—A man, aged 55, under the care of Mr. Erichsen, in University College Hospital. He was in an extremely feeble condition. Amputation was necessitated by some extensive sloughing ulcers of the leg. He sank afterwards, and died on the sixth day. *Case 4.*—A woman, aged 55, under the care of Mr. South, in St. Thomas's Hospital, for diseased knee-joint with necrosis of the tibia. She was in feeble health, and had suffered from the disease for nearly three years. Recovered. *Case 5.*—A man, aged 47, in St. Thomas's Hospital, for diseased knee-joint with necrosis of the lower part of the femur. He had been ill a year. Recovered. *Case 6.*—A boy, aged 16, under the care of Mr. South, in St. Thomas's Hospital, for diseased knee-joint with necrosis of almost the whole shaft of the femur. The bone, where cut across, consisted of a sequestrum, surrounded by a thick shell of newly-formed material. The former could not be extracted, and will require removal at some subsequent period. The stump is doing very well, notwithstanding, and the lad's health has improved since the operation. *Case 7.*—A man, aged 42, under the care of Mr. James Lane, in St. Mary's Hospital. He had been admitted with a penetrating wound of the knee-joint. An attempt was made to save the limb, and it was put up on the double inclined plane; abscesses, however, formed in and about the joint, and notwithstanding that free incisions were practised, the constitutional disturbance produced was so severe that amputation became needful. It was performed in the third week, and death followed five days afterwards.

*Of the Leg.*—*Case 8.*—A man, aged 35, in good health, was admitted on account of severe compound fracture, under the care of Mr. Paget, into St. Bartholomew's Hospital. Primary amputation was performed. The circular method was adopted, and the stump dressed so that the line of union ran vertically. Recovered well.

*Of the Foot.*—*Case 9.*—A man, aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased tarsus. Six months ago, an excision of almost the entire scaphoid bone had been performed; and, although he had been kept in bed ever since, yet the parts had not got sound. (See "Excision of Bones.") Mr. Birkett performed amputation at the ankle-joint, cutting away the malleoli and the articular facets of the tibia and fibula. About a third of the posterior flap sloughed away, but the stump, notwithstanding, healed well, and within a month was so far sound that the man could bear firm pressure with the hand over its face. *Case 10.*—A woman, aged 22, in poor health, under the care of Mr. Erichsen, in University College Hospital, for diseased tarsus. An attempt had been made three weeks previously to remove the diseased bones, but, as the parts did not seem likely to become sound, it was subsequently determined to remove the foot. Amputation at the ankle-joint was performed. Doing well. *Case 11.*—An infant, aged fifteen months, was admitted into Guy's Hospital, under the care of Mr. Cock, for a compound fracture of the tarsus, the foot being very much crushed. Under the influence of chloroform, Mr. Cock performed a modified Chopart's amputation. The child never rallied completely. It refused to take food; had convulsions; and subsequently sloughing attacked the leg. Death took place on the seventh day. *Case 12.*—A man, aged 20, under the care of Mr. De Morgan, in the Middlesex Hospital, for diseased tarsus. Amputation at the ankle-joint was performed. Doing well.

*Of the Upper Extremity.*—*Case 13.*—A man, aged 54, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large cancerous sore on the back of the left hand. There was no dis-

case of the lymphatics; and, as the ulceration had resisted all remedies, it was determined to remove the hand. Amputation through the forearm was accordingly performed, and the man made a good recovery. The disease proved to be a well-characterised example of epithelial cancer.

#### LIGATURE OF ARTERIES.

The case under the care of Mr. Solly, in St. Thomas's Hospital, has resulted in recovery.

*Case 1.*—By Mr. Critchett, in the London Hospital, ligature of the common carotid, on account of aneurism by anastomosis in the right orbit. The patient was a man, aged 35; the eye had been already destroyed, and was much protruded. The ligature came away on the twenty-third day, and the man has done uninterruptedly well. The eye has sloughed out. Under treatment. *Case 2.*—By Mr. Fergusson, in King's College Hospital; ligature of the radial artery, above and below a false aneurism, which existed in the middle of its course. The disease had been caused by a puncture three months previously. After the vessel had been tied, Mr. Fergusson cut into the tumour, and turned out a fibrinous clot the size of a small walnut. The patient was a man aged 33; he has recovered well. *Case 3.*—A woman, aged 22, was admitted into King's College Hospital, having divided all the structures, on the outer side of the fore-arm down to the bone, by a piece of glass. Mr. Atkinson, the House-Surgeon, at once tied both ends of the radial artery. Under treatment. *Case 4.*—Ligature of the femoral artery, by Mr. De Morgan, in a case of femoral aneurism, under care in the Middlesex Hospital. The compression treatment had been tried without avail for nearly six months, and had failed to effect the consolidation of the tumour. The ligature came away on the twenty-third day after its application, and the tumour has since become solid and much reduced in size.

#### EXCISION OF BONES AND JOINTS.

In Case 4 of our Report for April last, removal of the foot by amputation at the ankle-joint has at length been performed. The patient is a man, aged 20, under the care of Mr. Birkett, in Guy's Hospital. The original operation consisted in excising almost the entire scaphoid bone in a state of caries. The case had proceeded very slowly, and the patient was urgent for amputation. The examination of the foot after the operation revealed a condition of things much better than had been anticipated. The cavity left was filled up with fibrous structures, and the remains of the scaphoid were united firmly with the internal cuneiform and the astragals. There was no diseased bone remaining.

The other cases of this class remain under treatment. During the month the following have been performed:—

*Case 1.*—By Mr. Birkett, in Guy's Hospital, removal of portions of the tarsal bones in a state of necrosis, from the foot of a woman, aged 24. The disease had existed for a year. Under treatment. *Case 2.*—By Mr. Erichsen, in University College Hospital, excision of portions of the tarsal bones from the foot of a woman, aged 22. Amputation at the ankle-joint has subsequently been performed. *Case 3.*—By Mr. Statham, in University College Hospital, removal of some carious bone from the os calcis of a man who has been the subject of two prior operations. *Case 4.*—A man, aged 20, was admitted into Guy's Hospital, under the care of Mr. Cock, for disease of the metatarsal bone of the great toe. Amputation of the whole had been proposed to him in another Hospital. Mr. Cock laid bare the diseased bone, and, finding the periosteum separated, and the bone carious, cut away the entire shaft of the latter, leaving only its head in articulation with the cuneiform. The opposed articular facet of the first phalanx was covered with healthy granulations, and it was, therefore, not interfered with. The case has done remarkably well, and healing is now almost complete, the toe being about an inch shortened. *Case 5.*—A man, aged 35, was admitted into Guy's Hospital, under the care of Mr. Cock, having just before sustained an injury in which the metacarpal bone of his left thumb had been fractured, and the whole of the extensors cut through. The thumb was, in fact, hanging by the muscles of its ball, and the bone was crushed. Mr. Cock removed the carpal half of the metacarpal bone, and then, adjusting the parts as well as circumstances allowed, supported the remains of the thumb in position by means of a pad of sponge. The case is doing very well, and the thumb will be saved. *Case 6.*—By Mr. Moore, in the Middlesex Hospital, excision of a diseased metatarsal bone. Recovered.

#### REMOVAL OF MALIGNANT TUMOURS.

The cases left under treatment by last report have all recovered. Number of cases, 7; recovered, 4; under treatment, 1; died, 2.



*Case 1.*—A man aged 68, under the care of Mr. Erichsen, in University College Hospital, for a returned epithelial cancer of the lip. The disease had recurred twice within eight months. The man was of gouty habit. Recovered. *Case 2.*—Removal of the breast on account of rapidly-growing cancer. The patient is a woman aged 42, under the care of Mr. Walton, in St. Mary's Hospital. Doing well. *Case 3.*—By Mr. Birkett, in Guy's Hospital; excision of a tumour from over the left parotid region of a man aged 52. It had existed for many years, but for the last few months it had been rapidly increasing. For two months there had been paralysis of the left facial nerve. After excision, the tumour was found to be "invested by a loosely-defined envelope; firm and fibrous in its structure in the centre, but surrounded by a more recent development of carcinoma." Recovered well, the paralysis being persistent. *Case 4.*—A girl aged 17, of ruddy and healthy appearance, was admitted into King's, under the care of Mr. Fergusson, for an enormous mass extending from the anterior border of the left scapula to the sternum, and from the top of the shoulder above to the level of the seventh rib below. The axilla was so filled that the arm was kept at right angles with the body. Constant and extreme pain was caused by the pressure of the tumour on the axillary plexus. The growth was of two years' existence, but had attained three or four times its former bulk within the last two months. During the few weeks that she was in the Hospital it increased very fast, and the girl's health rapidly declined. At her earnest solicitation Mr. Fergusson consented to operate. The operation consisted in exposing the mass by a T shaped incision, and then dissecting it away. A considerable quantity of blood was lost. The patient never rallied, but died about fifteen hours after her removal to bed. At the autopsy numerous nodules of the growth were found attached to the tendons around the shoulder-joint, to the capsule of the joint, the heads of the scapula, and humerus. The disease was medullary cancer. *Case 5.*—A woman aged 50, under Mr. Partridge's care in King's, on account of a scirrhus tumour above the right mammary gland, and unconnected with it. The tumour was the size of a hen's egg. Erysipelas followed the excision, and the patient died on the seventh day. *Case 6.*—A man aged 72, under the care of Mr. Cock, in Guy's, for an epithelial cancer of the lower lip, and a similar growth on the mucous membrane inside the cheek. The disease in the lip was excised, and that in the cheek removed by ligature. The wounds quickly healed. *Case 7.*—An elderly woman, under the care of Mr. Cock, in Guy's Hospital, for malignant polypus of the left nostril. Mr. Cock had to slit up the ala in order to remove the whole of the growth, which adhered extensively to the lining membrane. Recovered.

#### TRACHEOTOMY.

*Case 1.*—A female child, aged 5, under the care of Dr. Bence Jones, in St. George's Hospital, for croup. She was admitted extremely ill, and tracheotomy was performed by Mr. Prescott Hewett, under very urgent circumstances. Some masses of false membrane were removed. The child recovered well. For particulars see *Medical Times and Gazette* for December 2. *Case 2.*—A healthy boy, aged 3½, was admitted into King's, having swallowed some boiling water from the kettle-spout. Tracheotomy was performed by Mr. Atkinson, the House-Surgeon, twelve hours after the accident, the child being at the time unable either to speak or swallow. To subdue subsequent inflammation, calomel was prescribed, and unfortunately produced salivation. On the fifth day the canula was removed; and from that time to the 8th, when death occurred, the respiration was almost natural. Death appeared to be from exhaustion. There was a large sloughing ulcer in the left cheek. At the *post-mortem*, the larynx was found to be quite recovered from the inflammation, and there were no evidences of bronchitis. *Case 3.*—A man, aged 26, under the care of Mr. Paget, in St. Bartholomew's Hospital, for syphilitic disease of the larynx. He had suffered during the preceding day several very urgent paroxysms of suffocative dyspnoea, and, for fear of their recurrence at a time when assistance might not be at hand, Mr. Paget advised him to submit to tracheotomy. This was accordingly done; and for some days he appeared relieved. Broncho-pneumonia, however, subsequently occurred, and carried him off about the eleventh day. No *post-mortem* was permitted. There was reason to suspect extensive tuberculous disease of the lungs, and his health at the time of the operation was very bad.

#### OPERATIONS FOR URETHRAL STRICTURE.

The case of Mr. Erichsen's, in University College Hospital, and several others previously mentioned, remain under treatment.

During the month the following have been performed:—

*Case 1.*—A man, aged 20, under the care of Mr. Fergusson, in King's College Hospital, for stricture, the result of an injury five years previously. The stricture had for some time been impassable; but, under chloroform, Mr. Fergusson succeeded in introducing a No. 1 catheter, which served as a guide for the section of the diseased part. The incision needed was but small; very little blood was lost; and no difficulty whatever attended the operation. Excepting that a catheter instead of a grooved staff was used, the operation was the one known as "Syme's." The man did well at first; but, on the sixth day, a severe rigor occurred, followed on the next day by pain in the chest and dyspnoea. The symptoms of pyæmia soon became marked, and death occurred on the fifteenth day. At the *post-mortem*, the wound showed no signs of action, but there was no suppuration either in or around, it nor any discoverable evidence of phlebitis. In the front of the chest was a large diffuse abscess, and numerous purulent deposits were also found in the lungs and liver. *Case 2.*—A man under the care of Mr. Fergusson, in King's, for stricture with perineal fistulæ. The stricture was divided, and the fistulæ laid open. Under treatment. *Case 3.*—A man in King's, under the care of Mr. Lee, for stricture. Perineal section was performed. The wound has entirely healed, and the urine passes in a free stream, a No. 9 silver catheter being easy of introduction. *Case 4.*—A man, aged 39, the subject of a long-standing and close stricture, under the care of Mr. Coulson, in St. Mary's Hospital. With much difficulty the introduction of a Syme's staff was accomplished, and perineal section was then performed. The stricture being long a free, division was required. Doing well.

#### REMOVAL OF NECROSED BONE.

*Case 1.*—By Mr. Birkett, in Guy's Hospital, removal of the shaft of the humerus which had necrosed after an amputation through its middle six months ago. The patient is a sailor, whose arm was removed for sloughing after a compound fracture; the stump inflamed, and was much swollen afterwards. There are yet some fragments of bone to come away. *Case 2.*—A boy, aged 14, under the care of Mr. Quain, in University College Hospital. A small portion of dead bone was removed from the tibia. Erysipelas followed the operation, but the boy is now doing well.

Operations of this class, but without having any particular interest attached, have been performed in eight instances besides the above. In several the patients are convalescent, and in the others they are doing favourably.

#### PLASTIC OPERATIONS.

The cases of Rhino-plastic Surgery, under the care respectively of Mr. Erichsen, in University College, and Mr. Ward, in the London, remain under care. In each a second operation for making the septum has been performed.

*For Vesico Vaginal Fistula.*—*Case 1.*—By Mr. Hilton, in Guy's Hospital. The opening was about large enough to admit a quill. An attempt was made to close it entirely by paring the edges, dissecting up the mucous membrane, and connecting the flat surfaces by means of sutures. The surfaces brought into contact were at least a quarter of an inch broad. The catheter could not be retained in the bladder, on account of its extreme irritability. No union resulted, but the woman left the Hospital before it could be seen to what extent the orifice would contract during the healing process. She was, at the time of the operation, several months pregnant. *Case 2.*—By Mr. B. Brown, on a case several times before operated on in St. Mary's Hospital. No union resulted.

*For Urethral Fistula.*—*Case 3.*—A man, aged 37, under the care of Mr. Cock, in Guy's, for a fistula just anterior to the scrotum, exposing the urethra. It had resulted from sloughing, and the parts around consisted of hard cicatrix. The hole itself was as large as a threepenny piece. Mr. Cock freely pared away the indurated borders of the opening, and then brought up a flap of skin from the scrotum, and united it by the Glover's suture, so as to completely close the wound. A flexible catheter was retained. Union appeared to proceed well for a few days, when sloughing attacked the part, and laid open the whole into a large and deep sore. The phagedæna has now ceased, and the healing by granulation is proceeding well. The intention of the operation has of course quite failed.

*For Hare-lip.*—*Case 4.*—By Mr. Hilon, in Guy's Hospital, on an infant, for double hare-lip, with great projection of the incisive bone, but no cleft in the palate. The projecting portion of bone, with its teeth, was cut away, and the lip united over its extremity. The palate was narrow,—had an appearance as if it had been laterally compressed, a ridge running down its middle.



The parts united perfectly. *Case 5.*—By Mr. Curling, in the London Hospital, on a young woman, aged 21, for double hare-lip. An operation performed in infancy had, although successful, left an unsightly gap. Mr. Curling operated in the usual manner; an admirable adaption was procured, and perfect union followed. This case, like the preceding, was peculiar, in that, although there was double hare-lip, yet the palate was not cleft. The uvula was, however, bifid, and the soft palate extended further forward than usual, the bone being deficient; the middle incisive teeth were placed with their inner edges projecting, so as to form an angle, and there was also the same appearance of ridges in the palate, as was observed in the other. *Case 6.*—By Mr. Adams, in the London Hospital, on an infant five weeks old for single hare-lip, accompanied by fissure of the palate. The pins were removed on the third day; perfect union resulted.

*For Cicatrices.*—*Case 7*, a girl, aged 9, in King's, under the care of Mr. Fergusson, for a cicatrix in the left angle of the mouth, after sloughing in typhus. Much improved. *Case 8.*—A woman, aged 44, in King's, under the care of Mr. Partridge, for the results of syphilitic ulceration of the lip. After the operation, ulceration again attacked the part, and entirely prevented union. *Case 9.*—A girl, aged 13, in King's, under the care of Mr. Lee, for a cicatrix after burn, drawing the chin down towards the chest. The contracted part was divided, and a flap of skin from the left mammary region transplanted into the gaping wound. The flap retained its vitality, and the case is doing well. *Case 10.*—A girl, aged 17, under the care of Mr. Cock, in Guy's Hospital. Both hands were drawn down at acute angles with the forearm by the contracted cicatrices of a severe burn. Mr. Cock has treated one hand by division of the impeding bands and union of the lips of the wound from side to side by Glover's suture. Great benefit has resulted.

*For Cleft Palate.*—*Case 11.*—A man, aged 22, in King's, under the care of Mr. Fergusson, with congenital cleft extending through the soft palate only. The usual operation was performed, and with complete success. The man left the Hospital on the tenth day.

*For Vaginal Rectocele.*—*Cases 12 and 13.*—In these cases, both of them under the care of Mr. I. B. Brown, in St. Mary's Hospital, the usual operation for diminishing the size of the vagina was successfully performed.

*For Prolapsus Uteri.*—*Case 14.*—By Mr. I. B. Brown, in St. Mary's Hospital. The woman had suffered long and severely. The usual operation was performed. Thus far, it appears likely to be quite successful.

#### EXCISION OF NON-MALIGNANT TUMOURS.

Mr. Hilton's case (*Case 6*), in which a large ulcerated follicular tumour had been excised from the scalp, remains under treatment, and is doing well. The other cases on last month's list are recovered.

*Case 1.*—By Mr. Hilton, in Guy's Hospital, a broad-based exostosis from the lower jaw of a girl, aged 12. It was about the size of half a chesnut. The wound healed quickly. *Case 2.*—By Mr. Hawkins, in St. George's Hospital, from a woman aged 25, removal of an exostosis from the ilium, the size of a walnut. Recovered. *Case 3.*—By Mr. Tatum, in St. George's Hospital, excision of a large mass of warts from the scrotum and inner side of the thigh. The growth had existed for years, and the man, whose age was 56, was in such bad health, that malignant disease was suggested. It proved, however, to be of innocent nature. Recovered. *Cases 4 and 5.*—Excision of fatty tumours, by Mr. Prescott Hewett, in St. George's Hospital. Recovered. *Case 6.*—By Mr. Hawkins, in St. George's Hospital, excision of a chronic mammary tumour from the breast of a woman aged 22. Recovered. *Case 7.*—A man, aged 56, was admitted into St. Mary's Hospital, under the care of Mr. Lane, on account of a large sebaceous cyst in the neck. The tumour was the size of a large orange, and was situated beneath the platysma, below the ramus of the jaw. During the operation for its removal, the facial artery and vein, and the external jugular vein, were divided, and considerable hæmorrhage occurred. The patient recovered well. *Case 8.*—By Mr. Fergusson, in King's College Hospital, removal of a very large fatty tumour from the arm. It had been growing for forty years, and caused much inconvenience from its bulk and weight. The patient was discharged well three weeks after the operation. *Cases 9, 10, 11, and 12.*—Fatty or sebaceous tumours successfully removed.

#### PARACENTESIS OF THE CHEST.

The case mentioned last month, under the care of Dr. Birkett, at the City of London Hospital for Diseases of the Chest, remains under treatment. The fistula remains open, and there continues

very profuse suppuration. The case is now complicated with pneumo-thorax, as air has freely entered. The child's health a little improves, but he does not gain much flesh.

#### OPERATIONS FOR THE CURE OF NÆVUS.

The case (*Case 4*) under the care of Mr. Athol Johnson, in the Hospital for Sick Children, remains under treatment.

*Case 1.*—By Mr. Hilton, in Guy's Hospital, on a child aged six months; injection of a large nævus on the abdomen with the perchloride of iron. Three injections were practised, about fifteen minims being thrown in each time. Some sloughing followed, but the case is now doing well. *Cases 2 and 3.*—By Mr. Prescott Hewett, in St. George's Hospital; nævi; treated in the one case by ligature, in the other by nitric acid. Both cured. *Case 4.*—In Guy's Hospital, by Mr. Cock, injection of a large nævus with the perchloride of iron. The nævus was chiefly of a venous nature, involving the entire thickness of the right cheek, and very rapidly extending. At birth it had been very small, but when brought under care at the age of 5 weeks, it involved, in a direction backwards from the angle of the mouth, an extent almost equal to that of a crown piece. The infant was in fair health. The injection produced great irritation, and for several days afterwards the state of the little patient was one of great danger. It refused to take food, had slight convulsions, and the extremities became cold. By the use of wine, etc., it was rallied. Some sloughing followed, by which the disease has been pretty well destroyed. Until within the last few days the infant has, since its recovery from the first symptoms, done well; but it has lately again been off its food (the mother having lost her milk), and the result as to recovery must yet be considered doubtful. *Case 5.*—A child, aged 1 year, under the care of Mr. Fergusson, for a nævus the size of a half walnut, on the crown of the head. Needles were passed through its base, and it was surrounded by a twisted suture. Cured. *Case 6.*—An infant, aged 3 months, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital, for a nævus the size of a halfpenny on the scalp. Needles and ligature round the base were employed. Cured. *Cases 7 and 8.*—Under the care of Mr. Fergusson, in King's College Hospital. In both the injection of the perchloride of iron was tried; but not succeeding, ligature was in each case afterwards employed. Cured.

#### OPERATIONS FOR FISTULA IN ANO.

A considerable number of operations of this class are performed each month. During the last month, twelve such have occurred. None of them present features of interest sufficient to make them worthy of individual mention. All have been either successful, or are doing well. The sphincter ani has also been divided in a case of different character,—one, namely, of fissure by the anus. The patient, a woman, under the care of Mr. Cock, in Guy's Hospital, had suffered extremely before, and has been quite relieved by the operation.

## Medical Times & Gazette.

SATURDAY, DECEMBER 23.

#### THE THANKS OF PARLIAMENT.

In moving the vote of thanks to the Army in the Crimea, the Duke of Newcastle made the following remarks:—

"The other body of men to whom I allude are the Medical officers of the army. (Hear, hear.) I speak not now, of course, of the medical organisation, upon which so much was said the other night: but I must state, in justice to an honourable Profession, that never were greater exertions made, never was more humanity evinced, than by the doctors of the British Army in the Crimea. (Cheers.) I will only ask your Lordships to consider for one moment the services performed by such a man as Dr. Thomson. He was left, under circumstances of the most painful nature, upon the field of battle, not to attend to the wounded of his own army, all of whom had been removed, but to a large body of Russians, many of whom—persuaded that an Englishman was little less than a devil—were prepared to murder any individual who might seek to render them succour and assistance. Among such men was Dr. Thomson left alone; he bound the wounds of some hundreds of these poor Russian soldiers, at the great danger of his life; but nevertheless he escaped. He returned to his duties in his own army, but it



pleased Providence to remove him from his sphere of usefulness two or three days subsequently. His death was occasioned by the immense exertions he had made, and a disease which he had thereby contracted. (Hear, hear.) I must say, my Lords, that if it has not been usual for Parliament to thank such men as these, I consider that it is not wrong for a Minister of the Crown in this House to acknowledge their services. ("Hear, hear," and cheers.)

We trust the day is not far distant when it will become "usual for Parliament to thank such men as these." In the meantime, it is a subject for congratulation, to find a Minister of the Crown acknowledging their services before his Peers. As no special vote of thanks is proposed to the officers of any particular department,—for example, to the Artillery, Engineers, Commissariat, or Quarter-Master-General's Department,—we must be content to share in the general vote to the Officers of the Army; but it does appear hard, that, while thanks are specially voted to the Generals of Division and of Brigade, the General Inspector at the head of the Medical Department should be omitted, unless it has been considered that his conduct has been such as to render him unworthy of the distinction. We by no means infer that any such conclusion should be drawn from this omission; for had the name of Dr. Hall appeared even at the end of the long list of Generals, it would have been an unprecedented honour for the Medical Department. It is time, however, that antiquated prejudices should be laid aside; and, as our Medical Officers share the dangers and hardships of their combatant comrades, so, in all fairness, should they share in the honours and rewards dispensed by Parliament for the nation.

We can no longer patiently submit to a system which denies to the Medical Department all independent power of action, and makes it so dependent on the Military authorities, that any suggestions from Medical Officers for the health and efficiency of the Army may be utterly centemned. Almost every letter we see or receive from the East, contains some proof of the ill-effects of the present system. Here is a specimen from a letter on the wounded at the Alma. The writer says:—

"While the Medical officer asked in vain—and, as I have before said, as a personal favour—for arabas or other conveyance, the Generals and officers of the staff had one of them for personal baggage. If the Artillery or Engineers had asked for arabas, would they have been refused? Then why refuse to a Department equally useful and necessary? Look at the independent despatches of Dr. Levy, head of the Surgeons of the French Army; look at his Field Hospitals; look at the divisional orders of the French Army recognising the ambulance corps of each division as equally a part of that Army as its guns and tumbrils, and assigning to that corps its position on the line of march, and then look at our own. Barely recognising it, or if recognising it at all, as a necessary evil, which they are obliged to tolerate, but whose demands they ignore and pooh-pooh, but whose services they loudly call for in the day of trouble, and yet refuse them the means of making those services as useful as possible. Look at the general orders after the battle, in which every man who sported a bit of gold lace, and rode behind his General, was reported as having deserved well of his country, and having been a second Bayard, and see if this Department, beyond a passing remark that the head of it was in the field, (as were also the arabajis, though not mentioned,) were even spoken of."

The *Times*' Correspondent at Scutari speaks of the evils "which arise from the dependence of the department upon the transport service and the military authorities. The control of the former rests with a special department of the Admiralty at home, with Admiral Boxer at Constantinople, and other naval officers in the Black Sea stations. For the transport of Medical stores, of the sick and wounded from Balaklava, and of convalescents to Malta and home, the Medical department is entirely dependent upon the arrangements of the transport service. The consequences of such dependence are too obvious to require illustration, for it is not in human nature to postpone our own necessities to those of other people. If, however, proof is wanted, it exists in abundance. As to Medical Stores, there is the case of the ill-fated Prince, which took all hers, buried under shot and shell, to Balaklava, where she was lost, instead of

having them so that they could be landed here. There is also the accumulation of Medical stores at Varna when they were most urgently wanted at Scutari; and the striking fact, that, after three months, the trans-shipment of them has not yet been completed, though the distance may be covered by a two days' sail, and every species of official entreaty and complaint to bring about that result has been long ago exhausted."

Such facts as these prove the necessity for a Parliamentary Committee of Inquiry into the justice or falsehood of the late charges against the efficiency of the Medical Staff. None can be more anxious for such an inquiry than the heads of the Department; for the result must prove the necessity for an organization independent of military control in Medical affairs, and for the establishment of an efficient ambulance corps; while the claims of Medical officers to a due participation in the honours awarded by the Senate, or by Generals and Admirals in command, would be incontestably established.

### HOSPITAL REFORM.

WE take our stand in the out-patient's room of a London Hospital. What are the ailments which have brought together the scores of patients who are now crowding to the Surgeon's chair? Here are bad legs, inflamed eyes, joints in the first stages of important disease, contusions, broken bones, abscesses, and all the forms of outward struma. Here is every variety of syphilis that can be thought of; and, as to skin diseases, one might imagine that the sitters to Mr. Wilson's artist had agreed to present themselves *en masse*. Here may be found examples of the initiatory stages of almost all the diseases which, in their advanced and too often incurable stage, will be met with in the wards. A man enters with a card in his hand; his is a difficult case; he has already puzzled his usual Medical attendant, and is now sent, with introduction, to obtain Hospital advice. Let us cross the square, and enter the Physician's room. There, too, all is earnest business. Patients with chronic rheumatism, with gout, the various cachexiæ of trades, chlorosis, bronchitis, dyspepsia, incipient phthisis, those sickening for fevers, etc., and a host of others, press onward in a stream which threatens to become permanently continuous. It is not possible to conceive a field requiring for successful practice a more vigorous application of mental power than the rooms we have just looked into afford. The stores of a large and well-arranged experience, rapidity of observation and of thought, a perfect knowledge of symptoms and of therapeutics, together with decision of conduct and clearness in giving advice, are essential requisites. There is no time to waste in long examination; an opinion must be formed off-hand, and with equal rapidity must the plan of treatment be decided upon. Momentous questions must be answered. "Am I in a consumption, Sir?" "Do you think it is a cancer?" etc., will be anxiously put by those who feel that the reply will be to them a sentence of life or death. Unless the prescriber be well up in the physiognomy of disease; unless his hand, his eye, and his ear be educated to the utmost nicety; unless he possess really first-rate tact and knowledge, there is no chance for him. If, however, he have these requisites, it might, perhaps, be impossible to find for him a sphere of larger usefulness. In making this assertion, one can afford to lose sight of the interests of the patients;—we may forget altogether the thousands who in the course of the year will come under care, and who may not only be rescued from dangerous disease, but, by well-timed directions as to mode of life, etc., be rendered to a large extent secure of future health. All this, we have said, we can afford to pass by in a large London school, for the sake of regarding the interests of those who are there as lookers-on. It is through the student that the great good will be done; by him the Professor will be re-produced, and his teachings be multiplied and brought again into practice in all regions of the world, and to tenfold the num-



ber of sufferers. Let us look for a moment at the importance of these rooms as theatres of practical study. We appeal to those now engaged in the general practice of our profession, to say whether the diseases there treated do not make up at least three-fourths of those in which their advice is daily asked. It is, of course, essential that a student should know perfectly the subjects of aneurism, calculus, and compound fracture; but the truth is, that, in the course of a long life, he may possibly not see half-a-dozen examples of each. Compared with many of the diseases which he may study in the out-patient's room, those which fill the beds of the Hospital are often of comparatively little importance. It is far more to him to be *au fait* in the use of catheters than to know all about perineal section or lithotomy. A finger which can detect fluid with certainty, a hand which can apply a bandage dexterously, an eye well experienced in all the various indications presented by the tongue, and competent to discover in the patient's countenance a clue to the type of his disease; these, if things were rightly weighed, should be his prized acquirements. Need we say more? If the student would acquire that familiarity with common things, that tact and practical sagacity, which shall lead to success in life, he must seek them where they are to be found. He must train his perceptive powers by the constant practice of rapid observations, if he would seek a character for quickness and acumen. The patients who will hereafter present themselves in his consulting-room, or call for his aid, will present him with diseases and ask him questions far more frequently resembling those of the out-patients' room than those of the ward. They will also demand of him quick accuracy of perception, and expect him to be independent of many of the modes of diagnosis resorted to in a Hospital bed. He will not usually be permitted to strip them; and with the help of two or three friends, to percuss, palpate, and measure; the use of the probe or the exploring-needle will be regarded as "operations," and practically forbidden; even the stethoscope may, in some instances, be excluded by the dread which its employment sometimes excites. He must be able to judge from little things, and form an opinion from evidence which to those whose eye, hand, and ear, have not been well tutored must be very imperfect. To any one in the least familiar with Hospital details, we need not repeat the question as to where this skill is to be acquired.

Passing from the poor sufferers who are seeking advice, let us glance for a moment at the oracle they consult. You find the chairs of our out-patients' rooms occupied at some of our Hospitals irregularly by the gentleman holding the appointment, or by one of his delegates. When the latter is the case, possibly the Hospital Apothecary, the House-Surgeon, or even some one of yet less ascertained qualification, is on duty. The representative of a gentleman of note, and backed, moreover, by the *prestige* of the noble Institution concerned, he is undertaking the important duties of a post for which his fitness has never been tested. We do not extend this accusation widely; doing duty by proxy is, it is to be hoped, not common. One Hospital, however, which we need not name, calls for especial mention, since, on the Surgical side, the duties of the Assistant-Surgeon's post are performed by those who are but just out of studentship. But let us suppose that the gentleman chosen by the Hospital Governors is at his post. He is of middle age; his election has been made late, and has found him engaged in active and extended private practice. Encumbered with engagements, he has come down to his post feeling mainly a sense of the imperative necessity that exists that he should get from one to two hundred patients prescribed for within the two hours. He takes his seat; in tens at a time the patients crowd to his table; a hurried glance decides his opinion on each; no time for remark to the students, and but

little for the three words of advice which the sufferer is but too happy if he obtain. Amid manifestations of the utmost hurry and impatience to get away; amid the scribbling of hieroglyphics, and the almost uninterrupted ejaculation of such expressions as "Go on!" "You're better!" "Next patient!" are the duties of this most important post performed. Feelings of melancholy and disgust are excited at the contemplation of the waste of the opportunities for good which here occur. What wonder if, with such a system, students avoid the out-patients' room, and neglect to dig in mines which for them are full of untold wealth? The remedies for these evils are plain. The system must be reformed. The proportion between Medical Officers and patients must be so arranged that full justice can be done both to the poor and to Students.

## PROGRESS OF MEDICAL SCIENCE.

### SELECTIONS FROM FOREIGN JOURNALS.

#### BLENNORRAGIA OF THE EXCRETING DUCT OF THE VULVO-VAGINAL GLAND.

By ALPH. SALMON.

THE author directs attention to an affection very common among prostitutes, yet little known to the generality of Practitioners, namely, purulent hypersecretion of the excretory duct of the vulvo-vaginal gland, a disease first pointed out by M. Huguier, and described by him as the occasional source of blennorrhagia in the male. It is now universally known, that there exists on each side of the vagina, at the orifice, and imbedded in the labia, a glandular body, the duct of which, half an-inch long, opens just at the base of the hymen, or by the carunculae myrtiformes. During erotic excitement, a viscid fluid, similar to the prostatic fluid in the male, is abundantly poured forth to lubricate the female external organs. That the duct of this gland may become the seat of one variety of blennorrhagia is shown by the following cases:—

A girl, aged 18, named Heloise, came from Paris for the purpose of prostitution, and was immediately subjected to Medical inspection. There was nothing morbid in the urethra, the vagina, the excretory duct of the gland, nor in the anus, but there was a slight ulceration of the neck of the uterus, which the author cauterised; he then kept the girl in the Hospital some days. She was subsequently re-examined, pronounced sound, and discharged. There was the same freedom from disease upon two successive examinations, at intervals of ten days; but shortly after the last visit she was marked as having infected a young man of respectability with a profuse blennorrhagia. Dr. Salmon examined her with great care, but found no disease in the urethra, vagina, or anus. Upon investigating the condition of the vulvo-vaginal gland, he noticed, upon pressing it with his finger from behind forwards, from the ischium towards the carunculae myrtiformes, that there flowed from the orifice of the duct a moderate quantity of thick yellow pus; there was also a well-marked increase of volume in the part. This condition remaining unchanged for several days, the author injected a solution of nitrate of silver into the gland by means of one of Anel's syringes. No improvement ensuing after a fair trial, the orifice of the duct was cauterised by the tincture of iodine, applied by means of a fine bougie. This plan was continued for four days; the discharge became gradually less, and the patient was discharged cured 25 days after her admission.

A girl, named D—, had been living in a reception-house at Chartres 15 days. She came from the environs of Rambouillet. A soldier pointed her out shortly as having infected him with blennorrhagia, when she was subjected to examination, and found to be suffering from this inflammatory condition of the vulvo-vaginal gland. After a visit of a fortnight to the Hospital, during which time she was subjected to proper treatment, she was dismissed cured. Several other similar cases are recorded, from the consideration of which the author arrives at the following conclusions:—

1. Blennorrhagia of the duct of the vulvo-vaginal gland is more common among young prostitutes who have just commenced their mode of life, than among those who have been long accustomed to it. All the cases recorded by the author were those of



young women who had recently been admitted into the receiving-houses.

2. This form of blenorhagia mostly affects the left side. Out of eight patients, the left gland was affected in six cases. The orifice of the duct is more easily observed on this side. The reason for this preference is not clear; for one cannot accept the explanation of Huguier, that it is due to pressure upon the left iliac vessels by the sigmoid flexure of the colon distended by feces.

3. It is written by authors who have treated of abscess of the labia-majora, that excess of coitus is often a cause of the malady. This statement is verified by the fact, that the house frequented the greater number of the cases related in Dr. Salmon's paper was much frequented, and its inmates, mostly young, were subjected to frequent and daily intercourse.

4. Blenorhagia of the duct of the vulvo-vaginal gland is very common. It may exist without the coincidence of blenorhagia of the urethra and vagina; it becomes the cause of an analogous affection in men. Eight clear cases in verification of this statement have been witnessed in the town of Chartres. In all, this form of blenorhagia of the female existed alone; in two cases, attention was first directed to the girl by the complaint of the men who had become infected.

5. It is most important that Medical men should turn their attention to this point in the examination of females.

6. The signs by which the disease may be known are derived from examination only. The woman experiences no inconvenience, nor does she think that she needs Medical aid. Moreover, she may, if she please, conceal her disease, by making water, or by using as an injection a strong solution of alum, shortly before the visit of the Inspector. This discharge of pus may be easily overlooked, owing to the narrowness of the duct. It is necessary that the Surgeon should first make moderate pressure of the labia against the rami of the ischia, by the thumb applied in front of the anus, that it may be ascertained whether the gland be tumefied. In the natural state, it cannot be detected by the touch; if swollen, it feels like a rounded body, the size of a nut, or larger. Firmer pressure made against the ischium from within will cause the contents to escape. The normally constituted fluid is thick and clear, and appears at the extremity of the duct in not larger quantity than a drop or two. The fluid from the inflamed gland is either thick, more abundant, and mixed with mucus, when the girl should be put under surveillance; or yellow and puriform, when she should be removed to an Hospital.

7. The treatment resembles that of blenorhagia in other situations. The result is much more rapid. Absolute rest; injections of nitrate of silver, with Anel's syringe; cauterisation with the tincture of iodine; baths. The duration is about twenty days.—*L'Union Médicale*, Dec. 2, 1854.

#### ABSCCESS OF THE FOREARM TERMINATED BY THE APPEARANCE OF PURIFORM MATTER IN THE URINE.

By M. GUERRA.

The question of humoral metastases is one of the most obscure in modern Medicine. It need not be observed, that, during the reign of solidism, these phenomena were expunged from our systems of nosology. At the present time, when eclecticism has penetrated into Medical science, it is interesting to collect the facts which seem to depart from ordinary laws, and to subject them to examination. A pork-butcher was struck, while engaged in his business, by a piece of bone, on the index-finger of the left hand, at the junction of the first phalanx with the metacarpal bone. Some bleeding took place from the wound, which the man covered with the powder of tobacco. Two days afterwards, the wound became painful; swelling and pain extended up the forearm. The patient used hot fomentations, but without any result. The Surgeon who was then requested to see him found the limb so much inflamed, that he directed the application of leeches and poultices. He also ordered low diet, purgatives, and repose. In spite of this treatment, a vast abscess formed. The Surgeon decided upon opening it, waiting only till the pus should be well formed, when, upon arriving one morning, he remarked that the abscess was greatly diminished in size, and reduced to an insignificant extent. At the same time he was shown two chamber-pots full of urine, mixed with an opaque white matter, of the density of albumen, and in every respect resembling pus. The patient said that this substance had been passed by him during the whole afternoon of the preceding day, and during the night; that it had been preceded by an indescribable sensation, very oppressive, of general uneasiness

and of augmentation of fever. The Surgeon opened the little purulent collection in the arm with the bistoury, and had the pleasure of witnessing the perfect and rapid recovery of his patient.—*Il Raccoglitore Medico di Fano*, 1854.

## PROVINCIAL CORRESPONDENCE.

### SCOTLAND.

EDINBURGH, Dec. 16, 1854.

In my letter of last Saturday, I communicated to you what was then a prevalent *on dit*, viz., that Mr. Struthers was to succeed Dr. Bennet as Editor of the *Edinburgh Monthly Journal*. This arrangement, if it ever was contemplated at all, is now at an end, and the *Journal* continues under the superintendence of its present Editor.

Nothing of note has occurred since my last, if I except a celebrated

#### MESMERIC MEETING,

which was assembled in the Philosophical Institution here, for the purpose of affording to two itinerant quack doctors who practise mesmerism an opportunity of exhibiting their alleged cures.

Your many readers who are Graduates of this University will hear with shame and indignation that a meeting so disreputable in every point of view was presided over by

DR. GREGORY,

the Professor of Chemistry!!

Among the alleged cases of cure by mesmerism was one of a boy in the last stage of consumption. However, the Professional attendant of this youth was present, and gave the story the flattest possible contradiction. After considerable excitement, the Professor of Chemistry and Fellow of the Royal College of Physicians of Edinburgh felt himself constrained to declare that even he did not believe that mesmerism was capable of curing an advanced case of phthisis.

#### ROYAL SOCIETY.

Next Monday is expected to be a field-day in this Society, as Dr. Fleming, Professor of Geology in the Free Church College, has intimated his intention of reading a paper upsetting the existing theories in regard to the formation of trap-rock.

It is most probable that his views will not be allowed to pass unchallenged; and the Doctor is a capital debater, as those who heard him at the Edinburgh meeting of the British Association cannot have forgotten.

## GENERAL CORRESPONDENCE.

### ARMY MEDICAL DEPARTMENT.

[To the Editor of the Medical Times and Gazette.]

SIR,—From the warm interest you evidently take in the military branch of our common Profession, and the just and sensible remarks you have made on that unjust and ungrateful order of Lord Raglan's reflecting on our Medical brethren in the East, I feel no hesitation in writing you a few lines on this subject.

Parliament has met. Have we no one in the House sufficiently interested in us to ask for an explanation of that order, and the grounds on which the General Commanding stigmatised the Department, and thus tended to prejudice it in the eyes of the public? Was there any motive, and what?

I am unwilling to suspect any one of improper motives; but, without some such suspicion, it is difficult to account for so uncalled for an order.

There are influential departments at the elbow of, and in direct communication with, the Commander of our army, who would no doubt be very glad to get the Medical Department to bear the odium of their shortcomings and omissions; and perhaps you are aware that the Head of the Medical department of an army cannot communicate direct with the General commanding. It must be through the Adjutant-General or Quartermaster-General, according to the subject of communication.

I know from experience the difficulties Medical officers have to contend with on service, and it always will be so while they are



in their present helpless condition. All remonstrances must go through the military authorities,—the very parties that these remonstrances too often involve.

There are several other, in fact, many, ways in which the Department has injustice done to it. For instance, we hear, on all hands, that the Department has been largely increased; but how? By the addition of about 140 Assistant-Surgeons and Acting Assistant-Surgeons, with scarcely any increase in the higher ranks—only 10 First Staff-Surgeons and 16 Second Staff-Surgeons. Had the fair proportion been carried to the higher ranks, there would be about 24 more First Staff-Surgeons and 32 additional Second Staff-Surgeons—in all 56.

Would this number (added to the two most important ranks in the Department) not add to its efficiency? Yes; but it would also add to the expense. There is not only a want (and, I believe, a great want) of senior Medical officers in Turkey; but, to make up for the additional First Staff-Surgeons that must be there, several death vacancies have not been filled up; and at this moment Hong-Kong and Mauritius are without a principal Medical officer.

I am quite sure Dr. Smith is not to blame; for every one knows the difficulties he has to contend with; and he cannot control the War Office Authorities, who generally begin their cheseparing with the Doctors.

Another injustice was done us the other day. On the 6th of October a Royal warrant was published, allowing officers to retire, after twenty-one years' service, on the full pay of the rank held, and with a step of Army rank—that is to say, a Major who serves twenty-one years can retire on 16s. a-day, with the rank of Lieutenant-Colonel; and, supposing he enters the service at 17, he will be 38.

The Doctor enters at 23, and cannot retire till he has completed twenty-five years' full pay, which will make him 48, and then, probably, on 13s. a-day, his pay while serving being, after twenty-five years, 1l. 2s.; for, supposing, after twenty-three years' service, he get a Staff-Surgeoncy, and wants to retire at the end of his twenty-five years, he will be told that he cannot retire as a Staff-Surgeon, not having served three years as such. In the case of the military officer, he need not serve three days to get the benefit of the rank he actually holds.

Again, why should the pension to the widows of the Medical officers be so much smaller than that given to the widows of military officers. A Deputy Inspector-General is said to rank with a Lieutenant-Colonel; if he is killed in action, his widow gets 90l. a-year; a Lieutenant-Colonel's, 200l.; a Major's gets 120l.; a Staff-Surgeon's, 70l. I am quite sure the public do not know these things, or they would not grudge the widow of the hard-worked Medical officer as liberal a pension as is given to the widow of the Executor. It will not do to say, that the military officers spend large sums in their promotion; many get it without. And one word more. There are a large number of officers receiving good-service pensions—some 100l., some 200l. a-year; but during my service—seventeen years—I have never heard of one being given to a Medical officer. I am quite sure many are as deserving as those who have got them. There is no difference made between the widow of the officer who has purchased, and the one who has not.

If you should make any use of what I have written, pray do not disclose the source of your information, for it does one no good to be known as an agitator.

I am, &c. A STAFF-SURGEON.

### THE STARCHED APPARATUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—As Mr. J. Z. Lawrence has questioned the efficacy of my apparatus, I cannot allow his letter to pass without a few words in reply. In the early part of his communication, having recorded a most unfortunate case, he says:—"I have thought proper to publish this case from the conviction that it is not by a report of selected cases, intended to advocate any particular plan of treatment, that this latter is advanced, but only by a fair and open recital both of the lights and shadows that it is ever likely to gain confidence." He ought, therefore, to have exercised extreme caution in selecting his cases to "advocate a particular plan," and have fairly and openly recited their "lights" as well as their shadows. After condemning the starched apparatus in oblique fractures of the femur, he says in the last paragraph but one:—"It is in fractures of the leg that the starched bandage finds its most advantageous application; indeed, I have no hesitation in saying, it is un-

equalled by any other form of retentive apparatus." A half-imbecile old man was brought into the ward with a severe comminuted fracture of the tibia and a simple fracture of the fibula. He was treated successively with three different splints, viz., Mr. Winchester's, M'Intyres, and the fracture-box. Not one was equal to keeping the fragments in quiet apposition; and from the continued irritation, the man got into a most dangerous typhoid condition, when the starched apparatus was applied. Now, be it mere coincidence or not, he recovered without a bad symptom, and was discharged with the fragments united by a large firm callus."

Now, having given the "shadows," it would have been but "fair and open" to have given some "lights" also, in the shape of a few particulars, before uttering such a sweeping condemnation of these "different splints." I will, therefore, supply the deficiency as regards my own apparatus, and state what I know of the case of this imbecile old man. It is not likely that this, the first, and, so far as I am aware, only application of my apparatus in University College Hospital, would easily escape my memory. I happened to enter the ward just as the House-Surgeon had finished his examination of the case; and seeing at once the nature and severity of it, eagerly embraced the opportunity of testing my apparatus, being convinced of its value in such cases. It was applied, and immediately; although only retained by a few straps, the limb could be raised *en masse*, and moved in any direction, without displacement or the slightest inconvenience to the patient. All went on well for the first two or three days, the splint retaining its power over the limb, preserving perfect apposition. To my surprise, on visiting him one morning, I found displacement had taken place, and the apparatus in a disordered state. On inquiry, the nurse told me that he had been exceedingly restless and almost unmanageable during the night, so much so, that she was obliged to call the House-Surgeon to him, who, on loosening the splint, found it broken. Such was the case, for on removing the apparatus, I found the ankle-piece, from being made of too slight material, broken completely in two. This surely cannot be put down to the fault of the apparatus, but to the fault of the maker.(a) It was not again applied. I am confident, however, if this had not occurred, a much better limb would have been turned out than was subsequently the case by the starched bandage.

Notwithstanding this omission, however, there is also the suppression of a very important fact which will throw some light on the cause of the restlessness of the patient, and the "continued irritation" from which "the man got into a most dangerous typhoid condition." For several days after his admission, this old man passed not a drop of urine; but as soon as this was discovered, and the over-distended bladder relieved by the use of the catheter, the "continued irritation and most dangerous typhoid condition" subsided, "when the starched apparatus was applied;" and "be it mere coincidence or not, he recovered without a bad symptom, and was discharged with the fragments united by a large firm callus." I cannot, therefore, admit, that Mr. J. Z. Lawrence's experience in the use of my apparatus enables him to give an opinion either for or against its merits; but if any opinion can be formed from the cases he has narrated, it goes to prove much more against than in favour of the starched apparatus. He admits that in fractures of the upper extremity, it can possess but little advantages, but rather "great disadvantages." That in oblique fractures of the femur it was useless and abandoned. In the case of the child, it nearly cost it its life, and nearer the loss of the limb; but the parents non-consenting, "proved themselves the better judges," and it ultimately ended in permanent deformity. In another case, it produced a knee-joint "as stiff as cast iron." In the case of the woman with fracture of both thighs, they "had consolidated with very large, strong provisional calli;" and in the old man's case by a "large firm callus;" and, finally, a case of fractured patella "turned out very badly."

With this formidable list of dire results, which have occurred in Mr. J. Z. Lawrence's experience, how is it possible the starched bandage can gain confidence. I admit that it is a valuable adjunct in the treatment of fractures, but object to its indiscriminate and too early application. Its use is not new in University College Hospital; and I am sure facts will prove that as many successful cases were discharged, under Messrs. Samuel Cooper, Liston, Quain, and Erichsen, when its partial application was adopted, as now by its indiscriminate use. The starch and sole-leather splints, used in Liston's time, for fractures and diseased hip-joints, were perfect specimens of ingenious manipu-

(a) The splint in question was not made by the present maker, Mr. Weiss.



lation, appearing more like the productions of experienced mechanics than of incipient Surgeons.

My objection to the starched apparatus, as at present used, is, that it is applied and moulded to the deformed limb; for however nicely it may be adjusted previously, yet, during the manipulation, displacement cannot be prevented, so that whatever position the parts are in, so they must remain. It is admitted now, that if the parts are brought and retained in exact apposition, there is little or no provisional callus, its amount depending on the degree of displacement. Mr. Paget goes so far as to say, that in the human subject there is no provisional callus formed, except in the ribs, which are always in motion; and, therefore, the large, "firm, and strong calli," of the above cases must be simply proofs of displacement.

Allow me to say, that the merit of my apparatus must rest on the principle which its peculiar construction is intended to carry out, viz., that, being moulded to the sound limb, it gives perfect support to the injured one, preserving its natural form, and affording an unerring guide, by which the junior or inexperienced Surgeon can treat with as much certainty and success as the experienced Surgeon; any case which may come under his care.

Its use, therefore, would enhance the value of the starched bandage tenfold. I am confident my compound fracture apparatus would be used with the greatest advantage in the public service at the present time.

By inserting this in the next number of your valuable Journal you will greatly oblige me.

I am, &c. W. H. WINCHESTER.

14, Westbourne Terrace Road, Dec. 18, 1854.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DEC. 12, 1854.

Dr. COPELAND, President, in the Chair.

A paper was read on

#### DISLOCATION OF THE FEMUR UPWARDS BENEATH THE CRURAL ARCH.

By WILLIAM CADGE, Esq., Norwich.

The author related the particulars of the dissection of a dislocated hip, in which the femur was thrown upwards beneath the crural arch, where the head of the bone had become surrounded by a complete and perfect bony capsule, which was of such an extent as to hold it firmly *in situ*. The history of the case is given in full by Mr. B. Travers, jun., in a paper published in the 20th Volume of the Society's "Transactions," and this last communication, therefore, renders the whole case complete. This form of dislocation of the femur does not precisely correspond with any of the four described by Sir A. Cooper, and the author proposes substituting for the term "dislocation of the pubes," the more general term of "dislocation upwards and forwards," or dislocation beneath the crural arch. The author thinks that Sir A. Cooper's limit of eight weeks for the attempt to replace a dislocated femur is too restricted. Dupuytren succeeded in reducing a dislocated hip on the ninety-ninth day. The paper was accompanied by some drawings, and by the preparation, of great value and interest.

Mr. Quain said, it was important to consider at what time the reduction of such a dislocation might be safely effected. He had not himself reduced dislocation of the hip at a very advanced period, but he had reduced a dislocation of the shoulder at the end of eleven weeks. Mr. Travers, he believed, in his report of the case mentioned by Mr. Cadge, stated, that, when he saw it, the head of the bone could not be felt, in consequence of something which encased it; if so, that would, he thought, determine whether the attempt was justifiable. He wished to ask Mr. Travers if such was his statement.

Mr. Travers said, he thought he had stated that the head of the bone could not be felt, but that a tolerably accurate guess might be made as to where it was placed, and that the general appearance of the limb was that of being slung or suspended. He thought it possible that after he saw the case there might be a further deposit of bone. He (Mr. Travers) believed that there were six dislocations of the hip-joint with reference to the acetabulum as a centre. He had reduced a dislocation of the

shoulder-joint at ten weeks, and his father had reduced it after a longer interval. He believed the attempt was justifiable in the case of the shoulder at ten or eleven weeks, if the case was clear in its history, and in the manipulation of the parts. In regard to the hip, he would not make the attempt after two months.

A paper was then read on

#### A PLASTIC OPERATION FOR THE RESTORATION OF THE LOWER LIP.

By E. P. TEALE, Esq., Surgeon to the Leeds General Infirmary.

(Communicated by WILLIAM BOWMAN, Esq., F.R.S.)

The special operation consists in the formation of two lateral flaps from the everted lip and neighbouring portions of the cheeks, and uniting them in the mesial line, above the central portion of the base of the everted lip; or, in other words, in building up a new lip upon the base of the old one. Two vertical incisions, about three quarters of an inch in extent, are made through the everted lip down to the bone, leaving between them the central portion of the lip, of an extent equal to half the distance from one angle of the mouth to the other. From the lower end of each of these the knife is carried in a curving direction upwards and outwards, so as to terminate about one inch from the angle of the mouth, opposite the second molar tooth of the upper jaw. The two flaps thus marked out are detached from their connexions with the bone, the mucous membrane uniting them to the alveoli being freely divided. Lastly, a bare surface is made along the upper border of the central portion of the everted lip by a transverse line of incision near the junction of the lip with the alveoli. The lateral flaps are then united by twisted suture, and two or three interrupted sutures to each other in the median line and to the central portion of the lip below. The paper was accompanied by several well-executed diagrams.

Mr. Fergusson said, that the process of transplanting portions of healthy skin appeared to have been carried out most fully in America. He had on several occasions resorted to that method, but he certainly had not on those occasions been so greatly impressed with its advantages as he had been in reading descriptions of operations performed at a distance, and not under his own personal observation. The operations described by Mr. Teale had been of a two-fold character, having regard, first, to the movement of the neck, and, secondly, to the condition of the lower lip. He could not but admire the result of the operations; but he begged to suggest whether one operation might not suffice instead of two. It was stated in the paper, that the transplanted portion of skin had been observed to extend in the course of time; but it appeared to him (Mr. Fergusson) that, at first at least, it considerably diminished. One of the flaps was said to be  $2\frac{1}{2}$  inches in breadth; and he had little doubt that it would contract three-quarters of an inch or an inch, and would require some stretching process to bring it to its original size. The skin, when adhering to the neighbouring parts, might be capable of extension, but that extension was not usually sufficient to satisfy the Surgeon; and, after the movements of the neck had been treated, a further operation was required for the comfort of the patient. It was a nice question whether the chief complaint of the patient was the stiffness of the neck or the condition of the lower lip, which permitted the saliva to flow from the mouth, to the annoyance of the surface below. The latter appeared to him to constitute the chief annoyance and distress, and to it he thought the chief attention of the Surgeon should be directed. Reference had not been made to the importance of keeping the parts constantly extended while undergoing the process of healing. The tissues were very liable to contraction; and, where that could be properly counteracted, the result would be far more favourable to the patient than it could otherwise be. Even where contraction had taken place to a distressing extent, the tissues had been divided and held in a more desirable position, and cicatrization had taken place over the granulations formed in the site of the wound, the result being a much less deformity than had previously existed. In several cases under his care he had paid comparatively little attention to the condition of the neck, but had simply turned the lip up into its natural position, after freeing it by dissection, and brought the parts in apposition, as if there had been no malformation. By that means the mouth had been restored almost to its pristine condition, while the neck was greatly improved.

Mr. Holmes Coote, in the absence of the author, vindicated the mode of operation described in the paper, and drew attention to the diagrams, as exhibiting an incontestable proof of its great utility.



A paper was read on a

### CASE OF COMPLETE DISLOCATION BACKWARDS OF THE TIBIA AT THE KNEE-JOINT.

By CHARLES ROBERT THOMPSON, Esq., M.R.C.S.

[Communicated by J. A. KINGDON, Esq.]

The patient, a muscular man, fell over a wall, while drunk, and running from pursuit. The tibia and fibula were thrown backwards into the popliteal space, where there was considerable ecchymosis. Patella immovable; foot and shaft of tibia slightly inverted; shortening to one inch and a-quarter. The tibial arteries pulsated. He was unable to raise the heel from the bed; no crepitus. The dislocation was reduced by forcibly flexing the limb; and the author remarks that Mr. Vincent is the only author who has recommended this plan. There was difficulty in keeping the bones in place, as the tibia has a constant tendency to slip backwards. Recovery ultimately perfect.

Dr. Ogier Ward stated, that a patient of his had met with a similar accident, with fracture of the patella, and that he had effectually reduced the dislocation.

Mr. Holmes Coote said, that the accident described in the paper was a very rare one, there being not more than about half a-dozen cases on record. He had only succeeded once in such a reduction. The tibia and fibula were thrown forwards in front of the femur, and the shortening was above two inches. The reduction was easily effected, because there were no muscles to oppose it.

Mr. Norman recommended the application of the starch or dextrine splint in cases where there was a tendency to displacement. He had treated several cases from the first with that apparatus; and he had no doubt that its use would obviate some of the difficulties experienced by Mr. Thompson.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF LORDS, FRIDAY, DEC. 15.

The Duke of Newcastle, in proposing votes of thanks to the Army in the East, referred to the Medical service in terms which will be found in a Leading Article.

### HOUSE OF COMMONS, FRIDAY, DEC. 15.

#### ADULTERATION OF FOOD.

Mr. Scholefield gave notice that, after the recess, he should move for a Select Committee to inquire into the practice of adulterating articles of food.

#### MONDAY, DEC. 18.

Mr. H. Brown presented a Petition from the Militia Surgeons of Great Britain and Ireland, by their Chairman, stating that, when their regiments were called out, they would be compelled to resign all the emoluments of private practice, and praying for an arrangement to be made to allow them a reasonable amount of permanent pay when the regiments should be disembodied.

Mr. Brady called the attention of the House to the position of the Medical officers of the militia, who might be sent to one or other of the Colonies, and kept there for two or three years, and then sent home without any compensation save what they would derive from their pay. Great injustice would be done to these men if they were not placed on the permanent staff. The Medical officers of the militia were men of high standing in their Profession, but they were not like the officers, generally speaking, men of property, and he hoped care would be taken to secure them due compensation for their services. (Hear, hear.)

[The justice of these requirements is so obvious, that we presume they will not be disputed.—Ed.]

### RESULTS OF THE CHOLERA EPIDEMIC—1854.

The cholera in 1848-49 (fifteen months) was fatal to 14,593 persons; in the last epidemic, extending from August, 1853, to November, 1854 (sixteen months), 11,495 persons fell victims. Allowing for increase of population, the deaths to every 10,000 living give an average of 64 in the former, and 46 in the latter. By cholera and diarrhoea together the deaths were in—

1848—49	...	18,431	...	81 in 10,000.
1853—54	...	15,762	...	63 "

The total mortality from all causes from the week ending Jan. 7 to Dec. 9, has been 69,598, distributed in ages as follows:—

0 to 15	...	...	...	32,599
15 to 60	...	...	...	23,761
60 and upwards	...	...	...	12,722

In 1853 the deaths for the same period were 56,789, in ages as follow:—

0 to 15	...	...	...	26,372
15 to 60	...	...	...	18,572
60 and upwards	...	...	...	11,508

The excess of mortality in 1854 is therefore 12,809, of which cholera supplies 10,701. The mortality from all causes in 1849 was 68,432, of which 14,125 consisted of cholera cases, leaving for all other causes 54,307. The deaths by cholera in 1854, distributed into 3 ages, are as follow:—

0 to 15	...	...	...	3263
15 to 60	...	...	...	5998
60 and upwards	...	...	...	1454

In 1849 the numbers were as follow:—

0 to 15	...	...	...	4112
15 to 60	...	...	...	8305
60 and upwards	...	...	...	2167

Thus the mortality was, according to population:—

		1854.	1849.
0 to 15	1 in ...	527	413
15 to 60	" ...	321	232
60 and upwards	" ...	137	91

While the following was the proportion of deaths at the same ages from all causes:—

		1854.	1849.
0 to 15	1 in ...	52	56
15 to 60	" ...	81	77
60 and upwards	" ...	16	15

In 47 weeks of the year 1854, the deaths from cholera occurred in the several districts as follow, compared with 1849:—

	Elevation above High-Water Mark.	Persons to an Acre.	Population 1851.	Deaths from Cholera.	Deaths to every 10,000.	Deaths in 59 Weeks, from Oct. 1, 1848.
West Districts	30	35	376,427	2042	53	1258
North "	86	36	490,396	772	16	965
Central "	50	203	398,256	638	16	1739
East "	31	78	485,522	1510	31	3218
South "	8	14	616,635	5793	93	7048
All London	39	30	2,362,236	10,745	45	14,588

These facts lead us to a consideration of the cause or causes of such a disparity between the districts—two (the North and Central) suffering a mortality of only 16 in 10,000 living, while the South has 93 of every 10,000 cut off by the disease. In the Report on Cholera in 1849, by the Registrar-General, it is said, that the elevation of the soil in London has a more constant relation with the mortality from cholera than any other known element—the mortality being in the inverse ratio of the elevation; and so exactly has this been verified in the present epidemic, that a scale of premium might safely have been drawn out in 1849 to rule in 1854 to the following effect:—For a person of average condition, dwelling under 20 feet of elevation, the premium to insure 1000*l.* would be 12*l.*; while for those living at from 100 to 350 feet elevation the Life Office would be secure with a 2*l.* premium. But the following facts, worked out by the Registrar-General, show distinctly the inverse relation that the mortality of cholera bears to the elevation of the ground:—

182,560 of the people of London in 1851 lived upon sub-districts covering 2849 acres of the marsh ground, ranging from 3 feet below to 1 foot above the high-water mark; 2693 died there of cholera in 1849, and 2227 in 1854, or 4920 in the two epidemics.

263,914 of the population, in sub-districts on 13,146 acres of ground of 80 feet of elevation and upwards, lost 398 persons by cholera in 1849, and 272 in 1854, or 670 in the two epidemics.

12,824 persons died of cholera in the two years 1849 and 1854 on the 18,429 acres of low ground under 10 feet of elevation, out of a population of 595,119; while in the same years, out of



the more numerous population, 682,705 persons, living on 21,909 acres of the higher ground of 60 feet and upwards, only 2949 persons died of cholera, including all the deaths in the district of St. James.

On the lowest ground, taking the mean of the two epidemics, *thirteen* in 1000 of the population,—on the highest ground *one* in 1000 of the population,—were destroyed by cholera.

At the intermediate stages of elevation was the danger of dying by cholera intermediate? To solve this important question, as regarded the epidemic of 1849, London was first sub-divided into terraces differing 20 feet in elevation; and if the same course is pursued now, it is found that in the two epidemic years 15,562 persons died of cholera on the first terrace, under 20 feet of elevation; 3757 on the second terrace of ground, 20 and under 40 feet high; 2301 on the third terrace, 40 and under 60 feet; 2279 on the fourth terrace, 60 to 80 feet high; 392 on the fifth terrace, 80 to 100 feet; 278 on the higher terraces of 100 feet up to 350 feet. The population was 850,000 on the lowest terrace; and about equal, or 400,000, on the second, the third, and the fourth terraces; while it was 142,000 on the fifth, and 121,000 on the higher terrace or terraces.

#### Effects of the Water Supply.

Table of Deaths from Cholera in the Eleven Districts of London on the South Side of the Thames, distinguishing the Deaths in Houses supplied with Water by Three Water Companies, or by Wells, Pumps, etc. :—

DISTRICTS.	DEATHS FROM CHOLERA.		Deaths in Houses supplied with Water by—							Source of Supply unascertained.
	1849. (Year).	1854. (17 Weeks).	TOTAL DEATHS investigated in 1854.	Deaths in Houses supplied with Water by—						
				Southwark Company.	Lambeth Company.	Kent Company.	Wells, Rivers, and other Sources.	Source of Supply unascertained.		
St. Saviour, Southwark	539	491	341	280	59	...	...	2		
St. Olave, Southwark	349	313	209	186	...	...	?	23		
Bermondsey	734	846	555	555	...	...	?	...		
St. George, Southwark	836	543	386	254	79	...	...	53		
Newington	907	694	525	303	47	...	1	174		
Lambeth	1618	935	684	349	95	...	9	231		
Wandsworth.	484	421	325	206	6	...	73	40		
Camberwell	504	549	352	167	24	...	102	48		
Rotherhithe	352	283	180	139	...	9	2	30		
Greenwich	718	563	441	4	...	161	85	191		
Lewisham	96	81	61	...	3	15	12	31		
Total	7137	5719	4059	2443	313	196	284	823		

It is an act of simple justice to observe, that works are now in progress for procuring better water for Southwark and the rest

of London; but the history of 1854 should read an impressive lesson to our legislators not to be too chary of interfering with vested rights when so much is at stake. In connexion with the subject of water supply, some interesting facts are deducible from the Table at p. 652, showing the temperature of the Thames for each week, the horizontal movement of the air, and the deaths from cholera.

The following Table is also valuable as elucidating this subject.

Name of Company.	Years.	Mortality by Cholera to Every 10,000 Inhabitants.						
		80 feet and upwards	60 to 80 Feet.	40 to 60 Feet.	20 to 40 Feet.	10 to 20 Feet.	3 to 10 Feet.	Under 3 Feet.
New River	{ 1849 1854	(4) 18 10	(14) 25 29	(17) 42 13	(3) 72 27	(2) 73 51	..	..
Hampstead	{ 1849 1854	(2) 16 8	(1) 26 11	..	..	..	..	..
East London	{ 1849 1854	..	(1) 23 16	(4) 46 13	(13) 60 31	(4) 67 49	(2) 75 46	(1) 59 30
Grand Junction	{ 1849 1854	(1) 7 17	(3) 14 59	(2) 14 20	..	..	(2) 22 68	..
West Middlesex	{ 1849 1854	(3) 11 11	(3) 20 22	..	(1) 33 49	(1) 18 30	(3) 31 71	..
Chelsea	{ 1849 1854	..	..	..	..	(3) 38 47	(1) 72 77	(1) 62 51
Southwark	{ 1849 1854	..	(1) 171 17	..	(1) 70 103	(3) 59 38	(2) 119 149	(3) 155 175
Southwark and Lambeth	{ 1849 1854	(2) 8 26	..	(1) 55 36	..	..	(6) 114 121	(12) 149 90
Kent and Southwark	{ 1849 1854	..	..	(1) 41 19	..	(2) 112 60	(3) 60 113	(1) 198 159
Wells, Pumps, and other sources	{ 1849 1854	..	(1) 6 ..	..	..	(1) 62 48	..	..

NOTE.—The small figures of this Table represent the number of sub-districts at each elevation supplied by the respective Companies.

In 1832, Exeter, which suffered severely from cholera in that year, was supplied with water taken from the streams of the Exc, into which the sewers emptied themselves; but afterwards water-works were established on the river two miles above the tidal range. In 3 months of 1832, cholera destroyed 347 lives in Exeter; in 1849, it was only fatal to 44 persons, and many of these strangers. Such facts, and many others which might be adduced, naturally led to inquiry as to the water-supply of London. Besides the supply from wells, pumps, and streams, nine water-companies pumped, on an average, 60,614,420 gallons of water into 302,428 houses and manufactories daily, during 1853. The evidence adduced to Parliament clearly set forth grounds for the most serious apprehension if the existing plan of supply were continued intact, and hence an Act (15 and 16 Vict. cap. lxxxiv.) was obtained by Government in 1852, "to make better provision respecting the supply of water to the Metropolis." But far too long a period was allowed the Companies for the work required of them—viz., to the 31st of August, 1855—and the delay has had its full result in the epidemic of 1854. With the facts even then before Parliament, it was clear that it must be Vested Interests *v.* Life; and it was a most fatal mistake which allowed the Southwark Company, by Act of Parliament, to pump its lethal waters into the home reservoirs of London's inhabitants, already suffering under the injurious influences of low elevation. The following are some of the facts as they now appear in connexion with the cholera and the water-supply in 1854. The Registrar-General says :—



"It is evident, that in the general character of the houses, the means of the householders, the density of the population, and the elevation of their dwellings, the difference is not considerable. The water supply is the chief element in which there is an evident difference; one class of houses is now supplied by water from Ditton, the other by water which the Southwark Company draws from Battersea, where the Thames is contaminated by the London sewage. And what is the result? In the 26,107 houses that derived the water from Ditton, 313 deaths from cholera occurred in ten weeks; in the 40,046 houses that received the impure water from Battersea, 2443 persons it was ascertained died from cholera in the same time. The deaths in the latter districts exceeded by nearly 2000 the deaths that would have occurred if cholera had only been as fatal as it was in the houses that derived their water from Ditton. Amid all fluctuations, the balance of mortality is heaviest in every district and in every week against the impure water. Thus in St.

Saviour, Southwark, 280 of the deaths by cholera were in houses supplied by the Battersea water, 59 in houses supplied with the Ditton water. In the week ending September 2, the proportions were 58 to 11; in the week ending October 14 they were 9 to 1. In St. George, Southwark, 254 persons died of cholera in houses that were supplied with water from Battersea, 79 in houses that were supplied with water from Ditton; the proportions were 303 to 47 in Newington, 349 to 95 in Lambeth, 206 to 6 in Wandsworth and Clapham, 167 to 24 in Camberwell; and so the proportions ran week after week. And it will be observed that in Bermondsey, which is not entered by the Lambeth Company, 734 persons died by cholera in 1849, and 846 in 1854; while in Lambeth, which was wholly supplied with impure water in 1849, the deaths in that year by cholera were 1618, while in 1854, when it was partially supplied by a comparatively purer water, the deaths by cholera were only 935, of which about four-fifths were in houses that received impure water."

Table showing the Temperature of the Thames for each Week, the Horizontal Movement of the Air, and the Deaths from Cholera.

WEEKS.	1849.				1850.				1851.				1852.				1853.				1854.			
	Highest.	Lowest.	Hor. Mov. of Air.	Cholera.	Highest.	Lowest.	Hor. Mov. of Air.	Cholera.	Highest.	Lowest.	Hor. Mov. of Air.	Cholera.	Highest.	Lowest.	Hor. Mov. of Air.	Cholera.	Highest.	Lowest.	Hor. Mov. of Air.	Cholera.	Highest.	Lowest.	Hor. Mov. of Air.	Cholera.
1	37.7	34.3	535	61	33.5	30.4	639	1	43.2	38.9	1320	1	41.2	38.9	425	3	48.1	43.8	1545	—	33.4	32.6	650	2
2	38.0	36.0	1580	94	33.0	30.3	375	—	44.2	40.2	500	—	39.8	37.5	1465	—	—	44.1	970	—	35.5	35.2	565	2
3	43.9	42.3	1340	62	31.7	29.7	800	—	44.2	40.5	1230	1	43.2	40.9	1030	2	—	42.7	1300	—	40.2	39.9	535	1
4	45.9	44.8	2215	45	34.0	31.8	905	—	42.2	38.8	755	—	43.2	40.4	1195	1	—	40.9	840	—	43.3	42.0	1085	—
5	42.5	40.9	820	37	38.6	34.8	1355	2	40.5	37.0	815	—	41.3	40.0	940	1	40.6	39.4	320	2	45.5	43.4	915	1
6	44.8	42.7	1000	55	42.5	39.4	1763	—	40.6	36.8	1050	—	45.8	43.0	1045	2	39.9	39.9	270	—	44.6	42.2	1270	1
7	43.7	42.5	555	49	40.8	37.6	1445	—	41.7	38.0	180	—	43.9	41.2	150	1	39.5	39.2	620	—	40.7	38.7	1080	—
8	44.7	43.1	1440	40	44.7	41.4	1015	—	42.8	39.0	830	—	41.8	38.5	1260	3	37.5	35.7	540	—	40.6	39.3	810	—
9	44.0	42.5	—	35	44.4	41.5	395	1	43.2	39.6	435	—	39.9	37.4	790	—	36.1	34.9	895	1	42.8	41.1	375	—
10	46.5	44.2	Instrument out of order.	15	44.9	41.9	380	—	41.3	37.7	495	2	40.0	37.7	650	1	37.1	36.8	385	—	45.0	42.9	810	—
11	45.4	44.0		9	44.1	41.0	435	3	41.6	38.1	480	1	41.0	38.8	775	1	44.1	42.4	345	—	49.3	46.4	620	—
12	47.4	46.9		10	41.8	38.6	760	1	44.3	40.7	1010	1	42.1	40.2	630	1	45.2	42.6	450	1	47.6	44.5	630	—
13	44.4	42.5		4	39.7	36.5	355	—	47.2	43.8	1245	1	45.0	41.9	565	—	42.1	38.7	315	1	47.7	44.8	535	—
14	48.4	44.9		5	45.3	41.5	—	2	48.2	44.6	720	—	44.6	43.8	800	—	42.8	40.9	780	1	52.9	49.2	305	—
15	48.7	45.9		2	51.3	46.9	540	—	47.2	44.6	670	—	—	45.1	545	1	50.3	48.4	160	1	54.8	51.0	270	2
16	45.6	43.6		1	51.7	48.3	1100	—	49.6	44.6	590	—	—	47.7	595	—	49.2	48.0	545	1	56.0	52.6	505	2
17	48.1	43.3		1	51.5	48.5	655	1	54.2	50.1	510	—	—	47.8	870	1	50.3	48.8	765	1	53.0	49.8	980	—
18	58.1	52.5		4	49.8	47.3	625	—	52.9	49.2	360	—	51.6	49.1	640	—	48.3	45.8	680	—	52.0	49.3	575	—
19	56.7	52.0		3	51.0	47.2	685	—	52.4	48.7	700	—	52.3	50.2	495	—	53.1	51.4	675	—	54.6	51.5	135	—
20	57.2	54.3	935	1	54.1	49.8	560	1	55.1	51.1	465	—	55.5	52.7	1220	—	50.8	48.9	795	—	57.9	54.1	470	2
21	60.5	58.1	510	5	58.2	53.3	780	—	56.8	52.9	520	—	—	56.1	320	—	57.3	54.0	605	—	59.4	56.0	1100	—
22	64.6	62.4	315	9	61.0	57.1	690	—	61.6	55.7	440	—	—	56.1	480	—	61.6	58.8	575	1	59.3	56.1	875	2
23	66.6	64.7	450	22	65.6	61.5	750	2	63.9	60.6	1170	—	—	55.2	575	2	61.1	58.4	620	—	57.8	54.9	825	1
24	63.0	60.7	450	42	64.5	61.1	915	1	62.3	58.5	970	1	58.5	56.3	380	—	61.8	59.1	320	—	59.2	56.0	830	1
25	63.3	61.4	505	49	63.5	59.9	340	—	63.0	59.0	1105	1	60.0	57.2	865	—	64.6	62.1	655	3	62.2	58.5	415	1
26	68.1	65.0	475	124	69.5	64.8	510	2	66.0	62.0	590	1	62.9	60.2	725	2	63.7	61.5	690	—	65.1	61.3	445	—
27	66.0	64.2	440	152	66.0	61.6	1090	1	—	63.5	675	5	64.7	62.3	890	2	64.3	63.4	1310	—	64.2	61.6	410	1
28	70.0	67.4	290	339	63.6	60.3	565	7	—	64.0	810	9	70.9	67.9	220	—	65.6	—	810	3	63.6	60.9	480	5
29	69.6	67.5	705	678	67.9	64.0	330	5	—	—	900	8	73.0	71.0	350	—	66.2	62.8	890	6	65.9	62.5	590	26
30	—	—	720	783	69.0	65.3	625	13	65.0	63.0	660	12	—	69.9	675	4	62.9	61.0	710	9	70.2	66.7	452	133
31	—	—	759	926	65.5	62.3	355	11	65.9	63.8	610	12	71.8	68.7	385	10	64.3	63.2	800	4	67.8	64.6	750	399
32	65.1	63.7	420	823	67.5	63.3	840	15	68.5	66.4	685	16	70.7	67.5	815	16	64.6	—	300	19	64.5	61.7	494	644
33	65.8	63.4	1008	1229	68.2	62.8	670	8	68.0	66.2	510	28	67.1	63.7	980	21	66.2	—	155	10	65.9	62.7	450	729
34	63.6	61.5	310	1272	64.2	60.8	955	5	68.7	67.0	760	19	66.0	62.5	400	15	65.1	—	370	18	65.0	62.3	835	847
35	65.5	62.8	550	1663	62.2	59.4	1070	4	65.5	63.0	1120	28	67.5	64.4	365	18	64.3	—	785	16	66.0	61.9	245	1287
36	65.9	63.3	485	2026	61.1	58.0	410	8	62.9	60.5	605	17	67.9	64.7	490	15	60.8	—	768	7	67.4	63.0	195	2050
37	62.6	59.6	560	1682	59.5	56.4	460	4	62.0	59.6	255	17	66.8	63.9	520	8	59.2	—	420	16	65.0	61.9	755	1549
38	58.9	56.0	335	839	58.7	55.5	605	2	61.1	58.9	530	7	63.4	59.7	295	5	60.3	—	355	29	64.8	62.4	1045	1284
39	58.2	55.7	355	434	58.9	55.8	660	4	59.6	57.4	600	9	59.1	55.8	—	8	59.9	—	625	47	60.7	57.8	240	754
40	57.5	54.7	490	288	57.1	53.9	725	7	57.2	54.9	855	4	56.9	54.8	—	7	56.6	—	890	66	59.1	56.5	775	411
41	52.2	48.7	520	110	53.8	50.6	1250	1	55.9	54.0	955	4	53.8	51.8	475	2	—	—	—	—	57.9	55.3	500	249
42	48.9	45.3	640	41	50.7	47.2	780	4	56.7	54.5	875	1	—	—	420	1	53.5	52.8	205	83	54.2	41.7	785	163
43	52.8	49.9	810	25	49.2	45.5	700	3	56.0	54.3	505	1	49.1	48.7	880	—	52.3	—	865	99	55.1	37.2	470	66
44	52.9	50.0	500	11	46.5	43.7	975	3	53.8	51.4	645	1	48.0	46.2	1395	2	55.9	53.7	670	102	60.2	41.6	545	31
45	49.6	46.8	950	6	48.9	45.4	1375	1	48.3	45.2	650	1	49.7	48.8	1270	2	57.9	50.1	625	98	50.5	35.9	680	23
46	48.3	45.4	835	8	49.0	45.6	835	—	45.7	42.9	360	—	52.2	50.4	1090	—	—	48.3	265	72	47.5	34.9	640	12
47	45.4	42.5	500	2	47.3	44.0	1250	1	41.5	38.4	685	—	48.6	47.0	965	1	—	43.8	280	46	42.7	32.7	660	8
48	42.0	38.3	455	1	46.8	43.0	920	—	39.4	36.8	270	—	46.8	44.7	1165	2	—	40.1	280	28	44.8	33.7	985	7
49	40.9	38.0	695	—	42.6	38.5	490	—	38.4	36.6	225	1	42.7	41.2	—	2	—	40.9	380	13	42.0	41.1	1490	5
50	40.2	37.0	590	—	41.7	38.9	695	2	42.9	39.8	800	2	47.5	45.7	1200	—	43.3	42.1	230	11	42.3	41.0	1450	2
51	43.4	39.6	1250	1	41.8	38.5	940	1	43.4	40.7	430	—	47.9	46.4	1310	—	40.0	38.6	525	10	—	—	—	—
52	36.9	32.6	725	—	37.2	34.5	545	—	44.0	41.2	430	—	45.7	44.5	860	1	36.4	34.4	425	10	—	—	—	—
53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35.1	34.3	220	1	—	—	—	—



# MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 15th inst. :—

BOARD, WALTER, Burnham, Somerset.  
BOULTON, WILLIAM WHITEHEAD, Beverley, Yorkshire.  
BROWNFIELD, MATTHEWS, Milton, Gravesend.  
CHEEK, GEORGE NICHOLAS, H.E.I.C.S., Bengal.  
GRIFFITH, JOHN, Barmouth, North Wales.  
HINTON, JAMES, Clifton, near Bristol.  
MURPHY, JOSEPH BRANVAL, West Ella, near Hull.  
REEVE, EDMUND.  
ROGERS, EDWARD AUGUSTUS, Manchester.  
UTERMARCK, GEORGE, Guernsey.  
WAKEFIELD, HENRY, H.E.I.C.S., Bombay.

The following gentlemen were admitted members on the 18th instant :—

CLAPP, WILLIAM JOHN, Army.  
JOHNSON, YORKE HOBART, St. George's Road, Pimlico.  
KNIPE, JOHN COPELAND, Belturbet, co. Cavan.  
PESKETT, FREDERICK WILLIAMS, Army.  
PHILPOT, HARVEY JOHN, Army.  
RANDELL, HENRY LLOYD, Army.  
TOMLINSON, JOHN TOMLINSON, Manchester.  
WOODWARD, WILLIAM, Ledbury, Herefordshire.

The following gentlemen were admitted members on the 20th :

BROCK, WILLIAM KORTRIGHT, Army.  
COLLISON, JOHN BOWMER, Army.  
COOK, HENRY, Army.  
EWINGTON, CHARLES HENRY THOMAS, Army.  
FAUGHT, JOHN GEORGE, Army.  
LLOYD, EDMUND EYRE, Army.  
MICHAEL, JOHN, Army.  
MUSCHAMP, WILLIAM HENRY, Army.  
VERRY, GEORGE, Army.  
WOOD, JOHN, Army.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Dec. 14, 1854 :—

FRANCE, EDWARD TOWNDROW, Sheffield.  
MOON, ROBERT HENRY, Ilfracombe, Devon.  
MOXON, WILLIAM, Rugeley, Stafford.  
RUSSELL, EDWARD, Liverpool.

## BEQUEST.

**KENT COUNTY OPHTHALMIC HOSPITAL, MAIDSTONE.**—The late Samuel Morris, Esq., of Bower Terrace, Maidstone, has bequeathed 100*l.*, free of Legacy-duty, to this Hospital.

## VACANCIES.

**DISPENSARY FOR CONSUMPTION, MARGARET STREET, REGENT STREET.**—There is a vacancy for a Physician, caused by the retirement of Dr. Francis. Election, Jan. 3.

**BIRMINGHAM AND MIDLAND COUNTIES LYING-IN HOSPITAL.**—A Resident Surgeon is required.

## DEATHS.

**McMORRIS.**—Dec. 13, at 6, Devonshire Terrace, Camden Road, of hypertrophy of the heart, Ninian McMorris, Esq., late Surgeon R.N., aged 66.

**PARRY.**—Dec. 15, at Fakenham, Norfolk, William Bulkely Parry, Esq., M.D., aged 82.

**THE LATE DR. SPENCE,** Deputy Inspector-General of Hospitals, and Professional Assistant to the Director-General. —The report lately current in most of the papers, that the above lamented Medical Officer had perished in the ill-fated Prince, has proved but too true, and the service, more especially the Medical Department of the Army, has to regret the loss of a most meritorious officer. Dr. Spence entered the service in August, 1826, and in the following February was appointed Assistant-Surgeon of the 6th Foot, with which regiment he served in India for several years. In October, 1830, he was gazetted to the 52nd Light Infantry, and in this corps he continued for nearly nine years, respected and beloved by both officers and men. During a part of this period he was quartered at Gibraltar and the West Indies, witnessing at the latter station several epidemics of yellow fever. In July, 1839, he was promoted to the rank of Staff-Surgeon, and, after having served in Canada, and again in the West Indies,

he was ordered to England in the year 1846, in consequence of his having had a most severe attack of yellow fever. In 1849 he was quartered at Chatham, and, while serving there, was appointed one of the members of a Board assembled in London for the purpose of inquiring into circumstances having reference to yellow fever. It was while engaged on that subject for seven months that Dr. Smith, the present Director-General of the Army Medical Department (then President of the Yellow Fever Board), had the opportunity of first becoming personally acquainted with Dr. Spence, and it was on that occasion that he formed the high estimate of his talents and character future experience has so fully justified. On Dr. Smith succeeding Sir James Macgregor as head of the Medical Department, it became necessary for him to select his professional assistant, and Dr. Spence was appointed to this important and responsible office. In the performance of his onerous duties, the Director-General had ample reason to be fully satisfied with the choice he had made. The pure integrity, strong sense of duty, urbanity of manners, and sterling good sense of Dr. Spence, were qualities that rendered him peculiarly adapted for the post, and great indeed must have been the necessity to have induced Dr. Smith to spare him, even for a short period; for by such an arrangement he not only lost his valuable aid at a time which especially required his assistance, but the Office was deprived of the services of one officer out of four. From alleged defects, however, which had been stated by a part of the public Press to exist in the arrangements of the Army Medical Department at the seat of war, it became desirable to institute inquiries on the spot as to the truth or otherwise of the said allegation; and as it can be easily understood that no one could be found better qualified for this important duty than Dr. Spence, he was sent on this mission, conjointly with two other gentlemen; but hardly had he reached his destination when he met with a watery grave; and thus was lost to the Department one who will long live in the memory of the Medical Officers of the army. This is scarcely the place to dwell upon his private virtues; but it may be mentioned, that no one could be a more affectionate son, or a kinder friend; and so good, and in a practical sense, so truly religious was he, that for many years of his life he made it an invariable rule to devote a tenth part of his income to charitable purposes.

**ROYAL SOCIETY OF EDINBURGH.**—The first meeting in January will not be held on Monday the 1st, but on Tuesday the 2nd day of that month.

**DR. A. GORDON,** of the 95th, who was wounded in the Crimea, has been in the army 18 years. He served with the 53rd in the campaign on the Sutlej, receiving a medal, in 1846, including the actions of Buddiwal, Aliwal, and Sobraon. He also served in Medical charge of the 24th throughout the Punjab campaign of 1848 and 1849, and was present at the following battles :—Sadoolapore, Chillianwallah, and Goojerat.

**DR. ROGER,** Member of the Institute, Physician in Ordinary to the Emperor, is named Commander of the Legion of Honour.

**M. N. GUERIN,** Surgeon of the second class, of the Eurydice, and **M. La Garde,** Surgeon of the second class, of the Obligado, are named Chevaliers of the Legion of Honour.

**DR. SEMPLE'S DISMISSAL.**—Dr. Semple having fully stated the case which we entered into last week, in a pamphlet which was read at a Preliminary Meeting of Medical men residing in Islington, it was resolved :—1. "That a General Meeting of the Profession in the parish be called to consider the dismissal of Dr. Semple, and to take such steps thereon as may be deemed expedient." 2. "That a Sub-Committee be appointed to make the necessary arrangements, of which Mr. N. H. Clifton be requested to act as Honorary Secretary." In accordance with the above Resolutions, a meeting will be held at Baker's Rooms, Upper-street, on Friday evening, December 22, at eight o'clock p.m. precisely, when the attendance is particularly requested of gentlemen willing to co-operate in support of Professional independence.

**BOARDS OF GUARDIANS AND THEIR MEDICAL OFFICERS.**—The parish of St. Mary, Newington, Surrey, has distinguished itself by the very liberal manner in which it "promised" to treat its Medical Officers during the prevalence of the late epidemic. In the first place, the Boards of Guardians, in a letter to the Senior Medical Officer, promised, that they were disposed to give as liberal a remuneration as circumstances would admit of on the disappearance of that disease; and, secondly, actually give a vote of thanks to the Medical Officers for their



services during so very trying and harassing an occasion; but it will scarcely be credited, that when the parish became free of the epidemic, these gentlemen awarded the sum of thirty guineas to each Medical Officer for his services both by night and day. As there were five of these gentlemen so engaged during a period of 14 weeks, and among whom upwards of 4000 cases were attended, it would give each about 4d. per case, and this after the promises before alluded to. But as if this unhandsome conduct on the part of the Guardians for valuable Professional services to the poor were not enough, they refused to pay a trifling demand made by those gentlemen for loss of time on several occasions to meet the Officers of the Board of Health, when time was of the greatest consequence to every Medical man engaged in practice, and for which it has heretofore been customary to pay them.

**PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.**—A general meeting of members resident in Birmingham and the neighbouring counties was held at Dee's Royal Hotel, on Wednesday last, when a Birmingham and Midland Counties Branch of the parent Society was inaugurated, and the following officers appointed:—President—Mr. Langston Parker. President Elect—Dr. Jeaffreson, Leamington. Treasurer—Mr. S. A. Bindley. Council—Mr. Bucknill, Rugby; Mr. De Lane, Wolverhampton; Dr. Elkington, Birmingham; Dr. Fletcher, Birmingham; Mr. Geo. Horton, Bromsgrove; Mr. Hadley, Mr. Geo. Jones, Mr. Pemberton, and Dr. Russel, Birmingham; Dr. Thomson, Stratford; Dr. Spencer Thomson, Burton-on-Trent; Mr. Thursfield, Kidderminster; Mr. Underhill, Tipton; Mr. T. W. Williams and Mr. Yates, Birmingham. Secretaries—Mr. J. V. Solomon and Mr. F. Field.

**MIDWIFERY MALPRAXIS. — NORTHERN CIRCUIT. — LIVERPOOL.** — (Before Mr. Justice Erle.) — Robert Williams, a chemist's assistant, was indicted for the manslaughter of Mary Speakman, at Ashton-under-Lyne, in September last, by attempting to deliver her with gross want of skill. It appeared that the deceased was 19 years of age, and that, on the 3rd of September last, the premonitory pains of labour came on, and Mr. Brierley, a Surgeon in the town, was sent for. He not being within, the prisoner at the bar, who was his assistant as a chemist, volunteered to attend for him, he having on former occasions attended in such cases with his master. He attended the deceased about ten o'clock in the morning, and remained with her till four in the afternoon, when Mr. Wood, another Surgeon in the town, was sent for. While the prisoner was attending the diseased he came to the conclusion, that the child had not a natural presentation; and he attempted with his hands to turn the head of the child, so that it should be presented in a natural way. In doing this, he used great exertion, and the deceased shrieked out with pain. He endeavoured in the best way he could to soothe her, by telling her it would soon be all over, and appeared to be as anxious about her as man could be. At four o'clock, Mr. Wood was called in, and examined the deceased, and said she appeared in a sad state, and the prisoner said he had been doing his best to help her and deliver her. Mr. Wood then stated, that, as he did not meet Mr. Brierley professionally, he could not co-operate with his assistant; and, unless the prisoner gave up the case altogether, he must refuse to have anything to do with it. The prisoner appeared to be glad to give it up, and gave it up altogether to Mr. Wood. Mr. Wood then ordered an anodyne draught for the deceased, which stopped the progress of the labour, but produced sleep, and next morning the labour-pains were progressing again naturally; and at ten o'clock Mr. Wood administered ergot of rye. The woman seemed to have gained strength from sleep, and Mr. Wood thought the case proceeding satisfactorily till two o'clock, when he came to the conclusion, that the labour-pains were suspended, and that there would not be a natural birth, and at four o'clock another Medical Practitioner was sent for (Dr. Lees), and together, at half-past five, they used forceps to stir the child, and natural birth then proceeded, and the child was born dead. The woman was found to be extensively lacerated, gangrenous inflammation came on, and she died on the following Tuesday of gangrene. On cross-examination of the Medical men, it was elicited, that mental depression had a great effect in delaying the natural progress of a labour—that ergot of rye would sometimes, by its powerful and rapid effect, and by the quick delivery it led to, cause laceration of the parts. Gangrene was the death of the part affected with inflammation, and consequent on it, from a failure of vital power. For the defence it was urged that there was not exhibited in this case that gross want of skill which would warrant a verdict of guilty of manslaughter. The prisoner might

have erred in judgment in the treatment he had pursued, but, presuming there had been a cross presentation, he had acted rightly, and it was by no means clear that the treatment and administration of the ergot of rye by the succeeding Medical man had not produced the laceration of which the deceased eventually died. Witnesses were called, who gave the prisoner an excellent character, as a careful, painstaking young man. His Lordship, in summing up, directed the jury that, in order to find the prisoner guilty, they must be satisfied that the death was caused by the prisoner, and, secondly, that he had undertaken a duty affecting human life, being entirely incompetent for it by reason of gross want of skill. It was of great importance to society that men, for the sake of a trifling reward to themselves, should not be led to undertake duties of so much importance, for which they were entirely incompetent; on the other hand, Medical men should not attend their patients under fear of a prosecution. The prisoner appeared to have been pursuing one course of treatment, and was of opinion that what he had done would soon lead to the delivery of the woman, when Mr. Wood was called in; and he could not but observe, that had Mr. Wood gone into consultation with the prisoner, and ascertained from him the treatment he had pursued, it would have been much more likely to lead to a successful result in a case where a human life was at stake. He, however, declined to act with him because he was the assistant of Mr. Brierley, with whom he was not on terms. Mr. Wood then appeared to have adopted a totally different treatment, and to have given anodynes to the patient, which had the effect of putting a stop to the labour, which the prisoner thought would soon be over. Next morning Mr. Wood changed his treatment by administering ergot of rye, and when all seemingly was progressing favourably suddenly came to the conclusion that instruments must be used, and other Medical assistance was sent for. The fact of the child being illegitimate would necessarily tend to depress the patient. The application of instruments would also tend to depress and shock the nervous system. The deceased had died from a deficiency of vital power to heal the lacerations to which she had been subjected, from gangrene. It was for the jury to say how far this had been caused by this depression. If they thought the injuries of which the deceased died were produced by the prisoner, and that he had acted with gross want of skill, they must find him guilty; but if they had doubt as to those injuries having been caused by the subsequent treatment of the woman, or that there was not an extreme gross want of skill in the prisoner's treatment, they must acquit him. The Jury, after a short consultation, found the prisoner "Not Guilty."

**DUNMOW FLITCH.**—The Ramsgate and Margate Paper says:—"We are informed, that Thomas Seal Blackwell, Esq., M.R.C.S., of Cranbrook, Kent, and Sarah Hodsoll, his wife, are the claimants for the flitch of bacon to be presented at Dunmow, in July next, by W. H. Ainsworth, Esq., to the married couple—

"Who never since the parson's clerk said 'Amen,'  
Wished themselves unmarried again."

**CARE OF THE WOUNDED IN THE CRIMEA.**—In a leading article in the *Daily News* on Monday last, are the following sensible remarks. They contain further proof of the disregard of medical advice at head-quarters:—"We ask, why should not a large hospital ship be moored off Balaklava? Why not have two or more large roomy steamers fitted up as hospital ambulances for the conveyance of certain cases to Scutari? The ship would afford a comfortable and safe shelter to some 800 of the worst cases, while the steam ambulances, fitted up with sufficient bedding and stores for five or six hundred men, would carry backwards and forwards such patients as should be sent to or from Scutari, in a state of comfort which would leave little to be desired. It cannot be said that there is any difficulty in carrying out this suggestion. The Belleisle hospital ship was in the Baltic all the summer. She returned in October, and has ever since been lying useless at Plymouth; her inspector, surgeons, and assistant-surgeons receiving pay for doing nothing, while their services are so earnestly needed at Balaklava. It is now currently reported, and on authority which there is no reason to doubt, that many representations were made to Sir James Graham as to the necessity of sending the Belleisle to the Black Sea some weeks since, and that the Director-General of the Medical Department of the Navy not only advocated the measure most strongly, but suggested in addition the propriety of fitting out steamers as ambulances, as we have just now recommended. But as was Lord Raglan, so is Sir James Graham. The former rejected the earnest solicitations of his medical officers, and left the ambulances and medical stores at Varna;



the latter rejects the advice of Sir William Burnett, leaves the hospital ship at Plymouth, and exposes the sick on shore to a Crimean winter with the frail protection of a tent, and those sent to hospital to the storms of the Black Sea in a comfortless transport. Surely official obstinacy can go no further. If the Government cannot leave a system of routine, and if Parliament is content to fight a factious battle over the dry bones of past failures, the press and the people will see that the lessons of experience are not lost, and that good advice is taken, even though it be offered to a Minister or a Commander-in-Chief by a medical subordinate." The *Times*' Correspondent at Scutari also says:—"With reference to the transport of sick and wounded from Balaklava, the state of things still existing involves many details of a painful and distressing character, which I willingly avoid the mention of; but it is requisite in some degree to state facts which have reached me from trustworthy sources, in order that a remedy may be applied. It is obvious that steamers not supplied with beds or the necessary conveniences for a mass of men who cannot move or help themselves, must soon become dreadfully foul and offensive; that the longer they are so occupied the worse they become; and that if, as has happened, they were previously used as horse transports, the evil will be increased. The battle of Inkermann was fought on the 5th, and the whole of the men wounded on that day have hardly yet arrived at Scutari. No returns are given in of the number of deaths that have taken place on board each ship, and it is somewhat difficult to get at the exact state of matters on the passage; but I have heard of officers driven out of some by the intolerable stench; of others in which the medicine-chest and comforts for the crew were resorted to in the absence of regular supplies. I know that the Medical attendance on the voyage has, in several instances, been that of Surgeons themselves too ill to attend to professional duties. With a little foresight before the Alma, and certainly after it, a few ships might have been fitted up as floating Hospitals, and specially appointed to this work. Such an arrangement, however, according to the existing rules of the service, would devolve upon the naval authorities, and they have other, and, as they conceive, more important matters to attend to. So, between departments, from the faults of a vicious system, the poor wounded soldier is made to pass through an ordeal of suffering and misery which, as it is quite preventible, must look in his eyes very like the ingratitude of the State to those who fight and suffer in its cause."

**THE FRENCH AND ENGLISH AMBULANCE CORPS.**—A Medical Correspondent of the *Daily News*, writing from Sebastopol, says:—"The Hospital Sergeant, on whom depends nearly all the success which attends the treatment adopted by the Surgeons (as he is the person who sees that the medicines are given at stated times, and that the orders of the Surgeon are carried out) is selected from the ranks. This man is paid less than the colour-sergeants, and occupies a position inferior to them. If he remain Hospital Sergeant, the avenues to further advancement in the regiment are closed against him, and he leaves the service with less pension than sergeants whose duties and services are of much less consequence and importance than his own. The consequence of this I need hardly say is, that as soon as a Hospital Sergeant has become really useful, and in less than four or five years this is now seldom the case, a pair of colours, perhaps, becomes vacant; of course the Hospital Sergeant, although not displeased with his duties, knows that his interest is to obtain them; and the Surgeon, unwilling to stand in the way of a good man, is compelled to lose his services at a time when they are just becoming valuable, and again goes to the ranks, again to borrow a man to be again educated, and again lost as soon as useful. The orderlies, again, in the same way. A soldier, on first being orderly, requires very great care and teaching before he is able to move the sick or wounded man so as not to injure him. The sight of operations, etc., at first unfits him for giving much assistance, but after some time, when he has become really useful, he is again liable to leave at any time, as, like the hospital sergeant, to remain hospital orderly debars him from promotion, and back he goes to the ranks, leaving the Surgeon at, perhaps, his utmost need. I speak of this of course as if in a regiment no difficulty was thrown in the way by the commanding officer to giving good and efficient men to act as orderlies; but such is not always the case. Very often dirty soldiers and slovenly fellows who are unable to be licked into shape, or men who are half-witted and not sharp at drill, are handed over with a degree of satisfaction to the Surgeon, and considered a good riddance from the ranks. I make no comments on this, as it speaks for itself. The men who are selected for the purpose of carrying the wounded from the field of battle are nearly always sickly, and among them

are many boys and lads. At the Alma, when a party of these brought up a wounded man to the hospital, they were so done up as to be obliged to lie down and rest for some time before again starting on their errand. These men had, like their comrades, marched all day, like them carrying their blankets and food, and besides this their instruments, and, to add to their loads, the stretchers on which to carry the wounded. After the battle the labours of the soldier were over, but theirs never ceased. The wounded were to be brought in—water and fuel were to be got; and for this purpose twenty-four weakly and half-grown men were selected by the wise persons who ordered the administration of matters they do not understand or care for. How different with our gallant allies the French! With a naval transport service very much inferior to our own, and with an army much larger, the whole material for the comfort of the sick and wounded was landed. The large store wagons, containing kettles, basins, towels, lint, lights (of which in my division there was not one, except the personal property of the Surgeons), tables, canteens, and, in fact, every article that could be required by a Surgeon. These wagons were attended by a large corps of men, called *infirmiers*. These men are not, as in the wealthy British nation, borrowed from the ranks, but men considered, as our sappers and miners, as belonging to a scientific department, and paid higher wages than the private soldier. These men are drilled so as to know how to lift a wounded man with the least suffering, to put on a tourniquet and even bandage, etc. I saw the Surgeons of the French army and those of our own operating on wounded Russians after the battle of Inkermann. I never saw anything more complete than all their arrangements; the Surgeon had hardly to look. The very knife he needed or the instrument he wanted was handed to him by a man accustomed to such scenes, and *au fait* at his work; the plaster, warmed round a vessel with hot water, did actually adhere; everything was systematic and without confusion. The man who had been operated on was placed on a bed hanging at the side of a strong and well-fed mule, and another placed on the accompanying litter on the opposite side. A man who was up to his work led away the mule, and easily and gently the suffering man was carried away to his Hospital. On our side I will make no remark. The operations were performed, and I flatter myself we need fear no comparison with our Allies; but for the means of doing those operations, and for the assistance we had to help us in our tasks, the less said the better."

**WATER CUSHIONS FOR THE WOUNDED IN THE CRIMEA.**—Mr. Hooper, of Pall-mall East, has had the honour of receiving an order to submit his water-cushions and mattresses to the Queen and Prince Albert. Her Majesty was pleased to make a selection of different sizes, to be sent to Miss Nightingale to relieve the suffering of our wounded soldiers. These excellent appliances have been in use in the Naval Hospitals, Infirmaries, Asylums, and Unions, for some time, as well as by the H.E.I.C. and in emigrant ships.

**HEALTH OF THE TROOPS IN THE CRIMEA.**—We learn by a private letter from the Camp, that, when the last mail left Balaklava (December 3) there were about 3000 sick. The mortality was considerable: 84 men died on the 30th of November,—114 of the 173 wounded Russians carried to Balaklava after the Battle of Inkermann had died. Cholera of a severe type was prevalent. Horses, mules, and bullocks, were dying by dozens. Forage was exceedingly short, and provisions, etc., generally were very scarce,—fowls, 8s. a couple; candles, 3s. per lb.; jams, 5s. a very small jar.

**THE ASSOCIATION JOURNAL.**—At a Meeting of the Members of the Provincial Medical and Surgical Association resident in Sheffield, held at the Medical Institution, on Monday, December 11, 1854, William Jackson, Esq., in the chair, the series of questions headed, "Can the plan and manner of the Journal be improved?" which has been circulated among the members of the Association, having been taken into consideration, it was resolved:—"That we hereby express our great dissatisfaction with the manner in which the Journal has been conducted, on the ground of the personalities exhibited in many of the leading articles during the past year, on subjects totally disconnected from the objects of the Association; and as members, we must here express our disapprobation of the insertion, in a Journal intended for the intercommunion of Medical men, of an editorial reply so unjustifiably offensive as the one to Dr. Lyon in the last number of the Journal."

**HYDROPHOBIA.**—A porter, aged 23, died last week of hydrophobia, after two days' illness. He had been bitten by a dog seven days before death.



**MORTALITY NOTABILIA.**—Thirteen hundred deaths were registered in London in the week that ended last Saturday. A small decrease is observed on the mortality of the two previous weeks, in which the deaths were 1350 and 1331. In the ten weeks corresponding to last week of the years 1844-53 the average number was 1249; and if this is raised in proportion to increase of population, it becomes 1374. The mortality of last week is, therefore, less than the estimated amount by 74 deaths. The Return shows that 640 children under 15 years of age, 406 persons aged 15 years and under 60, and 236 persons of 60 years and upwards, died last week. Taking the averages of former years (corrected) for the same periods of life, the numbers are 614, 436, and 323. Hence it appears, that the season is rather unfavourable to the youthful part of the community, who are peculiarly subject to scarlatina, and some other diseases of the zymotic class.

**Births.**—The births of 782 boys and 817 girls—1599 children—were registered; average, 1422.

**Meteorology.**—The mean height of the barometer in the week was 29.868 in. The mean reading on Wednesday was 30.018 in. The mean temperature of the week was 42.8°, which is 2.6° above the average of the same week in 38 years. The mean daily temperature was below the average on the first three days, and during the remainder of the week above it; on Thursday and Friday it was about 11° above the average. The highest temperature occurred on Thursday, and was 55°. The lowest occurred on Monday, and was 26.5°. The mean dew-point temperature was 38.5°; and between this and the mean air temperature the difference was 4.3°. Wind south-west. Rain, 0.07 in. Horizontal movement of air, 1450 miles.

**DEATHS REGISTERED in the Metropolis for the Week ending Saturday, December 16, 1854.**

CAUSES OF DEATH.	DEC. 16.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES .. .. .	640	406	236	1300	12486
SPECIFIED CAUSES .. .. .	638	406	236	1280	12432
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	259	59	12	330	2887
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat .. .. .	4	27	20	51	510
3. Tubercular Diseases .. .. .	68	123	8	199	1791
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	68	35	30	133	1255
5. Diseases of the Heart and Blood-vessels .. .. .	2	23	15	40	445
6. Diseases of the Lungs and of the other Organs of Respiration ..	128	61	72	261	2961
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	31	28	12	71	605
8. Diseases of the Kidneys, etc. ..	3	8	4	15	117
9. Childbirth, Diseases of the Uterus ..	1	8	..	9	119
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	3	3	2	8	92
11. Diseases of the Skin, Cellular Tissue, etc. .. .. .	..	3	..	3	13
12. Malformations .. .. .	4	1	..	5	46
13. Premature Birth and Debility ..	20	2	..	22	289
14. Atrophy .. .. .	25	..	10	35	224
15. Age .. .. .	..	..	38	38	601
16. Sudden .. .. .	6	2	4	12	124
17. Violence, Privation, Cold, and Intemperance .. .. .	16	23	9	48	353
CAUSES NOT SPECIFIED .. .. .	2	..	..	20	54

**TO CORRESPONDENTS.**

[To the Editor of the Medical Times and Gazette.

SIR,—Allow me to explain a statement in your report of my specimen shown, at the Medical Society, of the placenta. It should have been stated that I consider it a large placenta with double membranes. My reason for believing this was, that I had two apparent ruptures, and each accompanied with a gush of the amniotic fluid; the membranes were unusually large. The substance of the placenta when examined under the microscope, appeared to be made up of hypertrophied, or dilated tubules of fibrous tissue, enclosing granular matter, phosphate of lime, and fat.

I am, &c.

JABEZ HOGG.

6, Gower-street, December 18, 1854.

*An Old Correspondent.*—The symptoms described are just such as might be expected to follow such doses of ammonia continued daily for so long a period as two years.

*H. W. W.*—You are the victim of a most unjust and unreasonable law, which enacts, that a Medical witness, if examined at a police-court, or before a bench of magistrates, is entitled to no fee; and is remunerated only at the Criminal Court, if the case goes for trial. Thus, as in your case, although your evidence may save the county considerable expense, your only reward is the loss of time, trouble, and anxiety. Represent your case, in this light, to our two Medical Members of Parliament.

*Mr. Ormerod's* paper on Charcoal shall appear as soon as possible.

*Mr. Wilkinson's* case shall appear.

*R. E. R.*—Apply for the appointment, stating qualifications, to Dr. Smith, Army Medical Department, St. James's-place.

We had not space for *Mr. Jeffrey's* letter this week.

*Mr. Solomon.*—Many thanks.

*Mr. Lawrence.*—Our list does not comprise Dispensaries.

*M. D., Bk.,* can get no further fee until the case goes to trial.

A clinical lecture by *Mr. Fergusson* is in type, and will appear next week.

*Mr. Wilson.*—A character of an assistant, *bona fide* given, is a privileged communication; and no action for libel can be maintained, unless the character given can be shown to have proceeded from a malicious mind. But the master would not be justified in giving a character *vis à vis*, so that a third (and not interested party) might hear, and be prejudiced by it—*this* would constitute it a libel.

COMMUNICATIONS have been received from—

*MR. JEFFREYS; MR. WATSON; MR. JABEZ HOGG; DR. TODD; PROFESSOR HOFMANN; MR. GANNON; MR. HOOPER; MR. WATERS; DR. HABERSHON; DR. DEVILLE; MR. FERGUSON; AN OLD CORRESPONDENT; H. W. W.; MR. ORMEROD; MR. WILKINSON; R. E. R.; MR. SOLOMON; MR. LAWRENCE; MR. HOLMES, St. George's Hospital; MR. HILLIER, University College Hospital; MR. BOTTOMLEY, the Huddersfield Hospital; DR. PEACOCK; MR. ROLLASTON; MR. CLEVELAND; DR. STEWART; MR. POWELL; DR. HOLLAND; DR. JAMES WILSON, Berwick-on-Tweed; DR. PEACOCK; etc.*

**MORTALITY IN PUBLIC INSTITUTIONS for the week ending Dec. 16 :—**

	Males.	Females.	Total.
Workhouses...	47	59	106
Military and Naval Asylums ..	4	..	4
General Hospitals .. .. .	26	17	43
Hospitals for Special Diseases ..	8	3	11
Lying-in Hospitals .. .. .	..	2	2
Lunatic Asylums .. .. .	1	1	2
Military and Naval Hospitals ..	1	..	1
Hospitals for Foreigners, etc. ..	2	..	2
Prisons .. .. .	5	..	5
	94	82	176

**APPOINTMENTS FOR THE WEEK.**

DECEMBER.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
23. SATURDAY.... {	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	
25. MONDAY .... {	Operations at Charing-cross, 2 p.m. Oxford Michaelmas Term ends.	
26. TUESDAY .....	Operations at Guy's, 1 p.m.	
27. WEDNESDAY... {	Operations at University College Hospital, 2 p.m.; St Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m.	North London Medical Society, 7½ p.m. Microscopical Society 8 p.m.
28. THURSDAY.... {	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	
29. FRIDAY .....	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	



ORIGINAL LECTURES.

CLINICAL LECTURE

ON

CASES OF SUBCLAVIAN AND POPLITEAL ANEURISM,  
AND ON TREATMENT BY PRESSURE.

DELIVERED AT

King's College Hospital.

By WILLIAM FERGUSSON, Esq., F.R.S.

Professor of Surgery in King's College, London, and Surgeon to King's College Hospital, etc.

THERE are in the house at the present time several cases of unusual interest, well worthy of special attention and careful study. From among the number, I may select a case of aneurism of the popliteal artery in a young woman, and an aneurism of the subclavian in a stout, able-bodied man. It is to the first of these that I wish to direct your attention, as it will serve to illustrate the remarks that I made when pointing out the difference between an ordinary aneurism of a large artery and an obscure pulsating tumour of bone. I told you, if you recollect, a reason which greatly influenced me in giving such a positive opinion regarding the nature of the affection. The patient the subject of the disease of bone was very much out of health, and suffering from great distress and emaciation; whereas, as I impressed upon you before, it is not by any means a common occurrence for patients labouring under an ordinary aneurism of a large artery of the extremities to have any peculiar distress preying upon the constitution. These two cases, therefore, serve materially to strengthen this particular point.

I may remind you, that cases of aneurism, especially aneurism of the popliteal artery, have excited an unusual interest among the Profession of late years. From the time of the celebrated John Hunter down to the present day, the disease has been deeply studied, and, in attracting such an amount of attention, has led, I believe, to a more accurate knowledge of external or surgical anatomy, which renders the Surgeon of the present day fully competent to perform a most difficult and hazardous operation for the cure of this formidable disease.

Since Hunter first tied the femoral artery for the radical cure of a popliteal aneurism—now seventy years ago,—a vast deal has been done in this department of Surgery, for the Hunterian operation has been made applicable to the radical cure of aneurism of many of the large arteries in various parts of the body. The carotids, iliacs, subclavians, etc., have been tied with signal success; and a ligature has even been placed around the abdominal aorta and innominate artery, but, unfortunately, with fatal results.

The Hunterian treatment by ligature proving so successful the operation obtained the sanction of the Profession, and young Surgeons, anxious to distinguish themselves, were not slow in imitating the example; and it so happened, that, if they were successful in the treatment of their cases, they obtained a well-merited *éclat*, which adds a stimulus to exertion, and always meets with its reward.

The Hunterian operation being fully established, all other methods formerly employed had fallen, in a manner, into disuse; but, when it was shown that men had courage to countenance any new method that presented, there was then a return to plans that were in existence prior to the time of Hunter. It was also strange, that one at least of these methods was esteemed much more worthy of attention than was at first supposed. The plan that I allude to, is compression of the main artery leading to the tumour. No doubt this plan is far less

brilliant in its details than a daring cutting operation; and more credit is due to those who were the means of its revival, when it is remembered, that it was resorted to at a time when a successful operation was in continual practice with the most satisfactory results.

The advantage of compression in the treatment of external aneurism, when practicable, over that by ligature, is at once evident. By inflicting one kind of injury, we are often enabled to get rid of a still greater mischief, and this is considered good surgery; but if, by a process less dangerous and hazardous, and without performing a cutting operation, the same disease or injury can be cured, surely it is a better style of surgery, and one that approaches nearer to the perfection of our art.

The history of the case is short; it is briefly this:—A. B., aged 22, married. Has always enjoyed pretty good health. The first symptom of her disease occurred twelve months ago. This was pain, confined to the popliteal space of the left leg; she could assign no reason for its coming on, as she never had any accident to that leg. The pain, which has lasted to the present time, occurs in paroxysms of variable length, sometimes lasting for a whole day, and at other times not an hour, and accompanied with intervals of perfect ease. The pain is always aggravated by exercise, or by merely extending the leg. It has never been bad enough to prevent her following her ordinary occupation. Soon after its first occurrence, she noticed a hard, throbbing tumour, the size of a hazel-nut, in the centre of the ham; it was not tender to the touch, although it seemed to be the seat of the pain. It has remained almost unchanged since its first appearance; the only alteration that has taken place is a trifling increase in its size. It is quite firm and pulsating. Pulsation is completely arrested, if the superficial femoral be compressed. A bruit is heard on applying a stethoscope to the tumour.

There are one or two very singular features in this case. The first is, the occurrence of a popliteal aneurism in so young a person. You may never again see a similar case. I have never met with one before in so young a subject, and I imagine hardly a similar instance is to be found in the records of English Surgery. The chief point, however, to which I wish to direct your attention is the plan of treatment that was pursued. It is one that was in vogue with Surgeons two hundred years ago, and various accounts of it are to be found in the works of older authors. After the successful trial of Hunter's operation it was given up; but within the last few years it has been revived by some of the most eminent Surgeons, especially those of Dublin, who have taken precedence in this interesting subject. A full account of the practice will be found in some of the established modern works, and a slight sketch in my own book on "Practical Surgery." Since the revival of this method, there has been sufficient success to strike most Surgeons with astonishment; for out of a long list of cases treated by compression, success has been great beyond anticipation, and much greater than when the disease had been subjected to the treatment by ligature.

This method of treatment is now very generally sanctioned by the Profession, and I am not aware of any distinguished Surgeon, save one, who strongly objects to at least a trial of this plan. I allude to Mr. Syme, who has been remarkably successful in a great number of cases in which he used the ligature; for he states that in tying the superficial femoral for the cure of popliteal aneurism in upwards of twenty cases, he has not met with a fatal result. But I have seen the artery tied equally well by other Surgeons of eminence, in well-selected cases, though not with the same beneficial effects. Mr. Syme has expressed his opinion so strongly in favour of the ligature over compression, that he has endeavoured to cast a certain amount of discredit on those who have ably devoted their time and energy to the trial of a more simple and less hazardous cure of this formidable disease. On the revival of compression for the cure of popliteal aneurism, several improvements were made with regard to the manner



of applying the pressure, and old notions regarding the duration of time it was necessary to employ were soon eradicated. It was early found that there was no need to apply the pressure so forcibly as to keep the sides of the vessel together, thereby inducing inflammation and subsequent adhesion, which led to the obliteration of the canal; for the operation of Bradshor and Wardrop of placing a ligature on the distal side of the tumour, showed that to obtain a satisfactory result it was not necessary to cut off the entire flow of blood through the tumour; and subsequent experience has proved, that in the treatment by compression it is not requisite so to do, but that gentle and continuous pressure modifying the force of the current, is quite sufficient, in the generality of cases, to cause consolidation within the tumour.

Again, the pressure need not be constantly applied to one particular spot, but may be shifted from place to place along the course of the artery, so as to give the patient as little pain and annoyance as possible.

The result to be hoped for in the treatment of these cases, is coagulation of blood and deposition of fibrin in the aneurismal tumour, which, as I have said, can be produced in many cases by simply modifying the flow of blood through the main artery. The femoral artery is never obliterated at the point where pressure is applied, but can be traced almost down to the tumour itself. If the case go on favourably, and the patient be a proper subject for the plan of treatment, a cure may take place in a few days, or in a week or two; but if, on the other hand, the patient be not content to put up with the inconvenience and pain for a time, the cure may be protracted for a lengthened period. This was well illustrated in a case I had under my care some time ago, when, owing to the extreme irritability of the skin and the condition of the patient, sloughing occurred in the groin, occasioned by the pressure, which greatly retarded the cure.

I do not intend to enter more fully into the merits of the several methods for the cure of aneurism, but shall content myself with stating the treatment I employed in the case under notice, and the results which followed. The aneurism belonged to that class which by Scarpa was termed a "mixed aneurism;" that is, there was probably a dilatation of all the tunics, and then subsequent rupture of the two internal coats.

I employed the instrument that is most in favour among the Irish Surgeons, Carté's "circular compressor," in which a very ingenious addition to the common screw force is applied by means of bands of caoutchouc, whereby a certain resiliency is acquired, which keeps up effectual pressure, and at the same time possibly obviates any injurious effects from the screw. Among other contrivances, I may mention the tourniquet of Signoroni; also the one invented by my friend Mr. Bulley, of Reading, which has two screw pads, allowing the pressure to be applied at different spots at various periods. There are other equally ingenious instruments, which possess their individual merits.

At first, I must confess, I did not anticipate a favourable result, as the patient did not appear to be fully aware of the great danger of the disease, and was seemingly very loth to submit to the treatment; but, by explaining to her the importance of resolutely bearing the inconvenience attendant upon such a plan, in all probability a more serious operation would be avoided, she accordingly determined to aid us in the cure; and the following sketch of the treatment shows the satisfactory result:—

I applied the pressure to the common femoral immediately below Poupart's ligament, regulating the force to such a degree as to keep up an amount of pressure just sufficient to stop the pulsation in the tumour. It was continued for twenty hours, when some uneasiness being complained of, it was omitted for an hour or two, and then re-applied. On the third day the pulsation was not so full or throbbing as before. On the ninth day the pressure was modified to such an extent, sufficient to weaken, but not completely to arrest, the flow of blood into the artery. On the fourteenth day, the woman not feeling at all well, all pressure was removed for a few days. On the nineteenth day it was re-adjusted, but, in the evening of that day, the pulsation in the tumour became feeble in a marked degree, and some slight pain was complained of in the ham. On the twenty-first day all pulsation had completely ceased, and the tumour was found diminished in size and of considerable hardness. It was now evident that a cure was effected; and no return of the disease has as yet shown itself.

The most interesting point in the treatment of this case is the rapidity and easiness with which this disease was cured; and it also well illustrates the fact, that it is not always absolutely necessary to make continuous pressure on the artery for any length of time.

## ORIGINAL COMMUNICATIONS.

### ON PLASTIC BRONCHITIS.

By T. B. PEACOCK, M.D.

Assistant-Physician to St. Thomas's Hospital, and Physician to the City of London Hospital for Diseases of the Chest.

[Read at the Hunterian Society, Nov. 15, 1854.]

WILLIAM CHAMBERS, aged 11, was admitted an out-patient of St. Thomas's Hospital, on March 17, 1854.

His mother stated that he had always been delicate, and that, when about six years of age, he had an attack of influenza, and had since that time been subject to cough and expectoration. His grandfather died of consumption, and his father, now 34 years of age, labours under symptoms of phthisis, and has had three attacks of hæmoptysis. His mother and her family are healthy. Of his brothers and sisters, two out of six are dead, one having died of croup, the other of consumption; the three still living are healthy.

After the attack of influenza, his mother observed that he occasionally spat up pieces of skin, which spread out when put into water. He continued to expectorate this kind of matter for five or six months. After this attack, he remained well till three years ago, when, after exposure to cold, he was again taken ill, and at the end of about a month began to spit up the pieces of skin; but, after six months, he recovered his usual state of health.

In May, 1853, he had another similar illness, in which he expectorated solid matter, and continued to do so till the June following, when he became tolerably well, though still suffering at intervals from cough, debility, and pain in the limbs and head.

He has now had the peculiar expectoration since Christmas. He took cold at the end of the year, and had profuse epistaxis. The masses are generally brought up after a hard riving cough, which comes on in paroxysms and threatens suffocation; but sometimes they are expelled with very little effort. Usually only one portion is spat up at a time, but the expectoration is sometimes repeated every hour or two hours. The paroxysms of coughing are caused by any exertion or excitement, and are relieved by the expulsion of the membranes. His mother states that the bodies expectorated have always the form of a trunk and branches, and they are generally an inch and a-half long. They have a white colour, and he has never brought up any blood with them. His voice has never been affected, but he is habitually short breathed.

He was directed to take an expectorant and anodyne mixture, containing small doses of the potassio-tartrate of antimony, ipecacuanha wine, and compound tincture of camphor, with an alternative of hydrarg. c. cretâ, soda, and rhubarb.

The following notes were taken on the 20th of March. His appearance is unhealthy; his cheeks and lips are livid, and the latter tumid; his hands are also livid, and the nails slightly incurvated. He is thin, and the skin dry and scurfy. The chest is narrow and



contracted, and the veins in front are very conspicuous. It is altogether less resonant than natural, and the deficiency is more marked at the left apex posteriorly than elsewhere. The respiration is puerile in front, but is feeble in the dorsal and lateral regions, and is there attended with a slight subcrepitant rhonchus. The heart's sounds are natural. The tongue is somewhat furred; the pulse feeble and accelerated. The sputum which his mother first brought to me consisted of the ordinary bronchitic secretions, containing small shreds of white membrane; but to-day I have received several portions of solid material, which were expectorated two days ago. When expanded in water they are about an inch in length, and have a trunk of about the size of a crow-quill, with

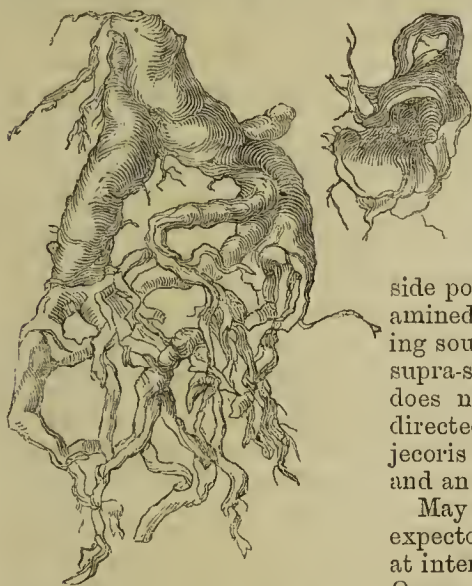
numerous small branches diverging from it. The solid portions are composed of white membranous laminæ arranged concentrically; and though somewhat softened from the length of time which has elapsed since their expulsion, have considerable resistance; none of the pieces have the slightest tinge of blood.

He was directed to continue the same course as before, and in



addition, a pill containing Dover's powder and hyoseyamus was ordered to be taken at night, and a blister to be applied between the shoulders.

April 3.—Since the last notes were taken, he has continued to expectorate the membranous bodies every second or third day; sometimes they are brought up with a cough; at others, they rise into the throat and are expelled with a feeling of sickness, either by the mouth or through the nostrils. He has brought up a considerable mass about two hours ago; they have the usual form; the largest piece is about two inches in length, the trunk is as thick as a writing-quill, and the sub-divisions decrease in size till they become very minute. His mother thinks the masses grow larger; of various portions which I have seen, all have been unmingled with other secretions, and free from any appearance of blood. Upon the whole his general health continues much as before, but his mother thinks he is losing flesh. The left side of the chest is altogether somewhat less resonant



than the right, and the difference is most marked at the left supra-scapular region. A slight irregular sub-crepitan rhonchus is heard in every part, but is most distinct at the upper portions, and especially at the left

side posteriorly. When last examined, a distinct valvular clicking sound was heard in the left supra-scapular region, but this does not now exist. He was directed to take the oleum jecoris with quinine and iron, and ananodyne and expectorant.

May 4.—He has continued to expectorate the fibrinous casts at intervals since the last date.

One or two masses are generally

brought up during a day, or for a day or two, and then he does not expectorate any more for five or six days. The pieces gradually increase in size, and his mother has brought me some to-day expectorated within the last few days, and one of them last evening, larger than any which I have seen before. He is not improving in appearance; his face is much flushed; he does not gain flesh, but his appetite is a little better. He suffers from difficulty of breathing before expectorating the masses, and this is relieved after; he has some cough at the time, but he brings them up more readily than before. The physical signs remain as before. To continue the oil and tonic, and apply a blister between the shoulders.



25th.—He has latterly improved, and now suffers less from difficulty of breathing and cough; his appetite is better, and he is gaining strength. He only expectorated some small fragments of membrane from the date of the last report to the 22nd, since which time he has spat up several large pieces, and one to-day. The deficiency of resonance on percussion at the left apex, posteriorly, continues, but the increased sense of resistance is more marked than the dullness. There is no appreciable difference between the two sides in front. The respiratory sounds at the left apex, both before and behind, are rougher than elsewhere, but there is no valvular sound. There is a slight rhonchus at the end of a forced inspiration at the right infraclavicular region, and re-

spiration is harsh in the dorsal regions.

June 12th.—Since the last date he has only three times brought up any solid material, and the pieces expectorated have all been small. The cough is less troublesome, and the membranes are expelled with little effort. His face is less livid, tongue clean, pulse feeble, quiet. Generally, his mother says, he improves in warm weather.

July 17th.—It is now six weeks since he expectorated any casts. He is looking stronger and stouter than before. Tongue clean, pulse quiet, digestion and appetite good. The chest is still

sparingly resonant above; it is equally so on both sides in front; but behind there is some deficiency at the left supra-scapular region. The respiration is natural everywhere, except in the lower dorsal regions, where it is slightly harsh. Soon after this time he ceased attending at the Hospital.

*Remarks.*—The case which has just been read affords an example of a form of disease which, though certainly rare, is yet of sufficiently frequent occurrence to render a knowledge of its chief characteristics a matter of practical importance.

During the last session of the Pathological Society, I prepared a report, since published in the "Transactions," in which I collected the particulars of thirty-four cases of fibrinous expectoration, and deduced from them certain general inferences as to the circumstances under which it occurs. Since that report was drawn up, a memoir on the subject has appeared, by Dr. Thierfelder of Leipsic, which contains the account of a case which had occurred to the author, and notices of five others, three of which are new to me. I have also seen the reports of cases by Gendrin and Caseaux; and my attention has been drawn, by Dr. O'Connor, to two interesting communications, containing several well-observed cases, by Dr. Banks and Dr. Gordon, published in the *Dublin Journal*, which, from the unavoidably hasty way in which the report for the Pathological Society was drawn up, had escaped my notice.

The cases to which I have now alluded, together with those referred to in the report, amount to forty-eight in number; and it would probably not be difficult still further to increase the series. I find, however, that the inferences previously drawn so closely correspond with those which an analysis of the more numerous data establish, that there would be little advantage in endeavouring to obtain a wider basis for generalisation.

1. The *plastic bronchitis, bronchite pseudo-membraneuse, or bronchitis crouposa*, as the disease has been termed by different modern writers, is of more frequent occurrence in males than in females.

2. While the affection is not limited to any period of life, but occurs both in the young, in persons of middle age, and in the old, it is most frequent between the ages of 20 and 50.

3. It may attack persons who have enjoyed robust health, but generally occurs in those who have been previously suffering from some chronic pulmonary disease, or who have been exhausted by other debilitating causes.

4. The affection is characterised by the ordinary phenomena of bronchitis, aggravated, however, by the difficulty in expectorating the solid material; and it may either be acute, rapidly terminating in recovery or in death; or chronic, the peculiar sputa continuing to be expectorated, at longer or shorter intervals, for weeks, months, or even years; or it may repeatedly recur on any exacerbation of the bronchitic symptoms.

5. Hæmoptysis, at least to any considerable extent, is by no means a frequent or even a common symptom; but, on the contrary, the membranous material is most generally expectorated, either almost alone, or mixed with the ordinary bronchitic sputa, usually with the white, glairy, adhesive mucus which first occurs during a bronchitic attack.

6. The membranous material is most generally of a dull white colour; more rarely of a brownish hue, or slightly discoloured by blood. Chemically and microscopically, it presents the usual characters of fibrin. In form, it may either be moulded into the shape of a bronchial tube and its ramifications, or it may constitute a thin shred of membrane. When assuming the branched or dendritic form, it may be hollow or solid, and is found to be comprised of a number of delicate laminae, arranged concentrically. The trunk of the branched cast generally has a diameter of from one line to two or three lines, or varies from the size of a small crow-quill to that of a large goose-quill. The branches sub-divide till they become very minute. It would thus appear, that the casts are generally moulded in bronchial tubes of the third or fourth size; but cases are recorded in which the masses expectorated had a much larger diameter, and in which, after death, the main bronchi have been found obstructed; and others in which the false membrane extended from the smallest tubes to the trachea.

Michaelis supposed that the *bronchial polypi*, as the casts used formerly to be termed, were of two kinds: one consisting of fibrinous exudations from an inflamed mucous membrane; the other being decolorised clots, from blood retained in the tubes after hæmoptysis; and this view was supported by Dr. Cheyne. While, however, the expectoration of solid masses, assuming the form of the bronchial ramifications, occasionally follows profuse hæmoptysis, and so affords support to the idea of Michaelis, I believe Dr. Watson to be correct in supposing that the fibrinous material is always the product of inflammation; and the hæmorrhage, when



it occurs, an accidental complication. In the Report I have suggested that cases of plastic expectoration may, in some cases, when accompanied by hæmorrhage, be analogous to the hæmorrhagic pleuritis or pericarditis, the effusion not being limited to the escape of the liquor sanguinis only, but being combined with a discharge of blood-globules; while, in the ordinary form of fibrinous expectoration, the plasma only escapes. In some cases, also, the false membrane may adhere closely to the mucous membrane, and be with difficulty separated from it; in others it may have little or no connexion with the exuding surface, and hence another cause of the presence or absence of hæmorrhage.

7. The ultimate result of cases of fibrinous expectoration depends upon the circumstances under which the formation of the solid matter takes place. When, as is not unfrequently the case, the membranous effusion occurs as a complication of phthisis, or of some other fatal disease, it necessarily follows the course, and may but little affect the result, of that disease. When, on the contrary, it is an idiopathic and acute affection, though the symptoms by which it is attended are ordinarily urgent and alarming, it usually soon subsides, under appropriate treatment, and the patient quickly regains his usual health. In other cases, however, the acute symptoms may subside, but the false membrane may continue to be formed, at intervals, for a long period.

The opinion which I have just expressed of the generally remediable character of the acute plastic bronchitis, is, I am aware, opposed to the conclusion of Dr. Thierfelder, who states, that, in the acute form, the disease is generally rapidly fatal; and refers, in support of his assertion, to the fact, that of thirteen cases which he has collected, and which he very erroneously supposes to be all that have been placed on record within the last 120 years, eleven proved fatal. It is true, that the affection is occasionally attended by fever of a low typhoid type, and proves very rapidly fatal; but most generally the inflammation appears to be by no means intense; the accompanying constitutional disturbance has a sthenic character, and the urgent symptoms subside when the fibrinous material is expectorated. The unfavourable opinion as to the general result which is entertained by Dr. Thierfelder, is owing to the small number of the cases which he has analysed, and to his having confounded with them cases of acute capillary bronchitis, in which false membranes were found in the tubes after death.

The case which I have related will be observed to belong to the chronic form of the disease, the patient having had several attacks before that in which he fell under my notice. Like many of the similar cases, he was a very delicate person, and inherited a predisposition to pulmonary disease. The inflammatory symptoms had probably never been very severe, and had already nearly subsided. The casts appear to have been at first moulded in the smaller bronchial tubes of the upper lobe of the left lung, but, as the disease advanced, the fibrin was either effused from the original seat of disease, in larger quantity, or the disease itself extended, so that the masses expectorated had the form of the main bronchus of that lobe. When first expelled, the solid matter formed oblong or rounded bodies, about the size of a filbert, and these, when macerated for a short time in water, gradually unfolded themselves, till their peculiar branched form became apparent; but for the complete separation and exposure of the smaller divisions much careful manipulation was required. The largest pieces expectorated had an extreme length of about three inches, and at the trunk were three to four lines in diameter. In some I was able to trace ten distinct subdivisions, and the terminal portions were most minute. Two or three masses were generally expectorated on the same day, or within two or three days, and he then usually did not bring up any more for a period of a week or ten days; but, occasionally, they were expelled more frequently, and in a day he once expectorated not less than seventeen pieces. When first observed, the membranous material was only expelled after a severe fit of coughing, but latterly they were brought up with little effort. The physical signs which were observed in the case were those of slight capillary bronchitis, with obstruction in the tubes of the upper part of the left lung, and consolidation of the corresponding pulmonary substance. There was slight sibilant rhonchus, with more or less crepitation, heard in different parts of the chest; some dulness on percussion at the upper part of the left side, especially posteriorly; and slight bronchial respiration, with mucous sounds, occasionally having the clicking or valvular character, more frequently the usual subcrepitation, in the same regions.

These signs correspond with those generally heard in cases of a similar description. In the early stages of the disease there

are the usual signs of bronchitis; and, in the later, these pass into those of obstruction of the smaller tubes and consolidation, probably collapse of the lung.

M. Valleix states, that, if, when the voice is unaffected, there exist the signs of capillary bronchitis, but, instead of there being a general and abundant subcrepitant rhonchus, the "petit bruit de soupape" is heard, with sonorous rhonchus, we may suspect the presence of false membrane in the tubes; and he refers, in support of this opinion, to cases observed by Caseaux and Barth; the latter I have not been able to find; but M. Caseaux, in the report of his case, describes a sound "de soulèvement et d'abaissement;" and it is most probable, that, under the term of "bruit de soupape," M. Valleix means the clicking or valvular sound, which was once or oftener heard in the case here related. Dr. Cane mentions having detected a similar sign in a case which he has reported; and Dr. Gordon speaks of a "peculiar flapping valvular sound," and "double flapping sound," as heard in some of his cases, and evidently regards the sign as that referred to by the French writers. This subcrepitant or valvular sound cannot, however, be regarded as very characteristic of the presence of false membrane in the tubes. Such a sound may be caused by any viscid material obstructing a large bronchial tube; but the precise nature of the effusion can only be ascertained by inspecting the sputum.

While, however, the diagnosis of the plastic bronchitis can thus not be effected by physical signs alone, there are certain general characteristics which sufficiently distinguish the disease from other forms of affection to which it bears a very close resemblance. It has been confounded with the acute capillary bronchitis; but, though in the latter affection, as in cases reported by Nonat and Fauvel, false membranes do sometimes form in the tubes, and the secretion is always very viscid, this cannot be regarded as an essential feature of the disease. Its most striking character is the tendency of the inflammation quickly to extend itself over the bronchial membrane of both lungs, and so to lead to rapid asphyxia; whereas the plastic bronchitis is generally limited to a portion only of one lung, and the physical signs of the two diseases are very dissimilar. The false membrane in cases of acute capillary bronchitis is also of comparatively rare occurrence; I did not once meet with it in any of the cases which I examined during the last epidemic of influenza, and when it does occur, it is rarely more than in small shreds, which gradually pass into the more usual viscid secretion.

The acute plastic bronchitis may also be mistaken for acute pneumonia, or for a circumscribed empyema; and when, as in cases mentioned by Dr. Gordon, in addition to dullness on percussion, and absence of respiration, the heart also is dislocated, it would be difficult, if not impossible, to distinguish it from the latter disease.

The plastic bronchitis is analogous to the form of inflammation of the mucous lining of the air passages, which is known under the names of diphtherite, angina membranacea, and croup in the adult, and which, commencing in the fauces, is occasionally continued through the larynx, to the terminal portions of the bronchial tubes.

It may naturally be expected that, in this communication, some allusion should be made to the cause of the chief peculiarity of this form of disease, and that some reason should be assigned why the mucous membrane, when inflamed, instead of pouring out the usual secretion, exudes a fibrinous material. I regret, however, I have no new views to advance on this point. It is easy to state objections to the various explanations which have at different times been proposed, to show that it cannot depend on the age of the individuals attacked, nor on the intensity of the inflammatory action; that there is no proof that it is owing to the excess of fibrin in the blood, as supposed by some pathologists, or to the particular tissue affected, as imagined by others; and that the views of Reynaud and Stokes, that the lining membrane of the bronchial tubes loses the mucus, and partakes more of the serous character as it approaches the periphery of the lungs, is not borne out by recent investigations. I am, therefore, compelled to resort to the unsatisfactory mode of solving the difficulty, by supposing that the exudation of fibrin depends on the specific character of the inflammation, resulting from some peculiarity in the constitution of the individuals affected, though I cannot hazard a conjecture as to the nature of this peculiarity.

The only other remarks which I have to offer upon the case which I have read, refer to the treatment which was adopted. Before the patient fell under my notice, the period for active interference had passed, and the indications to be fulfilled consisted in the relief of the slight bronchitic symptoms still existing, and the prevention of the further formation of the fibrinous material.



For the first purpose, expectorants, anodynes, and counter-irritants were employed; and for the second, tonics, and especially the cod-liver oil; and I have, within the last few days, seen the patient, and have found him tolerably well, and free from cough or expectoration. How far, however, his recovery will be permanent it is impossible to say.

In the cases of acute plastic bronchitis which come under the care of the Medical practitioner at the commencement of the disease, the aim should be—1st, to relieve the inflammatory symptoms; 2nd, to assist the expulsion of the membranes when formed; and 3rd, to prevent their further formation. These indications should be accomplished by a judicious employment of antiphlogistic measures, regulated by the urgency of the symptoms and the power of the patient. It would be necessary to cup or apply leeches over the affected part of the chest, to exhibit antimony, and to affect the system mildly with mercury. The expulsion of the membrane might be assisted by the use of emetics, and by inhalations of the vapour of water, or of etherial or other fluids; and the further formation of the membrane would probably be best controlled by mercury. In the later stage, the use of anodynes and tonics would be required.

The use of mercury in conjunction with other antiphlogistic means is strongly recommended by Drs. Gordon and Banks; and Dr. Thierfelder, while he says little benefit results in the acute disease from a purely antiphlogistic course, approves of the employment of depletion in combination with mercurials. He also regards mercurials, the hydrochlorate of ammonia, and the iodide of potassium, as beneficial in the chronic form of the disease. The latter remedy he employed in the treatment of the case which he has related, in very large doses. Dr. Watson, in alluding to a case of plastic sputum, which was attended with hæmorrhage to an alarming extent, remarks, that though the case seemed at first to call for active interference, and was in consequence energetically treated, on looking back upon it, he regarded the treatment as having been unnecessarily active; and the remark seems applicable to a large proportion of the cases of this description. Though alarming in their first appearance, they often do not seem to require very active measures for their relief. In those cases in which the disease becomes chronic, or recurs at intervals, on any exacerbation of bronchitic symptoms, protection against the weather, and, if possible, residence in a warm climate, should be enjoined.

## PRACTICAL ESSAYS ON PLASTIC SURGERY.

By T. SPENCER WELLS, Esq., F.R.C.S.

Surgeon to the Samaritan Hospital.

(Continued from page 263.)

WHEN a flap is taken according to either of the divisions of the third method, its *form* must be as simple as possible, but must still accord with that of the defect to be restored. For example, the triangular flap of Dieffenbach for restoring the nose is too simple in form, as the long points of skin are apt to become gangrenous. A rounded outline removes this objection, and secures more accurate adaptation of the flap to the stump.

Annexation of the edges of the flap to those of the defect must be as exact as possible in every part. The mode of securing this annexation has been already detailed. (See pages 55, 56.)

When a part covered by cicatrix has to be restored, the cicatrix should be entirely removed. Suppose, for example, the point of the nose to have been destroyed; it is not sufficient to pare the edges of the defect and annex the flap to the denuded edges; it is absolutely necessary to remove very carefully the whole cicatrised surface of the nasal stump which is to be covered by the engrafted flap. Of course this denudation of cicatrix is to be effected with the greatest forbearance towards any remaining sound portions of the defective part. Langenbeck has insisted very strongly upon these points, and with great reason, especially in cases where the free borders of the facial integument, the lips, the edges of the eyelids, and the *alæ nasi* are concerned; for, as these parts can never be restored in their original perfection and delicacy, any portions of them which remain must be most carefully preserved. In two cases, where the whole of the cartilaginous portion of the nose was destroyed up to the very narrow remains of the free edges of the *alæ nasi*, he pared these edges, and united them by means of fine sutures with the flap transplanted from the forehead, so that the natural contour of the nostrils was most perfectly restored. In other cases he has preserved the tarsal border of an eyelid otherwise destroyed, and to this annexed the flap, so that the new eyelid, after healing,

has been furnished with eyelashes along its whole border. I have followed this proceeding in one case with complete success.

If a transplanted flap were simply united with the denuded edges of a defective part, and the raw surface of the flap were applied upon the old surface of cicatrix covered by a more or less normal epidermis, the two surfaces would never unite, the flap would become raised, thickened, and undergo considerable alteration in form and appearance. The whole of the epidermoid surface of the cicatrix should therefore be pared away, so that two raw surfaces may be brought into apposition.

In order to bring the edges of the flap and the pared edges of the defect into perfect apposition, the latter must be loosened from their attachments to the subjacent parts, to the extent of two, three, or four lines, by flat strokes of the knife. This is too often neglected, and the consequence is, that it is found difficult to bring both edges to the same level. One projects beyond the other, and the flap remains raised even after union by first intention. But if the edges of the defect be so loosened that they can be raised from their attachment, both the edges are easily brought into close apposition, and no difference of level is observed after union takes place.

As very small defects can always be restored by some of the simpler methods, no very small flap can ever be required, certainly not less than half an inch in breadth. The largest flaps ever employed have been about six inches by five, and have been removed from the shoulder to fill up gaps left in the neck after the division of cicatrices.

The size of the nourishing peduncle varies very much with the nature of the operation. In forming a nose from the arm, it is left as broad as the flap itself. It is also left very broad when large flaps are transplanted from the shoulder or arm to the neck or thorax. When the flap is taken from any part of the face, a much narrower peduncle will suffice. The minimum of safety has not yet been determined. The medium of Langenbeck's operations, when the nose has been restored from the forehead, is 6 lines for the breadth of the peduncle; the narrowest was  $4\frac{1}{2}$ , the broadest 7. Probably it might be reduced to 4 if thought necessary or desirable. But it must be remembered, as Langenbeck observes, that the skin near the root of the nose is very firm and full of vitality, and that there is scarcely any other part where the formation of so narrow a nourishing peduncle could be safely practised.

The supply of blood would be insufficient if the peduncle were either too narrow or too tightly stretched. The reflux of blood would also be prevented by too great twisting, or by the pressure of the twisted sutures.

If either the flap or peduncle be too much stretched, the skin assumes a marbled hue, and it is only by loosening the sutures, lengthening the peduncle, and freeing the surrounding parts, that gangrene can be prevented. Too great twisting of the peduncle can be obviated by giving an oblique direction to the primary incisions.

When annexing the peduncle in its new situation, all stretching and compression must be avoided. The sutures on each side should not be opposite to each other, or the narrow strip between them would inevitably be compressed.

The effect of the best-executed operations is often marred by the contraction of the free edges of a flap. This is to be avoided either by uniting the free edge of the flap with neighbouring mucous membrane; by turning the free edge inwards, and so fixing the two raw surfaces of the flap together by suture, that the edge consists of a rounded duplicature of the flap; or thirdly, by reckoning for the degree of cicatrix contraction and making the flap too long.

IV. The fourth method according to which plastic operations are performed, I have described as follows:—"By using some part of the body of another person, or some distant part of the body of the same person, which has been entirely separated, and retains no connexion with the person or part from which it has been removed."

Very wonderful accounts are to be met with in many books, of successful re-union of parts of the body which had been entirely separated. One man cut one of his fingers off; and, after a long search, found it among some saw-dust. It was then cleansed, replaced, and union took place. Another fished his finger out of a gutter, and the same fortunate result was obtained. A man bit off another man's nose, bruised it with his teeth, and spat it into the dirt. This also was successfully replaced. Another nose, thrown into the dirt, or, rather, the separated point of it, was eaten by a dog, out of whose stomach it was afterwards cut; and this also united, after some hours separation. Many such stories as these might be collected from the writings of men of good



character and reputation. They are told sometimes with exceeding gravity, and with an amount of concurrent testimony which leads to a belief in the truth of some of the least marvellous, and suggests the inquiry whether success in such cases is to be considered as a lucky accident, or whether the retarded replacement, the apparently unfortunate delay, by which the wonder of the story is kept up, may not have been perhaps the cause of the fortunate result—whether the Surgeon proceeds upon the best principles who at once sews on and binds up a separated part at the hazard of interposing a layer of coagulated blood between the two surfaces, and thus preventing their reciprocal contact; or how long a part, perfectly separated, retains its vitality sufficiently to become again a part of a living body, and at what period after the entire separation of a part of the body, or at what stage of the changes which take place in it, does reunion most readily take place?

Dieffenbach describes the changes which take place in a part which has been entirely separated as follows:—"If we cut away a piece of skin, which we have frequent opportunities of doing after Surgical operations when parts are extirpated or amputated, we may notice a series of interesting phenomena, which show themselves still more clearly on the immediate separation of a flap of skin from the body. At the moment when the flap of skin is surrounded by the knife it becomes pale, not in consequence of loss of blood, but, when this is very small indeed, from a pure nervous affection, a spasmodic condition in the capillaries of the corium, which throws the blood out of it into the deeper parts. Very soon this pallor becomes less, even when the flap is perfectly separated. After the first bleeding from the edges, fresh blood flows, and this is repeated several times after its separation, until there appears a yellowish thin blood, and at last lymph. The edges of the corium are drawn together as if by a slight spasm, and the whole flap is slightly arched. These phenomena are most striking when the skin is from the scrotum; and, as I once took away a large portion of the scrotum, and applied it spread out, I found it afterwards wrinkled up together. Gradually life in the flap expires, and with its death all the above phenomena cease."

[To be continued.]

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### ST. THOMAS'S HOSPITAL.

#### CASE OF EXTENSIVE ABDOMINAL CARCINOMA.

[Reported by Mr. CARPENTER.]

MARY LYALL, aged 22, admitted August 22, under the care of Dr. Waller. She is married, and has had two children; her last confinement occurred eleven months since; the child was stillborn. About eight months ago was admitted, under Dr. Bennett, complaining of great pain in the epigastrium, with nausea. These symptoms were soon relieved, and she left the Hospital, apparently well. A short time afterwards she observed an enlargement in the abdomen, which gradually increased, and was attended with exquisite pain. On examination, the abdomen was felt to be greatly distended with air; and on firm pressure, a nodular, hard, irregularly-shaped tumour was discovered in the right iliac region, extending somewhat into the umbilical. Some thickening and irregularity was also noticed lower down in the situation of the ovary. The uterus was quite healthy. Dr. Waller observed, that three questions naturally presented themselves with regard to the nature of this tumour: Was it connected with the omentum; or an inflammatory condensation of the pelvic cellular membrane, which would eventually terminate in abscess? or was it in part, at any rate, the result of scybalous accumulations in the bowels? To determine the latter question the patient was ordered to take *fellis bovis* ℥i, 4tis horis for the first four days. This had the effect of clearing the bowels, of getting rid of the tympanitic distension, but the swelling remained the same. It was clear, therefore, that in considering the nature and site of the tumour, the idea of fecal accumulation must be abandoned. A careful examination was again made, and Dr. Waller gave a somewhat guarded opinion, although inclining to the belief that it was omental, stating that there were two circumstances which favoured this opinion. In the first place the tumour was movable, could be easily pushed

from side to side, and, secondly, that when the patient attempted to raise herself from the recumbent posture, it produced a painfully "dragging sensation" at the scrobiculus cordis, attended with "pain in the stomach." The pain during the course of her illness was of a very severe and lancinating character, and there was extreme tenderness on pressure, vomiting almost incessant, and her nights were sleepless. On the 9th of October she became jaundiced, and remained so until her death. Her bowels were generally confined, but became more so after the appearance of jaundice, the feces clay-coloured, and the urine tinged with bile. For a few days the urine was very turbid, the fluid presenting a purulent appearance. On the 21st oedema of the lower extremities made its appearance, which gradually increased; this symptom more observable on the right side; the tumours also increased and emaciation went rapidly on, as might be expected, as scarcely any food could be retained on the stomach. There was no considerable rise in the pulse; it remained steadily at about 96 during the entire progress of the disease. She suffered from dyspnoea on the night of the 28th, but rallied towards morning, her pulse being still only 96. She soon relapsed, lingering, however, until November 3, when her sufferings were ended by death.

*Treatment.*—A particular detail of the treatment pursued would be useless and tedious, it being entirely palliative. Leeches were applied several times soon after admission, which slightly relieved the peritoneal pain, but her agony was intense during the last two months, and could only be temporarily relieved by doses of morphia repeated several times during the day. This medicine the patient earnestly requested might be frequently given, as nothing else produced a momentary cessation of pain. Aperients were at first given, and afterwards enemata to relieve costiveness. The vomiting continued in spite of every attempt to relieve it; soda water with a little brandy was the remedy most grateful to the patient, but failed to produce any real benefit.

*Sectio-Cadaveris Fourteen Hours after Death.*—General appearance much emaciated and jaundiced; lower extremities cedematous; chest and pericardium healthy; both pleura presented numerous old adhesions; the lungs were for the most part crepitant throughout and healthy; in the lower lobe of each was a solitary mass of cancer, one as large as a filbert, the other somewhat smaller; they were nearly globular in shape, abruptly defined, and though presenting for the most part the ordinary character of encephaloid, were extensively studded with black matter.

*Abdomen.*—The abdominal cavity contained about a quart of jaundiced and slightly opaline fluid; the surface of the small intestines, in many places, and especially two or three feet of it at the lower part of the ileum, was covered with large cancerous nodules. The mesentery was enlarged by cancerous disease of its glands, so as to form a tumour, varying between a-half and three inches thick, the thickest part being above, and continuous with similar, but, if anything, even greater disease of the glands, occupying the concavity of the duodenum. The entire mass of disease, though very different in shape, probably nearly equalled in size the head of a child two years old. The mesenteric tumour, owing to the narrowness of its spinal attachment, as contrasted with its general bulk, could be readily swayed from side to side, even before the abdominal cavity was opened. The parietal peritonæum presented a little congestion here and there, but, except in the right iliac region, when the portion of diseased ileum had become detached, appeared healthy. The surfaces of the liver, spleen, stomach, great omentum, and of the greater part of the jejunum, the upper portion of the ileum, and the large intestines, were also in a healthy condition. Those parts of the second and third portions of the duodenum that were visible without dissection, appeared studded with large flat nodules of encephaloid, continuous with the mass of diseased glands. The surface of the jejunum was studded more or less thickly, here and there, with similar nodules, which were most abundant along the attachment of the mesentery. The ileum also presented a few patches, and two or three feet of its lower end were thickly covered with them, so as to have a slight resemblance to a spike of Indian corn. It was a portion of this that had become adherent to the parietal peritonæum. The diseased mesentery had a smooth, undulated surface, and, generally, a light straw colour. The diseased portions consisted of mesenteric gland, varying between the size of a walnut and that of a marble, which was converted into soft, straw-coloured, creamy juice, yielding encephaloid matter. In several places, folds of the diseased structure had become adherent to one another. The entire mesentery was not diseased; the glands occupying its spinal attachment were



all affected; and from thence to the intestinal attachment, in all the situations in which the surface of the intestine was involved; but, where the surface of the intestine was healthy, the corresponding portion of the mesentery was healthy, and presented healthy glands, from the depth of half-an-inch to two inches. Some of the glands connected with several parts of the colon were also diseased. The mass of glands occupying the concavity of the duodenum, was similarly affected. The lower end of the ductus communis-choledochus was lost in passing through them, and the lower part of the portal, and commencement of the superior mesenteric veins were all compressed by them, and their inner surface presented projecting nodular growths continuous with the diseased structure. The arteries passing through them were unaffected. The mucous membrane of the stomach was healthy, and the first part of the duodenum; but the second and posterior part of the third presented no trace of mucous membrane, but a soft, white, pulpy, ulcerated surface. The walls of one part had ulcerated with a diseased mass of glands; but where this was not the case, they varied from a quarter to half-an-inch in thickness. The great bulk of the thickening depended upon cancerous infiltration of the submucous tissue, and in a less degree of the subserous tissue. A little thickening of the muscular coat was visible in places. The diseased portions of ileum presented much the same characters; the walls were from a quarter to half-an-inch thick, consisting chiefly of soft, encephaloid matter, divided longitudinally by the slightly thickened muscular coat into two regions, an outer connected with the serous, and an inner with the mucous coat; the outer one the thinner of the two, the inner one thick and pulpy, and where thickest, the mucous surface was covered, more or less, by a sort of diptheretic exudation, which in some situations was displaced by evident commencing ulceration. The muscular coat was very distinct, but was traversed abundantly by vertical bands of cancerous material, which formed communications between the serous and mucous coats. In many other parts of the intestines, the mucous coats, when found, presented nodules similar to, but unconnected with, those in the serous membrane, although occurring for the most part in the same neighbourhood; in fact, with respect to the intestines, the disease seemed to have arisen indiscriminately in the subserous and submucous tissues. There did not appear to be any tendency, at least any special tendency, in the solitary glands, or in Peyer's patches,—certainly many of the latter were in a healthy state. The contents of the alimentary canal were entirely free from bile, and the sigmoid flexure and rectum were completely full of solid clay-coloured faeces. The liver was somewhat larger than usual; it was unadherent to surrounding organs, and its surface was smooth. The gall-bladder was much enlarged, holding about six ounces of dark-coloured, not very thick bile. The common duct was so enlarged as readily to admit the thumb. The cystic duct, hepatic duct, and their branches, were all proportionately enlarged, and filled with rather watery bile. The parietes of the vessels were, however, healthy, except the lower end of the common duct, which was lost in the thickened mass of cancerous disease through which it passed, and a little above this also its walls were studded with cancerous nodules. The substance of the liver was rather flabby, not congested, and not deeply jaundiced: indeed it might have passed for a moderately healthy liver, had it not been for the great distension of its ducts. Under the microscope nothing very remarkable was observed; many of the cells were in a fatty condition, the oil globules being abundant and of large size, the cells being chiefly confined to the centre of the lobules. The cells in other situations presented little more than usual. There appeared to be no distinction of the hepatic cells, no marked jaundice; they were, however, a little yellower than usual when aggregated into condensed masses. The epithelium of the duct was internally yellow. The bile itself presented no abnormal appearance. There was no development of cancer in the liver. The spleen was a little increased in size, but presented no other unusual appearance; kidneys healthy; uterus healthy; the ovaries somewhat enlarged, especially the left. These were found to be in an oedematous condition, and partly affected with cancer; each of them was attached to a small cancerous mass, and connected with the large intestines; it appeared as though the disease had spread from the latter rather than to have arisen *de novo* from the ovaries themselves. The artery presented a few patches of atheroma, but otherwise healthy. The cancerous growth in every situation presented the same characters; it appeared to consist chiefly of round ovoid, granular matter, of the size of a pus globule. Now and then one was observed surrounded by a cell wall, and occasionally two or three were thus circumscribed.

## THE HOSPITAL FOR SICK CHILDREN.

## CARIES OF THE TARSUS.—AMPUTATION AT THE ANKLE-JOINT.—RECOVERY.

[Under the care of Mr. ATHOL JOHNSON.]

SARAH FENNELL, aged 5, a delicate-looking child, of strumous aspect, was admitted with an ulcer situated over the outer side of the ankle, from which the probe could be passed down to the os calcis, the surface of which was exposed and carious. An abscess had formed in the situation referred to a few weeks before, without any assignable cause; this had been opened, some thin matter evacuated, but a sinus had remained ever since.

A free incision was made down to the exposed surface of bone which was found to be rough, completely denuded, and offering no loose portion for removal.

As the child's health was much impaired, it was thought advisable not to proceed with any further operation at the time. The foot was placed in a splint, and means taken for improving the general condition of the patient.

For some time her health improved; the febrile symptoms diminished; the night perspirations were relieved; and the appetite became better. No amendment, however, took place in the state of the foot; on the contrary, the ankle became more swollen; fresh sinuses formed, leading downwards to the os calcis, as well as upwards to the astragalus, and the disease locally appeared to be making progress.

In the beginning of June, the health began again to suffer; the night perspirations returned; there was cough, with some dullness about the apex of the right lung, and the redness and swelling were extending over the ankle. On consultation with Mr. Prescott Hewett, it was determined, as soon as the child's state would admit of it, to remove the foot at the ankle-joint.

On the 22nd June, amputation at the ankle-joint was performed; the posterior flap was made by carrying the knife downwards and a little backwards from the external malleolus, across the sole of the foot, just in front of the thick part of the heel, the incision terminating at the inner malleolus; the soft parts were dissected over the tuberosities of the os calcis without difficulty; the malleoli, with a thin slice of the tibia, were removed by the saw, and the flaps brought together by sutures, affording a plentiful covering for the ends of the bones. The two plantar arteries were divided instead of the posterior tibial.

Notwithstanding the restlessness of the child, a large part of the wound united by the first intention, and, in spite of a slight attack of phagedæna, which was soon stopped by the application of a strong solution of sulphate of copper by the 13th of July, (three weeks after the operation,) the wound was all but healed, and the child allowed to go into the garden. The weather soon after this was exceedingly hot, and unfortunately, perhaps, after some exposure to the sun, a severe attack of inflammation of the membranes of the brain came on, requiring leeches and ice to the head, calomel, and afterwards blisters, by which the patient's strength was much reduced. She gradually, however, recovered, and was discharged cured, towards the end of August, the notes stating, that the patient "is now able to walk about with the aid of a crutch, resting considerable weight on the stump, the wound having been completely healed for some weeks. The cicatrix is firm, and situated well away from the seat of pressure. There is no tension upon it, the soft parts formed from the heel constituting an excellent pad covering the ends of the bones. The general health is much improved."

Mr. Johnson remarks upon this case:—The advantages attending amputation at the ankle-joint, instead of the leg, in those cases which admit of it, as this one did, the ends of the tibia and fibula being quite free from disease, have been so fully pointed out by Mr. Syme as to require no further notice. The only difficulty in performing the operation consists in the dissection of the posterior flap, it being necessary, as it were, to work round a corner in clearing the thick part of the heel from the end of the os calcis. To diminish this difficulty, two things may be attended to; in the first place, not to make the posterior flap too long; the longer this flap, the much more difficult becomes the dissection, to say nothing of the increased chance of sloughing afterwards. Mr. Syme, in his work on Pathology and Surgery, states that the incision may be made in a line drawn from the centre of one malleolus to that of the other, directly across the sole of the foot placed at a right angle to the leg. In the present case, the incision was directed from the same extreme points, even a little backwards, and, by curving the anterior flap slightly, the covering for the ends of the bones was found to be abundant, and the cicatrix well placed.



The second point rendering the operation more easy is, for the assistant who has charge of the leg to raise it up considerably while the posterior flap is being dissected. This was done by Mr. Field in the present case, to the great comfort of the operator.

The amount of shortening in the child's leg produced by the operation was much slighter than might have been imagined, the addition of a small pad of wadding sufficing to place the two limbs on the same level.

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## Medical Times & Gazette.

SATURDAY, DECEMBER 30.

#### MEDICINE MILITANT.

SURGEONS in Her Majesty's Army and Navy are generally thought to be placed in situations affording little opportunity for the display of personal courage. The services they are called on to render to the wounded are known to require, for their due performance, a cool head and a steady hand; and, therefore, it is supposed they must be kept free from that kind of excitement which constitutes one element in the success of the soldier. And true it is that the Surgeon, when in general action, is placed in those situations which are thought to be the furthest removed from danger; but, in other cases, he is called on to share the peril of those engaged in the most dangerous expeditions, and when he is so, must yet preserve all his self-possession. While himself exposed to death from shell, shot, and sabre, as fully as those who have glory and promotion to earn, he must be prepared to stay hæmorrhage, and even perform operations requiring no small exercise of judgment and skill.

When a party is despatched in the ship's boats on a dangerous enterprise, as, for example, at Lagos, one or more Surgeons are sent in the boats, and are then exposed to the same dangers as the other officers.

And that those in the Army are liable to the same kind of dangers, the following extracts from a letter we lately received from an Assistant-Surgeon in the Camp before Sebastopol fully shows:—

"The siege commenced on the 17th October. I was in the batteries on duty, and was very soon at work, rudely dressing the wounded and despatching them to the rear on stretchers. Part of our regiment being placed on the slope of a hill in rear of the battery, had to lie flat to avoid having their heads knocked off by a shower of shot and shell. As it was, after a few hours, six of them were killed and ten wounded."

"No place was provided for the wounded where I might calmly and deliberately dress them, and consider myself safe. I had to assist them where they lay. I was in the batteries on the top and front of the hill, exposed to every danger equally with if not more so than the men. Twice in the course of the day I ran down the hill to assist them; the second time I arrested hæmorrhage for a sailor, during the operation being obliged to throw myself down perfectly flat at least ten or twelve times. I ought properly to have had the wounded brought



to me, but I was afraid the executive officers might say I was cowardly and neglectful of my duty."

"A few days since our Major had his arm knocked off while standing within a few yards of me. Another day a shell rolled over the parapet, blew one of our men to pieces, wounded another mortally, and several others slightly. Nearly every day we have a series of accidents more or less serious, I running the same chance myself as the others."

This account of our friend is completely borne out by a letter from a Medical Officer published in the *Times* on Tuesday last. He says of the battle of Inkermann,—

"I myself was well forward, had men killed and wounded on all sides of me, being at one time, and for a considerable period, within twenty-five yards of the advancing Russian columns, and amid a perfect hailstorm of grape, canister, round shot, shell, and bullets. I had a hundred narrow escapes, was covered with mud, etc., sent spattering by the shot, but was not touched by anything that could hurt me. I was close in front of the 21st Regiment, when three round shot passed close by me in rapid succession, right into their ranks, which were lying down, each shot striking a man, killing two outright, and carrying off and mangling in a frightful manner the right arm of the third. The "thud" with which the formidable missiles struck against the accoutrements and bodies of the men, was the strangest and most appalling sound I ever heard."

Surely, when Medical men incur such dangers as these in the performance of their duty, it is too bad to deny them a share of the honours and rewards so ungrudgingly bestowed upon other classes of Officers.

#### THE ARMY MEDICAL DEPARTMENT.

At the present moment, when the Medical Department of the Army is the object of so much attention, the following brief sketch of the progressive changes which have taken place in its constitution, and in the pay of the Military Surgeon, may not be deemed uninteresting by our general readers.

The earliest mention made in history of the pay of Surgeons in the British Army is in 1557, when those employed at the siege of St. Quintin received 1s. per diem, being the same amount as chaplains, serjeants, drummers, and fifers, with whom they appear to have been classed. At this early period, a Surgeon was attached to each company, which usually consisted of 100 to 120 men.

In 1620, we find that, in addition to the Surgeon to each company, every regiment of 2000 had a Head-Surgeon, whose pay was 4s.; and a Surgeon-Major was appointed to the whole camp, who received 5s. per diem, and had two "Mates or Servants" under him, at 4s. each. The pay of the Surgeon of a company continued to be 1s. in the infantry, but in cavalry regiments was 2s. 6d. In Cromwell's army, in 1655, the appointment of a Surgeon to each company or troop was abolished; the Head-Surgeon of the regiment continued to draw the same pay as formerly, viz., 4s. a-day; but, in the infantry, was allowed a Mate to assist him, whose daily pay was 2s. 6d.; while, in the cavalry, he received 2s. a-day, in addition to his pay, to enable him to keep a horse.

The Surgeon's Mate was not a commissioned officer, but was appointed by a warrant granted by the Colonel of the regiment. In 1759, his pay was increased from 2s. 6d. to 3s. 6d., at which rate it continued till 1796, when the rank was abolished, and replaced by that of Assistant-Surgeon, who held his appointment by commission from the King, and received 5s. daily pay in time of peace, and 7s. 6d. during war; this distinction of pay, however, was removed in 1804, and the amount finally settled at 7s. 6d. On the Staff of the Army, Hospital Mates

continued to be appointed by warrants signed by the Head of the Medical Board till 1813, when they also were raised to the rank of Commissioned Officers, with the title of Hospital-Assistants; but in 1804 their pay was increased to 6s. 6d. when serving at home, and 7s. 6d. abroad.

Prior to 1783, a small sum was paid annually to the Surgeon by each officer and soldier, under the name of "Medicine-money," out of which he was bound to purchase whatever medicine might be necessary for them [when serving at home. In 1783, this was abolished, and Government allowed, in lieu thereof, a sum varying from 70*l.* to 120*l.* per annum to each regiment. Out of this "Medicine-money," the Surgeon frequently, in years when no extraordinary amount of sickness occurred, saved from 50*l.* to 70*l.*, which increased his pay to about 7s. or 8s. per diem. This system was found to be attended with many disadvantages, and, in 1797, the allowance was, in consequence, discontinued; but, to compensate for it, the Surgeon's pay was raised to 11s. 4d. in cavalry, and 9s. 4d. in infantry regiments.

In 1804, the Medical Department underwent a thorough revision, when several distinctions of rank on the Staff, which were deemed unnecessary, were abolished, and the following scale of Rank, Pay, and Half-pay established:—

RANKS.	Daily Full-pay.	Daily Half-pay.	REMARKS.
Hospital Mate, at home ....	6s. 6d.	} 2s.	The additional 1s. to Cavalry Officer to cover expense of keeping a horse.
"    "    abroad.....	7s. 6d.		
Assistant-Surgeon, Cavalry..	8s. 6d.	} 3s.	
"    "    Infantry.	7s. 6d.		
Apothecary, and Surgeon of Recruiting District .....	10s.	5s.	
Regimental Surgeon.....	11s. 4d.	6s.	
Ditto, after 7 years' service as Surgeon, or 10 in the Army .....	14s. 1d.	6s.	
Ditto, after 20 years in the Army.....	18s. 10d.	6s.	
Ditto—If obliged to retire from bad health after 20 years .....	..	10s.	
Ditto, after 30 years' service ..	..	15s.	Entitled to retire even if in good health.
Surgeon to the forces .....	15s.	6s.	After 20 and 30 years' service, Surgeons to the Forces had the same increased rate of half-pay as Regimental Surgeons.
Physician to the Forces ....	20s.	10s.	
Deputy-Inspector-General of Hospitals .....	25s.	12s. 6d.	
Ditto, after 20 years' service.	30s.	15s.	
Inspector-General of Hospitals .....	40s.	20s.	
Principal Inspector .....	40s.	} These were the members of the Medical Board, and had the sole right of recommending officers for Commissions.	
Surgeon-General .....	40s.		
Physician-General.....	40s.		

From this date no material change took place till 1830, when the appointment of Hospital Assistants ceased, and all who were at that time on full pay were made Assistant-Surgeons to the Forces. The rank of Apothecary to the Forces was also prospectively abolished. The title of "Assistant Inspector of Hospitals" was substituted for that of "Physician to the Forces;" and an increased rate of pay was granted to all officers after certain periods of service. To this increase it is unnecessary here particularly to advert, as it fixed the pay, with a few exceptions, at its present amount.

In 1840, in accordance with the recommendation of the Commission appointed to inquire into the subject of Naval and Military promotion and retirements, the rank of Assistant Inspector of Hospitals was abolished, and the pay and allowances of Staff-Surgeons increased to those enjoyed by the Assistant-Inspectors. A class of Officers to be called Staff-Surgons of the second class, was also instituted, with the same rank and pay as Regimental Surgeons.

The following Table will show the present rates of pay and



half-pay, as established by Her Majesty's warrants of 1st and 14th October, 1840, and confirmed by that of 6th October, 1854.

RANKS.	Rates of Daily Pay.	Rates of Half-pay if placed thereon owing to		Before being eligible for promotion must have served
		Reduction of the Establishment.	Any other Cause.	
	£ s. d.	£ s. d.	£ s. d.	
Assistant-Surgeon, under 10 years actual service .. .. .	0 7 6	0 4 0	0 3 0	5 Years on full pay.
Ditto after 10 but under 20 ditto	0 10 0	0 5 0	0 4 0	
Ditto after 20 but under 25 ditto	0 10 0	0 6 0	0 5 0	
Ditto after 25 but under 30 ditto	0 10 0	0 7 0	0 6 0	
Ditto after 30 years service on full pay .. .. .	0 10 0	0 7 6	0 7 0	
Regimental Surgeon and Staff-Surgeon, 2nd Class, under 10 years' service on full pay ..	0 13 0	0 6 0	0 5 6	10 Years in the Army on full pay.
Ditto do. after 10 but under 20 do.	0 15 0	0 8 6	0 6 0	
Ditto do. after 20 but under 25 do.	0 19 0	0 11 0	0 8 0	
Ditto do. after 25 but under 30 do.	1 2 0	0 13 0	0 11 6	
Ditto do. after 30 years .. .. .	1 2 0	0 15 0	0 15 0	
Staff-Surgeon, 1st Class, under 10 years' actual service .. .. .	.. 0 7 6	0 6 6	0 6 6	3 Years at home or 2 abroad in this rank.
Ditto after 10 but under 20 ditto	0 19 0	0 10 0	0 7 6	
Ditto after 20 but under 25 ditto	1 2 0	0 12 6	0 9 6	
Ditto after 25 but under 30 ditto	1 4 0	0 15 0	0 13 0	
Ditto after 30 years on full pay ..	1 4 0	0 17 0	0 16 0	
Deputy-Inspector General of Hospitals .. .. .	.. 0 8 0	0 7 0	.. .. .	5 Years at home or 3 abroad in this rank.
Ditto after 10 but under 20 years' service .. .. .	1 4 0	0 10 6	0 8 0	
Ditto after 20 but under 25 ditto ..	1 8 0	0 14 0	0 10 0	
Ditto after 25 but under 30 ditto ..	1 10 0	0 17 0	0 14 0	
Ditto after 30 years' service on full pay .. .. .	1 10 0	1 0 0	0 18 0	
Inspector-General of Hospitals after 10 but under 20 years' service .. .. .	1 16 0	.. .. .	.. .. .	10 Years on full pay.
Ditto after 20 but under 25 ditto ..	1 18 0	1 0 0	0 12 0	
Ditto after 25 but under 30 ditto ..	2 0 0	1 5 0	0 15 0	
Ditto after 30 years' service on full pay .. .. .	2 0 0	1 10 0	1 0 0	

Note.—Every Medical Officer has the right to retire upon the Half-pay after 25 years' actual service, and may be recommended for the rate assigned to his rank and services if he had been placed on Half-pay by reduction of the Establishment, provided he shall have served three years in the rank from which he retires.

By Royal Warrant, dated 23rd October, 1854, the rank of Apothecary to the Forces has been re-established, with the following scale of pay :—

	On Appointment.	After 5 Years' Service.	After 10 Years.	After 15 Years.	After 20 Years.	After 25 Years.	After 30 Years.
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Full pay ..	9 0	10 6	12 0	13 6	15 0	16 6	18 0
Half-pay ..	..	..	5 0	6 0	7 0	8 0	9 0

There are also at present employed with the Army in the East a number of "Dispensers of Medicine," who receive 7s. 6d. per diem, and from whom it is understood the Apothecaries to the Forces are to be selected.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending Dec. 23 :—					
	Workhouses...	Military and Naval Asylums	General Hospitals	Hospitals for Special Diseases	Lying-in Hospitals
	Males.	Females.	Total.		
Workhouses...	59	80	139		
Military and Naval Asylums	7	..	7		
General Hospitals	54	30	84		
Hospitals for Special Diseases	2	8	10		
Lying-in Hospitals	1	1	2		
Lunatic Asylums	3	3	6		
Military and Naval Hospitals	8	..	8		
Hospitals for Foreigners, etc.	..	2	2		
Prisons	..	..	..		

## REVIEWS.

*Lectures on the Diseases of Infancy and Childhood.* By C. WEST, M.D., Physician to the Hospital for Sick Children, etc. Third Edition. 8vo. Pp. 620. London. 1854.

THIS edition of the only standard or systematic work in our language upon the important diseases of infants and young children has been very considerably enlarged. It contains, Dr. West says, "The results of 750 observations and 240 *post-mortem* observations, chiefly made among 20,000 children who have come under my care, either in the Infirmary for Children in Lambeth, or at the Hospital for Sick Children." A chapter on the Diseases of the Mind in Childhood, opens a subject of great interest, suggestive of the necessity for an institution in this country where we might treat and observe these "saddest of all affections of early life." Had this work been less generally and favourably known, we should have noticed it at as great length as our limits permit. It is, however, unnecessary to do so; and we need only say, that the reputation the author acquired by the first and second editions, will be enhanced by that before us, and that we can recommend it as a sound and faithful guide to all those who are called upon to treat the diseases incident to infancy and childhood.

*Report on Insanity among Europeans in Bengal.* Founded on the Experience of the Calcutta Lunatic Asylum. By JOHN MACPHERSON, M.D., in Medical Charge of the Asylum. Pp. 19. 1853.

ALTHOUGH very short, and necessarily imperfect, from the difficulty of collecting materials, this report contains much useful and interesting information. The European Lunatic Asylum at Bhowanipore is devoted entirely to Europeans, and was opened in the year 1817; it is private property, but under the patronage of Government, and the Physician in charge must be an officer in the Company's service. Among the conclusions at which Dr. Macpherson arrives, we may mention that, in opposition to the views of some British writers, he considers that Europeans going to the tropics are not especially liable to diseases of the nervous system; and states, with regard to the morbid anatomy of insanity among Europeans in India, that seven out of nine cases exhibited no marked cerebral lesion after death. The treatment of the cases in the Bengal Hospital offers no remarkable features; but restraint, without being wholly abandoned, is seldom resorted to; soothing treatment, by means of opiates and hot-baths, is found beneficial: in high excitement, the use of tartar emetic is attended with advantage; but blood-letting is very seldom employed, and if ever it be found necessary, leeches are preferred to venesection.

*Cholera: the Nature of the Poison, the Part of the Body First Attacked; its Development and Self-Generation in the Blood.* By Dr. TURLEY, F.S.S., etc. Worcester. Pp. 18. 1854.

DR. TURLEY is well known to our readers as the consistent champion of Dr. Stevens's views as to the cause, nature, and proposed remedy for cholera. It is evident that he both adopts the theory and practises the treatment, because he believes in the truth of the former, and has full faith in the latter. He means what he says, and has confidence in what he does.

Our Profession having now happily leisure to study the disease which has just passed away, we think the statements contained in this little pamphlet are worthy of consideration, as, whatever may have been the case formerly, there has been evinced in the course of the present epidemic an inclination among Medical writers to adopt the theory of the poisoning of the blood, and to admit the propriety of endeavouring to expel the poison from the system.

*John Hunter, his Life and Works.* By F. D. FLETCHER, Demonstrator of Anatomy in the Liverpool Royal Infirmary School of Medicine in Liverpool. 1854. 8vo. Pp. 21.

Mr. Fletcher, thinking example better than precept, chose the history of John Hunter as the subject of the Introductory Lecture of the Liverpool School for the present Session. He has drawn up a very interesting biographical sketch, in a style of elegance often rising to eloquence, which induces the hope that we may meet him again in some larger Medical biographical work.



*The Physicians', Surgeons', and General Practitioners' Visiting List, Diary, Almanack, and Book of Engagements for 1855.*

THIS Edition seems to be more useful and complete than any of its predecessors. Its external appearance is also improved. After a trial of a year we can strongly recommend it, from experience, as a most useful pocket engagement-book for Medical men.

#### PORTRAITS.

AN excellent lithograph portrait of Professor Simpson, of Edinburgh, has just been published by Mr. Churchill. It is an admirable likeness. The artists, Messrs. Schenck and M'Farlane, have not only represented faithfully the form and features of the learned Professor, but have caught one of his most characteristic expressions. The lithograph will form a valuable addition to any Medical portrait-gallery.

Mr. Stone has lately added to his excellent series of Medical Portraits one of Professor Sands Cox, of Birmingham. It is a lithograph by Macguire, and the likeness is said to be exceedingly good.

## PROVINCIAL CORRESPONDENCE.

### SCOTLAND.

EDINBURGH, Dec. 23, 1854.

#### ROYAL SOCIETY.

DR. FLEMING'S paper, to which I alluded in my last, was read in the Royal Society last Monday, but elicited no discussion. I regret that circumstances prevented me from personally recording the proceedings of the

#### MEDICO-CHIRURGICAL SOCIETY,

especially as the meeting was an interesting one. From the report of those who were present, I glean that the new President,

#### DR. SELLER,

on taking the chair, delivered a very neat introductory address on Medical ethics in general, and on the ethical relations of the Society in particular.

After this a paper was read by Dr. Matthews Duncan, on what he denominated the

#### STATICS OF PREGNANCY.

a title which caused much anterior speculation, and gave rise to a good deal of jocular remark. The paper was taken up with the discussion of three subjects. First, "the Position of the Uterus in Pregnancy in Various Attitudes;" secondly, "the Best Position for Parturition;" and, lastly, "the Position of the Fœtus in Utero, and the Causes determining it." On the last of these subjects, the whole discussion turned, the only speakers being Professor Simpson and the author of the paper.

Some time ago, Dr. Simpson read a paper before the same Society, contending that the position of the fœtus in utero was determined by excitatory movements. Dr. Duncan, on the other hand, accounted for its position by gravitation alone. A good deal of the argument turned on the position of anencephalous and hydrocephalic fœtuses, and the general impression seemed to be that the Professor had the best of it.

Your readers will remember an unseemly episode which took place some time ago in the Society, between

#### PROFESSORS SYME AND MILLER,

regarding a case of cancer of the nasal bones. The discussion was not fully reported in your Journal, but is alluded to in vol. xxviii. p. 64.

A gentleman applied to Mr. Miller labouring under a tumour of the nares, apparently attached to the septum, which Mr. Miller, taking for a polypus, twisted away. Some months afterwards the patient again presented himself; the tumour had again appeared, and now presented the unequivocal characters of being a malignant growth of the septum. Mr. Miller then declined to operate, on which the patient got the tumour removed by Mr. Syme, who most unnecessarily twitted Mr. Miller with the success of the operation at the meeting of the Society to which I have alluded. Mr. Syme forgot, however, the old adage, "Not to halloo till you are out of the wood," for the patient has since had a manifest return of the malignant growth. On this he consulted the notorious Patterson, who

prudently declined to interfere, and death took place last week. In a former letter I mentioned the proposed

#### DIVISION OF THE NATURAL HISTORY CLASS

in the University into two branches, Geology and Zoology.

The Medical Professors have, however, very wisely prevented this, on the ground that the income of either class would not be sufficient unless it was either made compulsory on Medical students, or was salaried by Government, and that there were too many compulsory classes already; while, in the present state of public affairs, Government was not likely to grant any endowments.

#### A LIFE OF EDWARD FORBES

is said to be in preparation, having been entrusted by his friends to Dr. George Wilson, Lecturer on Chemistry in the Extra-Academical School, already favourably known as a biographer by his lives of Dr. John Reid and of Cavendish.

## GENERAL CORRESPONDENCE.

### THE ASSOCIATION AND ITS JOURNAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—You were good enough to afford me space in your columns, upon October 14, for a letter originally addressed to the Editor of the *Association Journal*, with which that gentleman would not sully the purity of the ornate pages for which he is responsible. Similar uncourteous treatment received by another member of the Provincial—I beg pardon, British Medical and Surgical—Association, has roused the spirit of independence in the breasts of some of the "Old Guard," who have never failed in their real fidelity to that which they founded, (though some have been slow of late in manifesting it,) even through its recent miserable phases. The result has been a Special Meeting of the Bath and Bristol branch of the parent tree, presided over by one of those who attended the primary gathering of Provincial Practitioners at Worcester, which gave birth to the Provincial Association. It is for the purpose of offering a few remarks upon this branch assemblage, and the special purpose for which it was convened, that I again crave your indulgence.

The "special purpose" was as follows:—"To elicit the opinion of this branch on the propriety of the Editor of our Journal declining to insert, in that official organ, letters commenting upon the proceedings or management of the Association, (see *Medical Times*, October 14—Mr. Sheppard's letter; *Medical Circular*, Dec. 5—Dr. Lyon's letter,) and on other subjects connected with the Association."

The meeting was conducted in the most calm and temperate manner, and the members were almost unanimous in their opinion as to the impropriety of Dr. Cormack's refusing to insert letters simply because they were at variance with his own views and notions. It was elicited from one gentleman, during the discussion of the above question, that Dr. Cormack had introduced war into the once-peaceful camp of the Association; from another, that he (the speaker) had "come away from the Manchester meeting thoroughly disgusted with the whole proceedings;" by another it was demanded, "By whose authority the title of the Journal had been altered;" while all adopted the Resolution of the Bath Council (previously passed) as to a change of name being undesirable.

Now, Sir, I would ask, if the state of things which the narrative of this branch meeting discloses does not tend towards the fulfilment of my prediction of the downfall of a once-flourishing and harmonious Association? There was no discord among us once, in earlier and happier times. Its domain stalked not in provincial towns, and had no utterance in a provincial press. The spirit of "commercial speculation" was a thing unknown to us. We were banded together for friendly purposes, and we looked forward to our annual re-unions with a simple and almost boyish pleasure; and well we might do so, for it was the only holiday of most of us; and we held together sweet communion, and we went to our work for another year, freshened and purified by the renewal of the heart's younger sympathies.

But what, Sir, is the case now? Ever since that wretched Oxford meeting(a) the announcement of each anniversary has

(a) I mean wretched only in its results. A pleasanter meeting, in one sense, was never held, nor more splendid hospitality dispensed.



been the signal for the marshalling of rival bands, and sounding the various and multiplying sections of the Association. Crimination and recrimination have become the order of the day, and every year the Society is more deeply shaken to its foundations.

By a strange—some zealous Putneyites would say providential—coincidence, it is required to fill up a gap in the Medical literature of the Metropolis at the very time when a Reading Physician prescribed change of air and diet for our poor provincial periodical.

The failure of one *London Journal* deprives the Profession of an amount of talent which it is at once discovered may revive the fallen condition of our Association. And so, in an evil hour, we are dressed up in new clothes in which we cannot recognise ourselves, and handed over, under a fresh name (the adoption of which no one authorised), to the tender mercies of a Metropolitan scribe.

From that day the Society, founded by my excellent friend Sir Charles Hastings, assumed a new character. Distrusted and mourned over by its earliest and best friends, drugged and distorted by its new disciples, it has become a huge and "organized hypocrisy." Under its new Editorship our Journal has ceased to represent faithfully the feelings and opinions of Association members; sentiments at variance with those of Dr. Cormack himself are characterised as inaccurate, intemperate, and one-sided, and have no place allotted to them in columns surfeited with "cholera" and "tuberculosis."

All sorts of petty squabbles, with which we have no concern, have, nevertheless, been abundant in our *quondam* harmonious pages; a rival publisher—one of the earliest and most sincere members of our body—has been attacked, and his Journal (which Dr. Cormack might strive to emulate) vilified. As a literary production, that which emanates from 37, Great Queen Street, will not bear a moment's comparison with that which issues from New Burlington Street; while, out of charity, I will say nothing about success as a "commercial speculation."—(*Vide* Advertisements touching a "Reserve Fund of 1000*l.* for Journal purposes" !)

All this failure, and disunion, and discord, keep on perpetuating themselves; complaints are made by many; friendly suggestions are thrown out by others; and one "loving son" would "rather at once put on final black for our good mother, than see her stammering, and slaving, and limping along the path which she once trod so jauntily, so sprightly, and so nobly."

But, somehow, no one seems to name the real cause of our now miserable position. Is it that members lack courage to say the truth? It cannot surely be this; and it is satisfactory to see that the "Bath and Bristol Branch" has considerable diagnostic powers. I do not hesitate myself to propound both the evil and the cure for the canker-worm which is feeding upon the very vitals of our Association. I will do so even if I stand alone and unsupported. The reason of our failure is, that we have handed over our Society to the secretarial supervision of one who is totally unfamiliar with its constitution; and our weekly Journal to the Editorship of one utterly inadequate to the task. And how soon may not the fate of one *London Journal* be the fate of another?

Yet a few more days, and I cease to be a member of a Society to which I have been long attached, for which I have often laboured, and which, for its sweet memories only, I still sincerely love. I cannot continue to belong to that which has scarcely a trace left of its pristine character.

Brother Associates, (for the last time,) I call upon you to emancipate yourselves and your weekly Journal from your present thralldom. The spectacle which you now present is a wretched one, and you are collectively tottering to decay. I know the minute anatomy and pathology of your Body, and I have indicated that which can alone save you.

"To have freedom is only to have that which is absolutely necessary to enable us to be what we ought to be, and to possess what we ought to possess."

I have to thank you, Sir, for your kindness in admitting my former communication on the same subject which now occupies me.

I am, &c.

EDGAR SHEPPARD.

Enfield, Christmas-day, 1854.

#### HYSTERIA IN THE MALE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Medical Times and Gazette* of November 18th and December 2nd, are reported two cases of hysteria in the male subject—the former by Mr. Gallwey, of the Royal Artillery, who speaks of the extreme rarity of the disease; and the latter by Mr.

Amyot, of Diss, who mentions several instances among seamen, and asks the question, if the latter class are more subject to it than landmen? Two well-marked cases have occurred in my own practice (of one only I have the notes, and this I report underneath), and several others have been related to me by Medical friends in my own immediate neighbourhood, which induce me to think that hysteria in the male is neither so rare a disease as some practitioners suppose, or that sailors are peculiarly subject to it.

J—B—, a gentleman of independent fortune, aged 50, robust in appearance, of sedentary habits, and of a highly nervous temperament, was my patient. I was summoned to see him late in the evening, and found he had been subjected during the day to great excitement from some family arrangements, and, feeling unwell, had retired earlier than usual to rest. He appeared to be altogether insensible, although the pulse was beating as usual, and the face was of its natural colour. Every part of the body was motionless, with the exception of the eyelids, which vibrated quickly. When roused, he burst into violent fits of laughter and sobbing, accompanied with incoherent expressions, which were uttered rapidly. This state of things continued some hours, but gradually gave way to a few doses of stimulants, followed by a warm purgative in the morning; and the next day my patient was as well as usual. The other case was treated in the same way, with the same results. Should you consider the above worth reporting, I shall be obliged by your giving it a place in your Journal.

I am, &c.

Portswood-park, Southampton,

C. A. DALBY, M.D.

### REPORTS OF SOCIETIES.

#### MEDICAL SOCIETY OF LONDON.

SATURDAY, December 16.

E. HEADLAND, Esq., President, in the Chair.

MR. CLARKE exhibited, for Mr. Roper, of Shoreditch,

#### A NEW LITHOTOMY KNIFE AND STAFF.

The staff was of the ordinary kind used for lithotomy, with the addition of a small knob on its point; and the knife was straight, like that used by Mr. Aston Key. The last portion of the groove was rendered almost tubular, the edges approximating each other so closely as to leave but a small slit between them. This part of the groove terminated about an inch from the end of the staff. The knob on the point of the knife, on entering the tube, prevented it from leaving the groove until it had passed to the end, when the knob was withdrawn by a round aperture. The alleged advantages of the instrument were these:—A uniform and definite section of the prostate gland and other structures was insured; too great a division could not occur; the bladder could not be missed; and other accidents occasionally occurring with the common instrument might be avoided. By means of a spiral winding, the knife might, when necessary, lateralise itself.

The President, Mr. Hird, Mr. Pilcher, and Mr. Canton expressed their doubts as to the utility of the instrument.

Mr. Pilcher read a paper on

#### THE EFFECTS OF SCARLET FEVER ON THE EAR.

He believes that the structure of the ear renders this organ peculiarly liable to the effects of scarlet fever, the inflammation extending both along the auditory canal and the Eustachian tube, thus meeting at the membrana tympani. He argued that a total deafness, insuring a consequent dumbness, was too often the effect of neglecting the state of the ear during the course of scarlet fever. Tracing the effects of this disease from without inwards, Mr. Pilcher spoke of desquamation of the cuticle of the canal, inflammation extending to the cellular tissue, to the fibrous and cartilaginous structures beneath, and to the fibrous layers of the membrana tympani, leading to permanent thickening of the membrane, or ulceration with otorrhœa; sometimes followed by the growth of a vascular polypus, or abscesses around the canal, leading to troublesome fistulæ. The more dangerous effects appear in the middle and internal ear, many fatal cases of this fever being really deaths from abscess, or other disease of the brain, extending from the tympanum, but unrecognised during life. In cases under his own observation, the discharge from the ear was accidentally discovered after the fatal disease of the brain had commenced. The acute tympanitis of scarlet



fever usually terminates in extensive chronic disease of the tympanum, the effects of which were fully detailed by the author. Alluding to the extension to the brain, he said that he had usually found the bone neither carious nor necrosed, but inflamed, the dura mater becoming inflamed in consequence, and the brain subsequently, an independent abscess resulting, not communicating with the ear. In one case, Mr. Pilcher found an abscess in the cerebellum, which communicated with the ulcerated tympanum; in another, the dura mater covering the petrous bone formed the floor of the abscess; in a third, a direct, though small, communication existed between the cavity of the tympanum and the lateral sinus. The author concluded by a short history of eight or nine cases which had fallen under his notice lately, illustrating the various morbid changes referred to in his paper.

Mr. Clarke would be glad to know what kind of treatment Mr. Pilcher would recommend for the prevention of the results described by him during the progress of scarlet fever.

Dr. Winn recommended stimulating treatment in scarlet fever, and mentioned the case of a patient, 16 years old, who was suffering from a very aggravated gangrenous sore throat, which threatened to terminate fatally. He (Dr. Winn) resolved to stimulate to the utmost, and the patient accordingly took in one night three bottles of ale, half-a-bottle of wine, besides a considerable quantity of brandy, and three grains of quinine every two hours. In several days the patient began to amend. After a somewhat protracted convalescence, he perfectly recovered.

The President believed that when an affection of the ear set in in any marked manner, the case seldom terminated fatally as a case of scarlet fever. The otitis, however, was often overlooked or underrated, and fatal mischief was done to the brain before it was in the least degree suspected.

Dr. Webster asked whether deaf-mutism was a frequent result of scarlet fever. In his own experience he had not found it so.

Mr. Wren believed that the worst symptoms did not develop themselves till a late period in the progress of the disease, and that, when they did recur, they carried off the patients very quickly. In his own practice he adopted a stimulating treatment, as recommended by Dr. Winn.

Mr. Hinton mentioned a case of scarlet fever, attended with deafness, in which he saw a superficial membrane discharging pus. He believed that scarlatina occasionally relieved deafness previously existing. On lately examining a girl who died of scarlet fever, and who was deaf during the disease, he found, co-existing with a perfectly polished and healthy membrane, a large number of bands between the ossicles and the parietes in the tympanum. In cases of scarlet fever the ear should be specially examined, without waiting for the occurrence of unfavourable symptoms.

Mr. Canton referred to the desquamation attending scarlet fever, and said, that it took place from every mucous membrane. He had also observed a kind of exudation from the ear, not of the ordinary plastic character of lymph, but perfectly unorganized. He suggested the occasional use of caustic to stop the progress of the disease.

Mr. Hancock asked, whether the mischief done to the brain might not arise from the pent-up matter contained in the bone of the ear itself, and whether the membrana tympani might not be beneficially punctured to allow of the evacuation of the fluid. He had himself suffered intensely from scarlet fever; and he vividly remembered the great relief which he felt when the membrana tympani gave way, and the fluid escaped.

Dr. Winn stated, that in the case previously mentioned by him, he had applied a strong solution of lunar caustic in addition to the other treatment which he had described.

Dr. Daniel thought the disease was not essentially dermoid, but was connected with the blood.

Mr. Pilcher, in replying, said he had not recommended any particular mode of treatment, his paper being only on certain effects of the disease. The treatment might form the subject of a future paper. He had no doubt that the pent-up matter in the ear acted very injuriously; it was sometimes actually allowed to become putrid, though it might be easily removed, and with the greatest benefit. He had known much good effected by simply sponging out the throat and syringing the nostrils every quarter of an hour. He had no doubt that the caustic applied by Dr. Winn had a material effect in stopping the progress of the disease. He believed that a very large proportion of deaf mutes were made so from scarlet fever; indeed, from some returns that had been made in Dublin, it appeared that there was more deaf-mutism from that cause than from all others put together. There was, no doubt, matter pent up in the cavity of

the tympanum, but he questioned the propriety of puncturing the membrana tympani, to allow it to escape, as suggested by Mr. Hancock.

## NORTH LONDON MEDICAL SOCIETY.

Nov. 8, 1853.

Dr. QUAIN, President, in the Chair.

### ACUTE INFLAMMATION OF THE TONGUE.

MR. J. Z. LAURENCE exhibited the tongue of a woman who had died from acute inflammation of that organ. She had been under Mr. Laurence's care for acute rheumatism, when, on the 5th instant, he was called to her, and found her sitting up in the bed, with a countenance expressive of the greatest anxiety, her face pale, and bedewed with sweat; she breathed at long intervals, and laboriously; pulse 136. The cause of this was self-evident. She could not open her mouth or speak for a great swelling of the left half of the tongue, which was red, dry, and glossy. On the nights of the 2nd and 3rd, she had had severe rigors. Mr. Lawrence at once made three free incisions into the tongue, and about half a pint of blood escaped. The bowels were opened by croton oil. About two hours after the bleeding had ceased, the submaxillary region began to swell. Twelve leeches were applied. On the following morning, the right half of the tongue had begun to swell; and by the afternoon it had attained full as great a size as the left. With this was a corresponding engorgement of the tissues about the jaw. The local depletion had had very little effect in reducing the swelling of the left half of the tongue. Generally she was worse: rigors now came on, and the pulse to intermit every three or four beats. Mr. Quain saw her, and proposed to incise the right half of the tongue; but both patient and friends refused. Mr. Lawrence saw her for the last time alive the same night; her surface was cold and deathly; pulse not perceptible at the wrist; yet, strangely enough, the respiration went on tranquilly, though feebly. It was evident she was dying of slow asphyxia, and that her only chance was tracheotomy. This was proposed with more impressive force than a Surgeon almost dare do. She and her husband doggedly refused. Next morning she was dead.

*Autopsy.*—No organic disease was discoverable. The whole of the tongue was swollen, pale, and soft from maceration in a puru-serous fluid, which infiltrated the substance. The superior aperture of the larynx was greatly narrowed by serous effusion; the rima glottidis to a less extent. Below this point the whole of the trachea was perfectly unobstructed. The submaxillary region and anterior triangles of the neck were infiltrated with a serous fluid, which, among some of the suprahyoid muscles, had assumed a purulent aspect. The lungs were singularly healthy. The heart, kidneys, and bladder offered no signs of disease.

From the above facts it follows, that tracheotomy would, in all probability, have saved the woman's life; and Mr. Lawrence believes that he proposed it at the proper time. It is true, there was, throughout the case, not one fit of suffocation; on the contrary, she died choked in the most gradual conceivable manner.

A curious pathological fact, which Mr. Lawrence noticed, and pointed out to Mr. Phillips, who attended the case with him, was, the successive and separate invasion of the two halves of the tongue and neck by the inflammatory action, offering a remarkable instance of the dependence of pathological changes on the anatomical distribution of the blood-vessels.

Mr. Quain related some unusual circumstances met with in the operation for the relief of strangulated hernia. We shall publish this valuable paper complete in our next Number.

## PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, FRIDAY, DEC. 22.

### SOLDIERS IN HOSPITAL.

Mr. Whiteside asked the Secretary-at-War what number, according to the very latest accounts, of the soldiers who were landed in the Crimea are in Hospital; and what proportion of pay, if any, was deducted from each soldier while so in Hospital.

Mr. S. Herbert said, the latest returns he had from the Hospitals were dated the 25th of November and the 5th of December. The last accounts from Balaklava gave the number in the field and general Hospitals at 2395; and at Scutari, 3550; making a total of 5945; but he was afraid that the next accounts received



would show a considerable addition to this number. With regard to the amount of stoppage deducted from the soldier when in Hospital, it amounted to 3½d.—the same stoppage that was exacted from the soldier, when in health, for his rations.

In answer to Sir J. Walsh,

The Right Hon. gentleman said, no distinction was made between the sick and the wounded.

SATURDAY, DEC. 23.

PUBLIC HEALTH ACT.

Sir B. Hall gave notice, that, on Tuesday, the 23rd of January next, he should move for leave to bring in a Bill to alter and amend the Public Health Act.

NUISANCES REMOVAL ACT.

Sir B. Hall also gave notice that, on the same day, he should move for leave to bring in a Bill to alter and amend the Nuisances Removal Act.

LOCAL MANAGEMENT OF THE METROPOLIS.

Sir B. Hall likewise gave notice that, on Friday, the 2nd of February, he should move for leave to bring in a Bill for the better local management of the Metropolis.

## MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS.—At the usual quarterly meeting of the Comitia Majora, held on Friday, December 22, the following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College:—

LEARED, Dr., Finsbury Circus.

PRATT, Dr., Upper Southwick Street, Hyde Park.

SMITH, Dr., Norfolk Terrace, Westbourne Grove.

TUNALEY, Dr., Millbrook Place, Harrington Square.

Also:—

GRIFFIN, Dr., Killarney, and

HENDERSON, Dr., Ramsgate, were admitted Extra-Licentiatees.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the Diploma, were admitted members of the College at the meeting of the Court of Examiners on the 22nd inst.:—

BALL, JOHN WOODHOUSE, Measham, Derbyshire.

BARRETT, FERBERD S., Kingston Bagpizze, near Abingdon.

BENNETT, HENRY PHILIP, Army.

BUBB, EDWARD, Cheltenham.

DUNMAN, GEORGE, Camberwell.

HAMILTON, WILLIAM, Tarbert, County Kerry.

HYDE, GEORGE CLARENCE, Army.

PARKER, THEOPHILUS ROBERT BUSH, Clifton, near Bristol.

READ, JOSEPH, Army.

ROWLAND, HENRY MARSHALL, Newcastle-on-Tyne.

STRONG, HENRY JOHN, Sloane Square, Chelsea.

WILLIAMS, CLEMENT, Army.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, on Thursday, Dec. 21, 1854:—

BROWN, ROBERT GIBSON, Whitby, Yorkshire.

HOLTON, CHARLES, Cleeve Prior, Worcestershire.

JOHNSON, DAVID, Sedgley, Staffordshire.

KEAL, WILLIAM, Oakham, Rutland.

LONGE, EDWARD, Downham, Norfolk.

MUSHET, JOHN GEORGE, Camden-town.

NOWELL, JAMES, Bradford, Yorkshire.

PORTER, HENRY, Peterborough.

STONEHOUSE, CORNELIUS, Leeds.

TOWLE, HENRY, Colston Bassett, Notts.

WIKLEY, CHARLES EDWARD, Leeds.

TESTIMONIAL.

MR. T. M. STONE, who has been so long connected with the Royal College of Surgeons, was invited by some of the Fellows and Members to a dinner at the Freemasons' Tavern, on Thursday last, on which occasion he was presented with a handsome service of plate. The tea-tray has the following inscription:—"Presented with a silver tea and coffee-service to Thomas Madden Stone, on his retirement from the office of

Librarian to the Royal College of Surgeons of England, by a few members of the Profession, to mark their approbation of his ready and courteous attention in fulfilling the duties of his office, and as an expression of their appreciation of his worth. 21st December, 1854." The sum subscribed amounted to nearly 100 guineas, from members of the Council, Fellows, and Members of the College.

VACANCIES.

BRISTOL GENERAL HOSPITAL.—The office of House-Surgeon and Apothecary is vacant, by the resignation of Mr. W. M. Clarke. Election Feb. 12.

SALFORD AND PENDLETON ROYAL HOSPITAL.—An Assistant to the House-Surgeon is required. Election Jan. 4.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY.—The office of Resident Medical Officer is vacant by the resignation of Mr. John Noble. Election, January 9.

STAFFORDSHIRE GENERAL INFIRMARY.—A House-Surgeon and Secretary is required, in the vacancy occasioned by the resignation of Mr. R. Hall Bakewell. Election Jan. 10.

CONVENTION OF POOR-LAW MEDICAL OFFICERS.—TESTIMONIAL TO THE HONORARY SECRETARY, CHARLES F. JAS. LORD, ESQ.—A handsome time-piece, surmounted by a beautifully-executed bronze statuette, by Durat, and a richly-chased silver tea-pot, have just been presented to Charles F. J. Lord, Esq., in acknowledgment for his long and able services in furtherance of an amendment of the present system of Poor-law Medical relief, on which the following is inscribed:—"Presented to Charles Francis James Lord, M.R.C.S.E., from several members of the Convention of Poor-law Medical Officers, in token of their high and grateful appreciation of his zeal and able services during several years as their Honorary Secretary. 1854." The presentation took place at the residence of Dr. Hodgkin, the Chairman of the Convention, in the presence of several gentlemen of London and the provinces, who, from the origin of the Convention in 1847, have taken a lively interest in its proceedings. Mr. Ebsworth, of Trinity-street, Southwark, an early member of the Committee, who obligingly conducted the Correspondence relating to the testimonial, having read several congratulatory letters from Poor-law Medical Officers in the country, expressive of their appreciation of the services of their Honorary Secretary, Dr. Hodgkin, in a very able address alluded to the benefit which the Convention had derived from Mr. Lord's services, whom he considered had well merited the gratitude and confidence of the Union Surgeons. In alluding to the past labours of the Committee, he adverted to the many difficulties they had had to contend with, many of which, he regretted to say, were occasioned by the Medical officers themselves. Before the Convention was established, he had long been cognizant of the injustice inflicted on the Union Surgeons by the present system, and had felt much pleasure in presiding over the deliberations of the Committee in their endeavour to effect a melioration. He still hoped, by greater union and co-operation on the part of the Medical officers, that the Convention would yet realise all its objects. Mr. Martin, of Reigate, the late Treasurer of the Convention; Mr. Ransom, of Cambridge; Mr. Leonard, Mr. White, and other gentlemen, having echoed the sentiments expressed by Dr. Hodgkin, and acknowledged the zeal and ability with which Mr. Lord had conducted the business of the Convention. Mr. Lord begged to thank most sincerely those present for the kind manner in which they had alluded to his services, and for the very gratifying testimonial which had been presented to him by his Medical brethren; he should ever feel a lively interest in the Convention, and be ever ready to assist, to the best of his ability, for the more full attainment of its important object, viz., an improved system of our Poor-law Medical Relief, and justice to the Medical Officers. With regard to the proceedings of the Parliamentary Committee, he was sorry to find, on the occasion of his examination on the subject, so systematic an opposition from the agents of the Poor-law Board; he was not prepared to encounter a cross-examination, conducted as it was with so much party and political bias. He was glad to hear an opinion expressed by many present, that more good would yet result from the past labours of the Convention, and that its existence had a salutary effect on Boards of Guardians, and even on the Poor-law Board, while it afforded strength to the Union-Surgeons, and a hope for the future. He did not think, however, the present time well fitted for renewed exertion. Individually, he felt much indebted for the assistance he had received from many present, parti-



cularly to the Chairman, Dr. Hodgkin, to whom the Union-Surgeons were also under great obligations; indeed, he felt somewhat ashamed to appropriate to himself the present, while he felt how much was due to that gentleman. Relative to the future prospects of the Union Medical Officers, it was much deplored by all present that Medical men were not true to themselves. Many glaring cases were mentioned illustrative of the fact.

**USE OF CHLOROFORM AT INKERMANN.**—The following is an extract from a letter of a Medical officer, dated Heights before Sebastopol, Nov. 23:—"All the Medical officers, from Drs. Hall and Dumbreck to the youngest Assistant-Surgeon, exerted themselves to their very utmost. Bandsmen and others were kept constantly at work carrying bearers (of which a large supply had been early sent to a central spot near a windmill, in addition to those always with regiments) about the field, and conveying the wounded to the Hospital-tents of their regiments. The ambulance cars were also busy, so that no delay took place in doing all that mortal hands could do. The most formidable operations were proceeded with immediately, and carried on throughout the night. We had great numbers of amputations, a very large proportion of the wounds being in the lower extremities. We had plenty of water, brandy, opium, beef-tea, and chloroform, hay, blankets, etc., so that everything was conducted as satisfactorily as could be amid such a glut of horrors. Chloroform was generally used—in this regiment in every serious operation—and my experience of its effects is most favourable. It acted in all cases more rapidly than is usual, and seemed to diminish the shock of operations, besides its more special blessed faculty of producing insensibility to pain. There was one case in particular where I think the soldier could hardly have borne the shock of his wounds and the operations without it. He had had the left thigh shattered to pieces, the right hand and wrist-joint in the same condition, and compound fracture of the other arm. Amputation of the thigh and forearm was necessary, and when sent to Scutari two days after the battle he promised to do well."

**ENGLISH SURGEONS IN THE TURKISH SERVICE.**—The following extract from a letter of a Surgeon in the — Regiment has been forwarded to a friend. It was written in consequence of the statement that English Surgeons were likely to be appointed by the Turkish Government to serve in the Turkish army:—"For godsake write to the *Medical Times*, and caution young men against hurriedly coming out here in the Turkish service. Enumerate a few of the hardships, and tell them that, as the Turks come prowling about our camp begging biscuit, I have no doubt they would have to do the same." The following are some of the hardships referred to:—"They say winter clothing is coming. It is time to talk of it, for, if we remain another fortnight as we are, the half of us will be dead or completely knocked up by dysentery. I have now had it, off and on, for the last ten days. You may remember how much time I spent over the writing of a letter at home, and then I wish you to imagine what a labour I make of it here, where the only thing I have to sit on is what the cherub wanted, where my only table is an ammunition box I carried home from the trenches, and where I am doubled up every half-hour with pain in the abdomen. Remember me to —, etc., and tell them I often think of them as I lie upon the cold ground at night, with the wind and the rain coming through my canvas house." "Those in the navy are at least clean, and not covered with vermin, as I am, owing to lying on the ground, and having but one shirt and drawers for the last two months."

**PRESERVED VEGETABLES FOR THE CRIMEA.**—The appearance of scurvy and dysentery among our forces at the seat of war, and the difficulty of procuring fresh vegetables there, has led to an inquiry at the Army Medical Department as to the best mode of preserving potatoes, carrots, turnips, and other common vegetables. The result has been, that a very large quantity, preserved by the process of Dr. Verdeil, by the house of Morel and Co., of Paris, has been sent to the Crimea. It may be interesting to our readers, therefore, to give some account of the process, which is remarkable for its simplicity. It has been long known that vegetables which have been dried with such precaution that they only lose on desiccation the water they contained, return to their natural state on being cooked in water. The unresolved difficulty was to preserve them in the dried state unalterable, for dried plants, like hay, decompose after a time by a slow fermentative process, which gives rise to a peculiar odour. Messrs. Masson and Challet proposed to compress dried vegetables powerfully, and so form them into small

tablets, very hard and condensed, in order to diminish as much as possible the surface in contact with the air. But it was soon discovered that this method did not suffice, and that the vegetables so preserved acquired an unpleasant odour and taste. Dr. Verdeil, attributing the cause of the fermentation to the presence of fermentisable principles, and to the non-coagulated albumen existing in fresh vegetables which simply drying leaves unaltered, adopted the following process:—"The fresh vegetable is cooked completely and almost instantaneously by the action of steam pressure. This rapid coction without water does not alter in any way the form or colour of the vegetable, and does not remove either its flavour or its juices; but its vitality is destroyed; its albumen being coagulated can no longer act as a ferment; its fermentisable principles are themselves destroyed by this coction at a high temperature. It is then sufficient to dry the vegetable so cooked in a forced current of air. Once dry, it remains unalterable, and may be preserved indefinitely, provided it be protected from water and from excessive moisture. We have eaten vegetables preserved by this method, after being boiled in the ordinary manner, and have not been able to detect the slightest difference between them and fresh vegetables. The soup *à la Julienne*, made from a mixture of carrot, turnip, cabbages, and French beans, is admirable, and will form a most comforting diet for our soldiers. The potatoes are also excellent.

A GRAND BALL, lately given by the Viscount and Viscountess Hill, to celebrate the attainment of the majority of their eldest son, was very numerously attended by the nobility, and by the landed and professional gentry of Shropshire. The noble Viscount also sent a large number of invitations to the members of the learned Professions resident in the surrounding district. The list of guests included the names of the Physicians and Surgeons of the Shrewsbury Infirmary, and a considerable number of the Medical Practitioners residing in the neighbouring towns.

DR. CHAVANNE is appointed Chief of the External Clinique (*Chéf de Clinique Externe*), to the preparatory School of Medicine of Lyons.

By Imperial decree, dated December 6, the Preparatory School of Medicine and Pharmacy at Nancy is re-organised in the following manner. The departments consist of: 1. Anatomy and Physiology. 2. External Pathology and Operative Medicine. 3. External Clinique. 4. Internal Pathology. 5. Internal Clinique. 6. Accouchements and the Diseases of Women and Children. 7. Medical and Therapeutical Matter. 8. Pharmacy and Toxicology. The chairs are given to eight titular Professors. The number of supernumerary Professors (*Professeurs adjoints*) is fixed to three,—one to the chair of Surgery and Accouchements; one to the chair of Anatomy and Physiology; one to the chairs of Medical and Therapeutical Matter, Pharmacy and Toxicology. There is also appointed a Superintendent of Dissections, a Prosecutor, and a Teacher of Pharmacy and Toxicology.

**MORTALITY NOTARILIA.**—1291 persons, viz., 639 males and 652 females, were recorded in the London registers of deaths in the week that ended last Saturday. This is nearly the same number as was returned in each of the two previous weeks. In the ten weeks corresponding to last week of the years 1844—53 the average number of deaths was 1249, which, if a correction is made for increase of population, becomes 1374. The mortality of last week is therefore less than the estimated amount; but as the latter is increased by the influenza which prevailed in 1847, the present return is less favourable as regards the public health than the comparison appears to indicate.

**Births.**—Last week the births of 741 boys and 733 girls, in all 1474 children, were registered in London. In the nine corresponding weeks of the years 1845—53 the average number was 1429.

**Meteorology.**—At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.594 in. by 9 h. a.m.; on Thursday the reading increased to 30.01 in. The mean temperature of the week was 40.5°, which is 1.6° above the average of the same week in 38 years. On the first three days the mean daily temperature was below the average; on the next two days it was about 1° above it, and on the following day (Friday) was 13° in excess. On Saturday it was 4.5° above the average. The highest temperature in the week was 54.3° on Friday. The lowest was 29.2° on Thursday. The mean dew-point temperature was 37.3°, and the difference between this and the mean temperature of the air was 3.2°. The wind blew generally from the south-west and north-west, and the amount of rain in the week was 0.71 in., the greater part of which fell on Wednesday.



DEATHS REGISTERED in the Metropolis for the Week ending  
Saturday, December 23, 1854.

CAUSES OF DEATH.	DEC. 23.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and npw.	All Ages.	
ALL CAUSES .. .. .	606	405	278	1291	12494
SPECIFIED CAUSES .. .. .	604	403	277	1286	12422
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	233	67	16	316	2749
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Di- seases of uncertain or variable seat .. .. .	7	29	19	55	473
3. Tubercular Diseases .. .. .	62	103	10	176	1789
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	58	34	41	133	1370
5. Diseases of the Heart and Blood- vessels .. .. .	3	35	29	67	436
6. Diseases of the Lungs and of the other Organs of Respiration ..	130	52	76	259	2842
7. Diseases of the Stomach, Liver, and other Organs of Digestion ..	21	21	12	54	559
8. Diseases of the Kidneys, etc. ..	3	8	7	18	124
9. Childbirth, Diseases of the Uterus ..	..	9	2	11	115
10. Rheumatism, Diseases of the Bones, Joints, etc. .. .. .	2	1	3	6	89
11. Diseases of the Skin, Cellular, Tissue, etc. .. .. .	..	5	..	5	15
12. Malformations .. .. .	1	1	..	2	29
13. Premature Birth and Debility ..	20	2	..	22	285
14. Atrophy .. .. .	33	1	6	40	218
15. Age .. .. .	..	..	48	48	671
16. Sudden .. .. .	7	2	1	10	159
17. Violence, Privation, Cold, and In- temperance .. .. .	24	33	7	64	499
CAUSES NOT SPECIFIED .. .. .	2	2	1	5	72

BOOKS RECEIVED.

Medical Jurisprudence. By A. S. Taylor, M.D., F.R.S. Fifth Edition. London: Chnrchill. 1854.  
The Piratical Specific. By Dr. F. Wilson, of Mauritius. London: Chnrchill. 1853.  
Unsoundness of Mind in Relation to Criminal Acts. By J. C. Bucknill, M.D. London: Highley. 1854.  
A Biographical Sketch of the Swedish Poet and Gymnasiarch, Ling. By A. Georgii. London: Baillière. 1854.  
On Benumbing Cold. By J. Arnott, M.D. London: Churchill. 1854.  
A Practical Treatise on the Choice and Cookery of Fish. Second Edition. London: Longmans. 1854. (Well worth the attention of any of our readers who appreciate a good fish dinner.)  
Brunnendiätetik. Von Dr. F. A. Von Ammon. Leipzig. 1854.  
Ischl et ses Environs. Par le Dr. J. Polak. Vienna, 1848.  
Klinsche Chirurgie. Von Nikolaus Pirogoff. Leipzig, 1854.  
On the Mode of Communication of Cholera. By John Snow, M.D. London: Chnrchill. 1854.  
Men with Tails. By Dr. Sexton. London: Golbourn. 1854.  
A Memoir of Thomas Parker, Esq. Woburn. 1854.

TO CORRESPONDENTS.

Omega.—1. The temporary appointments are easily obtained. 2. About £30. 3. Not very. 4. Yes.

X. Y. Z.—Certainly not.

Dr. C.—We quite agree with the observations on quackery; but the name should be appended to give value to the letter.

Mr. Cleveland's letter is in type.

The Starched Apparatus.—We have received a long letter from Mr. Lawrence in reply to Mr. Winchester. Mr. Lawrence merely asserted, that Mr. Winchester's splint did not answer in the case referred to, and suggests, that the latter gentleman would do well to give an account of the success which had attended the use of his instrument in the London Hospitals. This controversy need not be carried further.

Interne.—Yes. A note shall be sent.

Dr. Dalby's letter shall appear next week.

M.D., Wales.—You would not be exempt. The exceptions to liability as jurymen are:—Members and Licentiates of the Royal College of Physicians in London, *actually practising*; Surgeons who are members of one of the Royal Colleges of Snrgcons in London, Edinburgh, or Dublin, and *actually practising*; Apothecaries certificated by the Court of Examiners of the Apothecaries' Company, and *actually practising*. If summoned, you, or an agent for you, should attend the Court, to prove your title to exemption.

An Old Subscriber.—Certainly an effect of the ammonia, so far as we can judge.

Another Old Subscriber.—The reports shall be forwarded if you will send your address. The price of the Act is very trifling. The extract varies so much in strength according to the mode of preparation adopted by different drnggists, that it is impossible to answer the other question.

Inquisitor.—They come away with the earliest evacuations.

Mr. Water's cases are in type.

Reports of Cases in the Liverpool and Bradford Infirmaries; communications from Professor Hofmann and Dr. Deville are in type.

The Report of the important Meeting of the Islington Practitioners upon Dr. Semple's case will appear next week. It has been excluded this week by the length of the Index.

COMMUNICATIONS have been received from—

Mr. COUSINS; Mr. HAYNES WALTON; Mr. POWELL; Mr. CLEVELAND; Dr. VON AMMON, Dresden; Mr. PARKER; Mr. CARPENTER; Mr. SMITH; Dr. SNOW; Dr. HARTWIG; Mr. HOLMES COOTE; Mr. TODD; Dr. TODD; Mr. JONES, Jersey; Dr. GARRETT; Dr. ECKIE; Dr. FRANK; Mr. TOYNBEE; Dr. COCHRANE; Mr. HILL, Malta; Dr. WALLER; etc.

APPOINTMENTS FOR THE WEEK.

DEC.—JAN.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
30. SATURDAY.... {	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; and King's, 1½ p.m.	
MONDAY, JAN. 1. {	Operations at Charing-cross, 2 p.m. Registration (Scotland) Act comes into operation.	
2. TUESDAY .....	Operations at Guy's, 1 p.m.	Pathological Society, 7 p.m.: General Meeting for Election of Officers.
3. WEDNESDAY .. {	Operations at University College Hospital, 2 p.m.; St Mary's, 1½ p.m.; Westminster Ophthalmic, 2 p.m.	London Medical Society of Observation, 8 p.m., Dr. Jenner's, 8, Harley Street: "Diseases of the Cerebro-Spinal System." Geological Society of London, 8 p.m.: Professor Owen, F.G.S., "On Some New Small Reptilian Remains from Purbeck;" "On a large Fossil Cnttle-fish from the Kimmeridge Clay." Pharmaceutical Society, 8½ p.m.
4. THURSDAY.... {	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m. Central London Ophthalmic, 2 p.m.	Zoological Society, 3 p.m. Photographic Society, 8 p.m.
5. FRIDAY .....	Operations at the London, 1 p.m.; Moorfields Ophthalmic, 10 a.m.	Botanical Society, 8 p.m.



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